weight to both of them in making his judgment'. It is not surprising that the PHQ-9, with its sole emphasis on symptom frequency, fails to probe important aspects of the patient experience of the severity of depressive symptoms.

The authors also state that they 'are aware of only one study that considers sensitivity to change over time of the PHQ-9' however, they may like to expand their reading to include a study of ours. We assessed the sensitivity to change over time of the PHQ-9, relative to the Hospital Anxiety and Depression Scale, Depressive subscale (HADS-D), in a sample of patients referred to primary care mental health workers.[3] At end of treatment, in a sample of 491, the PHQ-9 and HADS-D demonstrated similar effect sizes (0.99 and 1 respectively). However, while the HADS-D provided a useful reference standard, in that there is evidence of the scale measuring treatment responsiveness,[8] further work is required to assess the sensitivity of change over time of the PHQ-9 relative to a more stringent reference standard.

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Correction

In the letter: Saleem F, Dua JS, Hassali AA, Shafie AA. Hypertension in Pakistan: time to take some serious action. *Br J Gen Pract* 2010; **60(575):** 449–450. The inclusion of the second author shown was an error. This has been corrected in the online version.

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