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Hays, Ron D

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Depression Risk and Outcomes Among ASCVD Patients

Ron D. Hays, PhD



Division of General Internal Medicine & Health Services Research, UCLA Department of Medicine, Los Angeles, CA, USA.

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Okunrintemi et al.¹ found that those who scored between 4 and 6 (“high risk” for depression) versus between 0 and 3 (“low risk” for depression) on the 2-item Patient Health Questionnaire depression had worse SF-12 PCS and MCS scores and worse reported self-rated general health (In general, would you say your health is: *excellent, very good, good, fair, poor*). In addition, those with a clinical diagnosis of depression (ICD-9-M Code of 311) had worse SF-12 PCS and MCS scores and self-rated health than those without depression. The finding that depressive symptoms and depression are associated with SF-12 MCS scores is circular because the SF-12 assesses mental health. While the standard scoring of the SF-12 forces the PCS and MCS to be uncorrelated, depression is correlated with physical health.² In addition, the self-rated general health item is one of the SF-12 questions.

Moreover, the authors incorrectly state that the SF-12 PCS and MCS scores range from “0 to (worst health status possible) to 100 (best health status possible)” (p. 2429). The PCS and MCS are scored on a T-score metric with a mean of 50 and standard deviation of 10 in the US general population.

The authors refer to the *excellent, very good, good, fair, and poor* response scale as a “Likert scale.”² Technically, a Likert

scale uses an agree-disagree response scale. Not all polytomous response scales are Likert scales.³

The authors call the CAHPS overall rating of healthcare item a measure of patient satisfaction. No articles published by the CAHPS instrument developers are cited and there is no reference to the CAHPS website⁴ where it is noted that the “terms patient satisfaction and patient experience are often used interchangeably, but they are not the same thing.”

Corresponding Author: Ron D. Hays, PhD; Division of General Internal Medicine & Health Services Research UCLA Department of Medicine, 1100 Glendon Avenue, Suite 850, Los Angeles, CA 90024, USA (e-mail: drhays@ucla.edu).

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