Sun Life Financial Chair in Adolescent Mental Health

The Kutcher Adolescent Depression Scale (KADS): How to use the 6-item KADS

The KADS was developed to assist in the public health and clinical identification of young people at risk for depression. It was created by clinicians and researchers expert in the area of adolescent depression and the application of various scales and tools in clinical, research and institutional settings. Work on the KADS was conducted in samples of secondary school students, in clinical settings and in clinical research projects.

There are three different KADS scales: the 6-item, the 11-item and the 16 item. The 16 item is designed for clinical research purposes and is not available on the Sun Life Financial Chair in Adolescent Mental Health website.

The 11-item KADS has been incorporated into the Chehil-Kutcher Youth Depression Diagnosis and Monitoring Tool. This tool is designed for use in clinical settings in which health providers treat young people who have depression.

Researchers interested in using the KADS can contact the office of the Sun Life Chair at (902) 470- 6598 or Dr. Kutcher directly by email at **skutcher@dal.ca**.

The 6-item KADS is designed for use in institutional settings (such as schools or primary care settings) where it can be used as a screening tool to identify young people at risk for depression or by trained health care providers (such as public health nurses, primary care physicians) or educators (such as guidance counselors) to help evaluate young people who are in distress or who have been identified as possibly having a mental health problem.

The tool is a self-report scale and is meant to be completed by the young person following direction from the health provider, educator or other responsible person. The youth should be instructed that this tool will help the person conducting the assessment to better understand what difficulties they might be having and to assist the assessor in determining if the young person may have one of the more common emotional health problems found in adolescents – depression. The young person should be told that depending what the assessment of their problem identifies (the KADS plus the discussion with the assessor) the use of the KADS will help in the determination of next steps.

The KADS is written at approximately a grade six reading level and is useful in assessing young people ages 12 to 22. It has a sensitivity for depression of over 90 percent and a specificity for depression of over 70 percent – putting it into the top rank of self-report depression assessment tools currently available. It is also much shorter than other available tools and unlike many others, is free of charge. It has been recommended for use in a number of expert reports including the National Institute for Clinical Evaluation (UK) and the GLAD-PC Guidelines (USA and Canada). The KADS has been translated into many different languages and is used globally.

KADS Scoring

The KADS is scored using a zero to three system with “hardly ever” scored as a zero and “all of the time” scored as a three. A score of six or greater is consistent with a diagnosis of Major Depressive Disorder and should trigger a more comprehensive mental health assessment of the young person. The KADS will also often identify young people who suffer from substantial anxiety such as Panic Disorder and Social Anxiety Disorder but it has not been validated for that specific purpose.

Another use of the KADS is for monitoring of symptoms in the young person being treated for depression. This should ideally be done at each visit and the scores recorded and reviewed for evidence of improvement.

The last item on the KADS is very sensitive to suicide risk. Any young person scoring one or higher on the last item should have a more thorough suicide risk assessment. We suggest that this be conducted using the adolescent suicide risk assessment guide – the TASR – A. A copy of the TASR – A can be accessed on the **clinical tools section of our website.**

The KADS can be used by expert clinicians (such as child and adolescent mental health staff working in sub-specialty or academic settings) without additional training. Training in the use of the KADS for others is advised and can be arranged for groups of 10 or more by contacting the office of the Chair. Depending on the group, the duration of KADS training ranges from one to three hours.

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Permission to use the KADS

The KADS is available freely for use but may not be sold, copied or otherwise distributed without the express written consent of Dr. Stan Kutcher.

We appreciate any feedback on the use, outcome or suitability of the KADS from any individual or group who is using it. Feedback can be directed to Dr. Stan Kutcher by email at **skutcher@dal.ca**.

Clinicians, educators, youth workers and others interested in other training programs pertaining to youth depression and suicide offered by the Chair can find further information by visitng the **training programs section of our website.**

More Information

Further information about the KADS can be found in these sources:

Brooks, S. (2004) The Kutcher Adolescent Depression Scale (KADS). *Child & Adolescent Psychopharmacology News*, 9, 54, 4-6

Brooks, S.J.,& Kutcher, S. (2001). Diagnosis and measurement of adolescent depression: A review of commonly utilized instruments. *Journal of Child and Adolescent Psychopharmacology,* 11, 341–376.

Brooks, S.J., Krulewicz, S.,& Kutcher, S. (2003). The Kutcher Adolescent Depression Scale: Assessment of its evaluative properties over the course of an 8–week pediatric pharmacotherapy trial. *Journal of Child and Adolescent Psychopharmacology,* 13, 337–349.

Kutcher, S., Chehil, S. (2006) Suicide Risk Management: A Manual for Health Professionals. Wiley-Blackwell.

