PsycINFO and Online Resources in Psychology and Psychiatry

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PsycINFO and Online Resources in Psychology and Psychiatry

Carmen Bou-Crick, M.S.L.S.
Librarian Assistant Professor
Department of Health Informatics
Head, Reference & Education, Calder Library
University of Miami Miller School of Medicine
November 26, 2013
Objectives

Participants will be able to use the following resources for patient care and research:

– PsycINFO
– PsychiatryOnline
– Clinical Decision-Making Tools
– Questionnaire Databases
– Calder Library Online Resources
PsycINFO

• Bibliographic database produced by the American Psychological Association and published by EBSCO
• Contains citations to journal articles, books, book chapters, and dissertations
• Can be searched with Boolean Operators (AND, OR, NOT)
• Uses descriptors from the *Thesaurus of Psychological Index Terms*.
• Updated on a regular basis
• Current citations as recent as one month ago
Access from E-Databases:

http://calder.med.miami.edu

The most used databases are listed in the drop-down box.

“All Databases” will give you a list of all databases available.
Simple Keyword Search

Enter terms in text boxes; click Search.
Refine Results with Limits

Search Results: 1 - 10 of 49,254

1. Differential association of somatic and cognitive symptoms of **depression** and **anxiety** with inflammation: Findings from the Netherlands Study of Depression and Anxiety (NESDA).


   **Subjects**: Anxiety; Inflammation; Major Depression; Psychiatric Symptoms; Adulthood (18 yrs & older); Young Adulthood (18-29 yrs); Thirties (30-39 yrs); Middle Age (40-64 yrs); Aged (65 yrs & older); Male; Female

   **Cited References**: (65)

   **Find Full Text**

   **Notes**: Richter Library subscribes to this title, check IBISWeb

2. Mapping mindfulness facets onto dimensions of **anxiety** and **depression**.


   **Subjects**: Anxiety; Major Depression; Mindfulness; Adulthood (18 yrs & older); Young Adulthood (18-29 yrs); Thirties (30-39 yrs); Middle Age (40-64 yrs); Aged (65 yrs & older); Male; Female

   **Cited References**: (65)

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   **Notes**: Richter Library subscribes to this title, check IBISWeb

3. Symptoms of **anxiety** and **depression** assessed with the hospital anxiety and
Search Options

Search Modes and Expanders
- Search modes
  - Boolean/Phrase
  - Find all my search terms
  - Find any of my search terms
  - SmartText Searching  Hint

Apply related words
- Also search within the full text of the articles

Limit your results
- Full Text
- Scholarly (Peer Reviewed) Journals

References Available
- Publication Year
- 2008 – 2013

Tests & Measures
- Publication
- Publication Status

Published Date
- Month
- Year:

Publisher
- Publication Type
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Change **Page Options** to **Detailed** & 20 citations per page (or more)
Now Abstract is displayed.
Click on Folder icon if you want this citation.
Scroll down and keep adding citations to your folder. For full-text, click on HTML or PDF icons.
Pretreatment Anxiety Predicts Patterns of Change in Cognitive Behavioral Therapy and Medications for Depression

Nicholas R. Forand
Ohio State University Wexner Medical Center

Robert J. DeRubeis
University of Pennsylvania

Objective: Some studies report that initial anxiety is associated with equivocal or negative effects in depression treatment. In contrast, at least 4 studies of cognitive behavioral therapy (CBT) report that anxiety predicts greater or more rapid change in depression. Further exploration is needed to clarify the relationship between initial anxiety and depression change. Questions include the relationship between anxiety and patterns of change and time to relapse, as well as the specificity effects to CBT. Method: The study assessed the relation of Beck Anxiety Inventory anxiety scores to early rapid change and overall change in Beck Depression Inventory-II depression scores during acute depression treatment. Participants were 178 individuals enrolled in a randomized controlled trial of CBT versus antidepressant medications (ADMs) for moderate to severe depression. They were 58% female and 83% Caucasian, with an average age of 40 (SD = 11.5). Thirty-four percent (34%) were married or cohabitating. Hierarchical linear models, including quadratic growth parameters, were used to model change. The relation of anxiety to the probability of posttreatment relapse was also examined. Results: Findings indicate that higher levels of anxiety predict early rapid change, but not overall change, in both CBT and ADM. However, patients with higher levels of intake anxiety evidenced increased risk for relapse after CBT. Conclusions: Early rapid change predicted by anxiety occurs across different treatment conditions, but this early rapid response is not indicative of positive overall outcome in all cases. These findings might indicate that anxiety predicts a response to nonspecific “common factors” of treatment.

