LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Depression screening instrument

Sir,

I have been using the 16-item depression screening instrument regularly in general practice for seven years, both in the inner cities and in the leafy shires. It has become an indispensable part of my diagnostic armoury; it is analogous to the peak flow meter and sphygmomanometer. Its use aids diagnosis and sensitizes both doctor and patient to the psychological issues surrounding an illness.

The 16 questions on the scale are:

- Do you experience long periods of sadness which you cannot shake off?
- Have you been feeling nervous and strung up?
- Have you been finding everything getting on top of you?
- Do you feel that life is too much of an effort?
- Do you think you have lost confidence in yourself?
- Have you lost much sleep over worry lately?
- Have you found yourself less able to enjoy your normal day to day activities?
- Do you find yourself needing to cry (for women, cry more)?
- Do you find it more difficult to face up to your problems?
- Have you been thinking of yourself as a worthless person?
- Have you found yourelf thinking life is not worth living?
- Are you more irritable than usual?
- Do you find it more difficult to make decisions lately?
- Have you been noticing yourself getting tired even though you have not been doing very much?
- Do you find you cannot think as quickly as you used to?
- Do you feel gloomy about the future?

In answer to a question, if a patient replies 'most of time/definitely' a score of two is given; one point is given if the patient replies 'sometimes', and no points are given if the patient replies 'not at all'.

A strength of the questions is that they avoid asking about physical symptoms. They also allow a moment to ask sensitively about suicidal thoughts. Each question is read to the patient who then replies. Here, the quivering lips forming a reply can say as much as the reply itself. Sometimes there is relief on a patient's face because at last permission has been given by the test to explore emotions that are usually so well disguised.

The instrument produces a numerical score which can be recorded in the patient's notes: a score of less than 10 indicates normal, a score of between 10 and 20 is borderline (17 represents a clinical diagnosis of depression) and a score of 21 and above indicates significant clinical depression. Some of the highest scores have been in desperate teenagers whose fragile worlds of self value can so easily be torn apart. It made me believe early on in the concept of brief reactive depression; that suicidal gesture one day is often followed by elation the next.

I have not found the instrument to be helpful among elderly patients, which is unexpected as I believe other health researchers have found such depression screening instruments useful in elderly patients.

The depression screening instrument has been validated against other standard depression instruments.[1] I wholeheartedly recommend it to other general practitioners who are keen to seek out and treat clinically significant depressive disorder in their patients.

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Reference

1. Birtchnell J, Evans C, Deahl M, Masters N. The depression screening instrument (DSI): a device for the detection of depressive disorders in general practice. *J Affect Disord* 1989; **16:** 269-281.

Paracetamol in childhood illness

Sir,

Holme's investigation of minor, non-specific symptoms in infants aged under two years was revealing (February *Journal*, p.65). The study found that parents managed up to 99% of infants' health problems without a medical consultation and that many consultations were delayed until the fourth or fifth day after the onset of symptoms. This may have been because parents used home remedies or sought advice elsewhere. Paracetamol is often recommended by health care workers for the management of childhood illnesses. It has a clear role as an antipyretic agent, particularly in children at risk of febrile convulsions,[1] and is also recommended as an analgesic for painful conditions such as otitis media.[2] It is probably the main therapeutic tool used by parents in the management of childhood illness.

A questionnaire survey was carried out in order to elicit parents' views of the safety of the use of paracetamol for children and whether they would use paracetamol for specific conditions. The sample comprised the parents or guardians of 66 children aged up to 16 years admitted to the children's ward of St Mary's Hospital, Newport in December 1994 and January 1995 for elective or emergency treatment.

Parents' reported use of paracetamol for specific childhood conditions is shown in Table 1. All of the respondents believed the drug to be safe in childhood at the appropriate dose. Ten parents (15%) said they would give paracetamol at bedtime to help their child settle in the absence of any symptoms of illness.

The majority of parents in this study use paracetamol appropriately for the treatment of painful childhood conditions and 91% would use it to treat fever. The decision to give the drug was not influenced by the number of children in the family or by whether the child had previously been in hospital. In his study Holme found that parents were most likely to consult if their child had a rash, respiratory symptoms or fever. The present survey shows that some of these symptoms were likely to be treated with paracetamol. Abdominal pain is probably likely to result in a consultation with a general practitioner. One quarter of parents would only treat this condition with paracetamol