LeBlanc, J.C., Almudevar, A., Brooks, S.J., & Kutcher, S. (2002). Screening for adolescent depression: comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory. *Journal of Child and Adolescent Psychopharmacology*, 12, 113–126.

(Versão de 6 itens)
Escala Kutcher de Depressão para Adolescentes

Nome: _____ Data: _____

NA ÚLTIMA SEMANA, COMO VOCÊ ESTEVE “NA MÉDIA” OU “GERALMENTE” EM RELAÇÃO AOS SEGUINTES INTES:

1. Mau humor, tristeza, sentindo-se sem graça ou mal, deprimido, simplesmente não pode ser perturbado.

☐ Quase nunca ☐ Muito tempo ☐ A maior parte do tempo ☐ O tempo todo

2. Sentimentos de não ter valor, não ter esperança, deixar os outros tristes, não ser uma pessoa boa.

☐ Quase nunca ☐ Muito tempo ☐ A maior parte do tempo ☐ O tempo todo

3. Sentindo-se cansado, fatigado, com pouca energia, com dificuldade para ficar motivado, tem que se esforçar para fazer as coisas, quer descansar ou ficar deitado.

☐ Quase nunca ☐ Muito tempo ☐ A maior parte do tempo ☐ O tempo todo

4. Sentindo que a vida não é muito divertida, não se sentindo bem quando normalmente (antes de ficar doente) se sentiria bem, não sentindo tanto prazer com coisas divertidas como normalmente (antes de ficar doente).

☐ Quase nunca ☐ Muito tempo ☐ A maior parte do tempo ☐ O tempo todo

5. Sentindo-se preocupado, nervoso, em pânico, tenso, excitado, ansioso.

☐ Quase nunca ☐ Muito tempo ☐ A maior parte do tempo ☐ O tempo todo

6. Pensamentos, planos ou ações sobre suicídio ou de causar dano a si mesmo.

☐ Quase nunca ☐ Muito tempo ☐ A maior parte do tempo ☐ O tempo todo

LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S: Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory, Journal of Child and Adolescent Psychopharmacology, 2002 Summer; 12(2):113-26.
Translated into Portuguese by Cristian Patrick Zeni, M.D., M.Sc.

Pontuação da Escala Kutcher de Depressão para Adolescentes (Versão de 6 itens)

Em cada item, pontue:

- Quase nunca: 0 pontos
- Muito tempo: 1 ponto
- A maior parte do tempo: 2 pontos
- O tempo todo: 3 pontos

e some todas as pontuações dos 6 itens para formar um único Escore Total.

Interpretação dos escores totais:

Escores totais ou acima de 6 sugerem 'possível depressão' (e a necessidade de avaliação mais minuciosa). Escores totais abaixo de 6 indicam 'provável não deprimido'.

Reference

- LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S: Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory, Journal of Child and Adolescent Psychopharmacology, 2002 Summer; 12(2):113-26.

Instrumentos de auto-relato comumente usados para avaliar depressão em adolescentes têm confiabilidade e validade limitadas ou desconhecidas nesta faixa etária. Nós descrevemos uma escala de auto-relato, a Escala Kutcher de Depressão para Adolescentes (EKDA), desenhada especificamente para diagnosticar e avaliar a gravidade da depressão em adolescentes. Este relato compara a validade diagnóstica do instrumento completo de 16 itens, versões breves dele, e o Inventário de Depressão de Beck (IDB) contra os critérios para episódio depressivo maior (EDM) do Mini International Neuropsychiatric Interview (MINI). Alguns 309 dos 1.712 estudantes da 7ª série do Ensino Fundamental à 3ª série do Ensino Médio que completaram a IDB tiveram escores acima de 15. Todos foram convidados para avaliação posterior, dos quais 161 confirmaram a avaliação pela EKDA, a IDB novamente, e uma entrevista diagnóstica pelo MINI para EDM. A análise da curva receiver operating characteristic (ROC) foi usada para determinar quais itens da EKDA melhor identificaram sujeitos passando por um EDM.

Posteriores análises da curva ROC estabeleceram que a capacidade diagnóstica geral de uma sub-escala de 6 itens da EKDA era pelo menos tão boa quanto a da IDB e foi melhor que a EKDA total. Usada com um ponto de corte de 6, a EKDA de 6 itens atingiu taxas de sensibilidade e especificidade de 92% e 71%, respectivamente – uma combinação não atingida por outros instrumentos de auto-relato. A EKDA de 6 itens pode demonstrar ser um meio eficiente e efetivo de descartar EDM em adolescentes.

LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S: Screening for Adolescent Depression: Comparison of the Kutcher Adolescent Depression Scale with the Beck Depression Inventory, Journal of Child and Adolescent Psychopharmacology, 2002 Summer; 12(2):113-26.
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