Keywords: depression, anxiety, CBT, antidepressant medications, rate of change
Advanced Search Techniques

Click on “New Search” to clear the search boxes.
Use the Thesaurus to select the appropriate “Descriptors”

Click on “Thesaurus”
Enter term in box
Click “Browse”
First search for Depression & select the most appropriate term

Depression (Emotion) For Depressive Reaction (Neurotic)—Use Major Depression. Click “Add”

Click if you want “Depression” to be the Major Concept of the article and “Explode” (if Appropriate)
Search for “Depression (Emotion)”

Click “Search”
Search results for “Depression (Emotion)”

Number of Results: 1 - 20 of 21,174

1. Longitudinal course and risk factors for fatigue in adolescents: The mediating role of sleep disturbances.

2. Early exposure to parental depression and parenting: Associations with young offspring's stress physiology and oppositional behavior.

3. Dietary intake in population-based adolescents: Support for a relationship between eating disorder symptoms, low fatty acid intake and depressive symptoms.
New Search for Anxiety
(Click “New Search,” “Thesaurus,” enter “anxiety” in box, & “Browse”)

1. Select all topics with “Anxiety” and
2. click on “Add” then on (3) “Search”
New Search to Combine Terms

Click on “New Search” then on “Search History”
Select your last two searches and click on “Search with AND”
Refine Search Results (click on “Show More” to get Filters)

Show More opens the list of Filters/Limits
Use Filters to Streamline the Search

*Scholarly (Peer-Reviewed) Journals
*English
*Age Groups

*Publication Year (last 5 years)
Limits (Cont’d.): Population Group: Human, Exclude Dissertations

Click Search when done
Results = 93

Click on folder to save citations
Managing Results: Folder View

Click on Folder View to see your list of citations.
Managing your Citations

Options:
- Print
- Email
- Save as File
- Export

Click to select all

- Articles (3)
- Images (0)
- Videos (0)
- Companies (0)
- Pages (0)
- eBooks (0)
- Audio Books (0)
- Notes (0)
- Other Content Sources (0)
- Persistent Links to Searches (0)
- Saved Searches (0)
- Search Alerts (0)
- Journal Alerts (0)
- Web Pages (0)
Creating an EBSCO account
Create a New Account (afterwards just Login)
Enter your information
(make a note of your User Name and Password)

Create a new account - Personal Account

First Name

Last Name

E-mail Address

User Name

Password

Retype Password

Secret Question

([Select One])

Secret Answer

Note: Please remember your account information for future reference.
Having an account allows you to Create Alerts and Share Results
Click on “Share” to Create an Alert and/or Share URL with others.
QUESTIONS ABOUT PSYCINFO?

• We continue with PsychiatryOnline...
PsychiatryOnline

Powerful web-based portal that features DSM-V® and *The American Journal of Psychiatry* as the cornerstones of a collection of psychiatric references from American Psychiatric Publishing.

Access from the Calder Library homepage or at [http://www.PsychiatryOnline.com](http://www.PsychiatryOnline.com)
PsychiatryOnline Contains

- **The DSM® Library**
  - DSM-V
  - Older versions of DSM
  - Casebook and its Treatment Companion
  - Handbook of Differential Diagnosis

- **Journals**
  - *The American Journal of Psychiatry*
  - *Psychiatric Services*
  - *Journal of Neuropsychiatry and Clinical Neurosciences*
  - *Academic Psychiatry*

- **Textbooks**
  - *The American Psychiatric Publishing Textbook of Psychiatry*
  - *Gabbard’s Treatments of Psychiatric Disorders*
  - *Textbook of Psychotherapeutic Treatments*
  - *The American Psychiatric Publishing Textbook of Geriatric Psychiatry*
  - *The American Psychiatric Publishing Textbook of Substance Abuse Treatment*
  - *The American Psychiatric Publishing Textbook of Psychopharmacology*
  - *Manual of Clinical Psychopharmacology*
– American Psychiatric Association Practice Guidelines
– Self-assessment tools for study
– Clinical & research news from *Psychiatric News*
– Medication information handouts for patients
PsychiatryOnline Homepage

Navigation within the site

Keyword search

Search the DSM Library

Search by topics
View all journals...

