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# Why the HADS is still important: Reply to Coyne & van Sonderen

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## **Why the HADS is still important: Reply to Coyne & van Sonderen.**

Running head: Why the HADS is important

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Dear Editor,

In response to our review highlighting its heterogeneous structure <sup>1</sup>, Coyne and van Sonderen advocate the abandonment of the HADS <sup>2</sup>. While it is difficult to argue with any of the points they make regarding its deficiencies, there does remain at least one reason why researchers should not ditch the HADS just yet.

The HADS depression subscale seems to be a powerful predictor of one year morbidity and mortality <sup>3,4</sup>, and even 8-year mortality <sup>5</sup> in patients with acute coronary syndrome. This may appear initially unremarkable, given the well-established association between distress and cardiovascular prognosis <sup>6,7</sup>. However, other brief measures of depression or vital exhaustion failed to predict outcomes in these studies. This is also despite the fact that both the HADS anxiety and depression subscales may be better considered as a single dimension <sup>1,8</sup>. What this may mean is that there is something particularly important about the HADS depression subscale that is predictive of prognosis, irrespective of how it correlates with other negative emotion symptoms. We and others suspect that this is the symptom of anhedonia <sup>5,9</sup>. It is also possible that the item "I feel slowed down" could simultaneously provide a potent measure of symptoms of fatigue or cognitive decline <sup>5</sup>.

Therefore, while we agree that the HADS does not have a justifiable role as a measuring scale for anxiety or depression, there remains underlying the scale an elusive and poorly-studied symptom dimension whose adverse impact on prognosis of coronary disease merits serious investigation. So the many thousands of HADS scores accumulated in research datasets may yet turn out to have a value, though this value may be one unsuspected by the advocates of the test.

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