Click on any journal picture to open the journal
Preserved Working Memory and Altered Brain Activation in Persons at Risk for Psychosis


Abstract

Objective: Patients with schizophrenia exhibit impairments in working memory that often appear in attenuated form in persons at high risk for the illness. The authors hypothesized that deviations in task-related brain activation and deactivation would occur in persons with an at-risk mental state performing a working memory task that entailed the maintenance and manipulation of letters.

Method: Participants at ultra high risk for developing psychosis (N=60), identified using the Comprehensive Assessment of At-Risk Mental States, and healthy comparison subjects (N=30) 14 to 29 years of age underwent functional MRI while performing a verbal working memory task. Group differences in brain activation were identified using analysis of covariance.

Results: The two groups did not show significant differences in speed or accuracy of performance, even after accounting for differences in education, irrespective of task condition. At-risk participants exhibited significantly less activation than healthy comparison subjects in the left anterior insula. During letter manipulation, at-risk persons exhibited greater task-related deactivation within the default-mode network than comparison subjects. Region-of-interest analysis in the at-risk group revealed significantly greater right dorsolateral prefrontal cortex activation during manipulation of letters.

Conclusions: Despite comparable behavioral performance, at-risk participants performing a verbal working memory task exhibited altered brain activation compared with healthy subjects. These findings demonstrate an altered pattern of brain activation in at-risk persons that contains elements of reduced function as well as compensation.
View all Full-Text Books

Click on title to open the book
Table of Contents

Parts expand to chapters

Click on any title to open the chapter
Easy navigation within the chapters...

Navigation within the chapter via Quick Links
Figures and graphics can be enlarged and/or saved as slides.
Each chapter has a Summary, Key Points, and a list of References.
Back to PsychiatryOnline Home Page - Topics

DSM Library

Diagnostic and Statistical Manual of Mental Disorders
FIFTH EDITION | DSM-5
The new edition of the most comprehensive resource used by health professionals, social workers, and forensic and legal specialists to diagnose and classify mental disorders. It is the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health.
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Also featured in the DSM Library:
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- DSM-IV-TR® Handbook of Differential Diagnosis
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Top Topics
Keep abreast of key topics in psychiatry:
- Attention Deficit Hyperactivity Disorder
- Bipolar Disorder
- Depressive Disorders
- Borderline Personality Disorder
- Schizophrenia and Other Psychotic Disorders

View all Topics >>
Click on a topic to expand the information and contents on that topic.

Click PDF to open article.

Alzheimer’s Disease / Dementia

Journal Articles
- Process of Psychiatric Consultation in the Medical Setting
  - Elena Friedman, M.D.; Philip R. Muskin, M.D.
  - FOCUS. 2013 October; 4(11):441-449
  - PDF | CME Activity (2)

- Evaluation of Cognitive Impairment in Older Adults
  - Douglas W. Scharre, M.D.; Paula T. Trzezczak, M.D.
  - FOCUS. 2013 October; 4(11):500-501
  - PDF | CME Activity (2)

- Psychiatric Evaluation of Mental Capacity in the General Hospital: A Significant Teaching Opportunity
  - Donald S. Kornfield, M.D.; Philip R. Muskin, M.D.; Fatimah A. Tahil, M.D.
  - FOCUS. 2013 October; 4(11):594-599
  - PDF

View All Journal Articles >>

Books
- Chapter 8. Delirium, Dementia, and Amnestic and Other Cognitive Disorders

DSM Library
- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: Neurocognitive Disorders

PSYCHIATRIC NEWS
- Professional News | September 19, 2013
  - Pioneer Extends Integration to Community-Based Aging Services

- Med Check | September 4, 2013
  - Med Check

- International News | June 17, 2013
  - Psychiatrists Have Role in Assessing Candidates for Asylum

APA Practice Guidelines
- Treating Alzheimer’s Disease and Other Dementias: A Quick Reference Guide

- Treatment of Patients With Alzheimer’s Disease and Other Dementias, Second Edition

For Patients & Families
- What Your Patients Need to Know About Psychiatric Medications
- Cognitive Enhancers for Treatment of Alzheimer’s Disease and Other Forms of Dementia
Go to CME & Self-Assessment
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The American Psychiatric Association (APA) provides educational programs to assist APA member and non-member psychiatrists at all levels of their profession. These services are designed to advance clinical and practice management skills and promote quality patient care.

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The Self-Assessments are self-paced, online examinations that allow you to evaluate your mastery of the subject matter as you progress through the companion American Psychiatric Publishing Textbooks. Participants earn continuing medical education (CME) credits for reviewing the companion Textbook, assessing their retention of the clinical content by taking the self-assessment exam, and further increasing their clinical knowledge by reviewing the rationale for the correct answers. The Answer Guide references relevant text, tables, and figures in the Textbook to allow quick access to needed information. Each answer is accompanied by a discussion that addresses not only the correct response but also explains why other responses are not correct.

Want more ways to earn CME?

Add a subscription to earn CME credit for completing activities in these self-assessment books:
Self-Assessment Books offer CME

The Self-Assessments are self-paced, online examinations that allow you to evaluate your mastery of the subject matter as you progress through the companion American Psychiatric Publishing Textbooks. Participants earn continuing medical education (CME) credits for reviewing the companion Textbook, assessing their retention of the clinical content by taking the self-assessment exam, and further increasing their clinical knowledge by reviewing the rationale for the correct answers. The Answer Guide references relevant text, tables, and figures in the Textbook to allow quick access to needed information. Each answer is accompanied by a discussion that addresses not only the correct response but also explains why other responses are not correct.

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- Self-Assessment in Geriatric Psychiatry
- Self-Assessment in Child and Adolescent Psychiatry
- Self-Assessment in Substance Abuse Treatment
- Self-Assessment in Psychopharmacology
- Self-Assessment in Forensic Psychiatry
- Self-Assessment in Psychosomatic Medicine
PsychiatryOnline offers 12-month subscriptions

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  - DSM-IV-TR® Diagnostic and Statistical Manual of Mental Disorders
  - DSM-IV-TR® Handbook of Differential Diagnosis
  - Cases from DSM-IV-TR® Casebook and its Treatment Companion

- **Books**
  - Textbook of Psychiatry
  - Gabbard’s Treatments of Psychiatric Disorders
  - Textbook of Psychopharmacology
  - Manual of Clinical Psychopharmacology

- **Journals**
  - The American Journal of Psychiatry
  - Psychiatric Services
  - Academic Psychiatry
  - Journal of Neuropsychiatry & Clinical Neurosciences
  - Psychiatric News (freely available)

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For Patients & Families

What Your Patients Need to Know About Psychiatric Medications

Printer-friendly medication information patient handouts for every major psychiatric medication. Patients’ most common questions are answered, including how to take the medication and its beneficial effects and potential side effects and drug interactions. Language is clear, accurate, and accessible and prioritizes information that is evidence-based to enhance the safe and effective use of psychiatric medications by patients.

Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts
Edited by Mine K. Dulcey, M.D.

Printer-friendly medication information handouts covering today’s most effective medications for youth with behavioral and emotional problems written in language that parents, teachers, and youth can understand. Each handout contains the basic information needed to reinforce clinical discussions, ensures that key points aren’t forgotten or overlooked, and provides answers to important questions that arise between visits.

Let’s Talk Facts
Designed for lay readers, each Let’s Talk Facts pamphlet contains an overview of a psychiatric illness, its symptoms and common treatments, and where to turn for more help.
Any questions from PsychiatryOnline?

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Other Sources of Psy Information:
Clinical Decision-Making Databases

- Access Medicine
- DynaMed
- Isabel
- MD Consult
- UpToDate
- Visual Dx (for skin conditions which might be caused by drugs)
Why should we look at these tools?

- For background information (etiology, epidemiology, prognosis, treatment, etc.)
- To clarify treatment options
- To get an overview of complications
- To find guidelines for treatment
- To obtain references for additional information
- For consumer health information handouts to give patients
- For CME’s
Access Medicine

Provides access to more than 50 medical titles from the best minds in medicine, updated content, thousands of images and illustrations, interactive self-assessment, case files, diagnostic tools, a comprehensive search platform, and the ability to download content to a mobile device.
Advanced Search

Current Practice Guidelines in Primary Care, 2013
DynaMed

Clinical support system with 2,000 topics organized by information category; remote and PDA access available via EBSCO.
DynaMed

Enter topic here and search (or Browse Categories)
Search for “Dementia”

List of topics to choose from (293 total)
For a given set of clinical features Isabel instantly provides a checklist of likely diagnoses including bio-terrorism conditions, related diagnoses, and causative drugs.
Enter age and gender

Enter symptoms
Red flags

Drugs causing those symptoms

- Hydrocephalus
- Head Injury
- Hypothermia
- Heavy Metal Intoxication
- Megaloblastic Anemias
- Progressive Multifocal Leuкоencephalopathy
- Alzheimer's Disease
- Hypothyroidism
- Lyme Disease
- Chronic Fatigue Syndrome

Click diagnosis for evidence-based content.

If this page is not displaying / functioning correctly, please click here.
Provides access to leading medical textbooks and journals, over 600 clinical practice guidelines, over 30,000 drugs, over 2,500 patient education handouts, daily medical news, and CME credit. It provides access to the “Clinics” journals.
MD Consult

Navigation: Books, Journals, Clinics, Patient Education, Drugs, Guidelines, etc.
Results for “Dementia”
UpToDate

A clinical support system designed to answer clinical questions that arise in daily practice. Contains succinct, comprehensive, current, and fully referenced evidence on more than 7,000 clinical topics written by physicians. New category added recently for Psychiatry. Accessible within the UMMSM/Jackson Health System IP domain only.
UpToDate

Access from “E-Databases”

Search for “depression and anxiety in the elderly”

Add your topic here

Click here to search
Select from a list of topics

Click on topic to see more
Background Information for Depression and Anxiety in the Elderly

Introduction

Anxiety disorders and depressive disorders are highly prevalent conditions that frequently co-occur. Individuals affected by both anxiety and depressive disorders concurrently have generally shown greater levels of functional impairment, reduced quality of life, and poorer treatment outcomes compared with individuals with only one disorder.

Study of the clinical presentation, course, assessment, and diagnosis of these conditions have largely focused on the co-occurrence of depression and generalized anxiety disorder. The diagnosis of these conditions is complicated by the presence of mixed anxiety and mood states as well as substantial overlap in physical and emotional symptoms of the disorders.

This topic describes the epidemiology, pathogenesis, clinical manifestations, course, and diagnosis of comorbid anxiety and depression. The treatment of comorbid anxiety and depression is discussed elsewhere. The epidemiology, pathogenesis, clinical manifestations, course, diagnosis, and treatment of individual depressive and anxiety disorders are also described separately (see "Clinical depression in adults: Epidemiology, pathogenesis, and neurobiology" and "Clinical manifestations and diagnosis of depression" and "Clinical depression in adults: Prognosis and course of illness" and "Generalized anxiety disorder: Epidemiology, pathogenesis, clinical manifestations, course, assessment, and diagnosis" and "Social anxiety disorder: Epidemiology, clinical manifestations, and diagnosis" and "Obsessive-compulsive disorder in adults: Epidemiology, pathogenesis, and diagnosis" and "Obsessive-compulsive disorder in adults: Clinical manifestations, course, diagnosis" and "Obsessive-compulsive disorder in adults: Clinical manifestations, course, diagnosis" and "Obsessive-compulsive disorder in adults: Clinical manifestations, course, diagnosis")

Epidemiology

Population-based samples — There is a high rate of comorbid anxiety and depressive disorders in population-based samples. The lifetime prevalence of anxiety disorders and major depression among adults in the United States (US) has been reported to be 28.8 percent and 16.6 percent, respectively.

Three international studies found that depression is significantly associated with every anxiety disorder (1, 2), with the highest associations in patients with generalized anxiety disorder (GAD) and the lowest in those with agoraphobia and specific phobias.

Lifetime prevalence of comorbid anxiety and depression in the general population is very high. In a recent study of 1783 individuals, 75 percent of those with depression met criteria for an anxiety disorder in their lifetime, 70 percent of those with an anxiety disorder met criteria for lifetime major depression (3, 14).

A study found that the 12-month prevalence of comorbid mood and anxiety disorders (3.5 percent) in the Netherlands was higher than the prevalence of a pure mood disorder (4.2 percent) or a pure anxiety disorder (2.9 percent) but lower than pure anxiety disorder (7.7 percent) (22). Of patients with mood disorders, 60.5 percent were diagnosed as having another mental disorder. Anxiety disorders were the most common category of disorders, with a prevalence of 53.4 percent among patients with a co-occurring disorder.

In a community sample of 915 women age 42 to 52 years, 10.7 percent reported lifetime history of an anxiety disorder and major depression concurrently, 53 percent reported no lifetime history of either disorder, 13.8 percent reported a history of an anxiety disorder alone, and 22.1 percent had a history of depression alone.

Clinical samples — High rates of comorbidity between anxiety disorders and depression have been observed in samples of patients receiving mental health care.

- Studies of patients with anxiety disorders have yielded a point prevalence of comorbid depression ranging from 2 to 69 percent, with lifetime rates as high as 81 percent (17-19).

Examples include:

- In a sample of 1127 outpatients with anxiety disorders, current and lifetime prevalence rates of mood disorders were 57 and 81 percent, respectively (10). In those with a primary anxiety disorder, 39 percent met criteria for a comorbid mood disorder (major depression and/or dysthymia). The prevalence of comorbid major depression ranged from 3 percent in specific phobia to 69 percent in posttraumatic stress disorder.

- In a sample of 468 patients with DSM-IV-R anxiety disorders, 11 percent suffered from comorbid depression (11). Prevalence ranged from 4 percent for specific phobia to 35 percent for severe panic disorder with agoraphobia.

Small studies of samples with depressive disorders have yielded variations in the point prevalence of comorbid anxiety of 44.7 to 92.1 percent (15-17).

- In an analysis of 256 depressed outpatients, 44.7 percent met diagnostic criteria for an anxiety disorder (11).

- In a sample of 73 inpatients with major depression, 44.1 percent met diagnostic criteria for an anxiety disorder (11).

- In a sample of 73 inpatients with bipolar disorder, 44.1 percent met diagnostic criteria for an anxiety disorder (11).
Other Relevant Databases for Mental Health Information:

- **PubMed** – National Library of Medicine
- **Cochrane Database of Systematic Reviews** (major study groups on illnesses such as depression, schizophrenia, diabetes, etc.)
- **CINAHL Plus** – Nursing and Allied Health citations
Finding Questionnaires...

• Health and Psychosocial Instruments (HAPI)
• Mental Measurements Yearbook/Tests in Print
• PsycINFO – Limit Search Results to Classification: Tests & Testing (2220)
• PubMed – combine results with MeSH terms that refer to research studies, i.e. Psychometrics, Questionnaires, Psychological Tests, Sensitivity and Specificity, etc.
To start a search in HAPI, go to: http://calder.med.miami.edu

From E-Databases
Click on “All Databases”
Click on “HAPI”
OVID Platform—Select HAPI
Search for Depression AND Anxiety in the Title (expand limits to select)
Results are displayed with tabs connecting to MedlinePlus and PubMed.
Filters can be applied to streamline search results.
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Journal of Clinical Epidemiology

Anxiety and depressive symptom identification using the Duke Health Profile

George R. Panagiotopoulos, W. Eugene Broadhead, Chu-WL. J. Tse

Department of Community and Family Medicine, Duke University Medical Center, Durham, North Carolina, USA

Abstract

Duke Health Profile (DHEP) subscales were compared for their ability to identify anxiety and depressive symptoms as measured by the State Anxiety Inventory (SAI) and the Center for Epidemiologic Studies Depression Scale (CES-D) in 413 primary care patients. The seven-item Duke Anxiety-Depression Scale (DUKE-AD) was the best symptom identifier, with sensitivities and specificities greater than 70% for high scores on both the SAI and CES-D. Also, baseline DUKE-AD scores predicted clinical outcomes during an 18-month follow-up period, with receiver operating characteristic (ROC) curve areas ranging from 0.71 to 0.87%. Patients shown by DUKE-AD scores to be at high risk (≥40), scale 6–100) for symptoms of anxiety and/or depression were more often women, less well-educated, not working, and with lower socioeconomic status. Their severity of illness was higher than that of low-risk patients. Although the providers did not know which patients were at high risk, they made a clinical diagnosis of anxiety or depression more often in high-risk patients.

Keywords

Anxiety disorders; depressive disorders; mental health measures; screening measures; health status; primary care

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Anxiety and Depressive Symptom Identification Using the Duke Health Profile

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ABSTRACT. Duke Health Profile (DUKE) subscales were compared for their ability to identify anxiety and depressive symptoms as measured by the State Anxiety Inventory (SAI) and the Center for Epidemiologic Studies Depression Scale (CES-D) in 413 primary care patients. The seven-item Duke Anxiety-Depression Scale (DUKE-AD) was the best symptom identifier, with sensitivities and specificities greater than 70% for high scores on both the SAI and CES-D. Also, baseline DUKE-AD scores predicted five clinical outcomes during an 18-month follow-up period, with receiver operating characteristic (ROC) curve areas ranging from 57.1 to 58.7%. Patients shown by DUKE-AD scores to be at high risk (≥30, scale 0–100) for symptoms of anxiety and/or depression were more often women, less well-educated, not working, and with lower socioeconomic status. Their severity of illness was higher than that of low-risk patients. Although the providers did not know which patients were at high risk, they made a clinical diagnosis of anxiety or depression more often in high-risk patients. J Clin Epidemiol. 49:1:85–93, 1996.

KEY WORDS. Anxiety disorders, depressive disorders, mental health measures, screening measures, health status, primary care
Duke Anxiety-Depression Scale (DUKE-AD)

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INSTRUCTIONS:
Here are a number of questions about your health and feelings. Please read each question carefully and check (✓) your best answer. You should answer the questions in your own way. There are no right or wrong answers.

Yes, describes me exactly       Somewhat describes me       No, doesn't describe me at all
1. I give up too easily       2       1       0
2. I have difficulty concentrating       2       1       0
3. I am comfortable being around people       2       1       0

DURING THE PAST WEEK:
How much trouble have you had with:

4. Sleeping
5. Getting tired easily
6. Feeling depressed or sad
7. Nervousness

None       Some       A Lot
4       2

HOW TO SCORE
1. Add the scores next to each of the blanks you checked.
2. If your total score is 5 or greater, then your symptoms of anxiety and/or depression may be excessive.

(For exact scoring, multiply the total score by 7.143 to obtain the DUKE-AD score on a scale of 0 for lowest to 100 for highest symptom level.)

FIGURE 1. The Duke Anxiety-Depression Scale (DUKE-AD).
The Mental Measurements Yearbook with Tests in Print (Buros Institute, Univ. Nebraska) (start in E-Databases)
Search on Dementia in the Title

Drop down box to select TI Test Name
### Results for Dementia Questionnaires

#### Links to Full text

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“Add to Folder” if you want to save this citation.
Opens to Full Text “Review” of the test with information on how to obtain it
The review will help you determine if this questionnaire is appropriate for your intended use.
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  - Enter your feedback about library hours, collections or staffing by completing this survey.

- Library Use Survey
  - Is it time to redesign the Calder Library webpage?
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    - Maybe. Some tweaks would make it easier to use.
    - No. I like it just the way it is.
  - Submit

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  - Collaboration / Mentoring
  - Consumer Health
  - Drug Information
  - Evidence-Based Medicine Practitioners
  - Free Authoritative Health Websites
  - Genomics
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  - Scholarly Communications and Open Access
  - Clinicians
  - Researchers
  - Sitios Electrónicos de Medicina e Saúde Gratis
  - Sitios Electrónicos Medicos Gratis

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  - Isabel - Diagnostic Decision Support Tool
  - QUOSA Information Manager - Super tool for researchers to rapidly download, manage and search full text files from any and all sources
  - Scival Experts (Formerly Cochrane) - UM Faculty Expertise Resource
  - Scopus - The largest database of scientific, technical, medical and social science literature back to 1968, including cited references
  - VisualDX: Diagnostic decision support system (CDSS) merges medical images and export information to help you build a patient-centric differential diagnosis. Images are now integrated with DynaMed and UpToDate searches.

- Health News
  - Safety committee raises concern over ArGula's liver cancer drug
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