The Use of the Center for Epidemiologic Studies Depression Scale in Adolescents and Young Adults

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The existence of depression in children and adolescents is well established, but debate remains about the phenomenology of the depressive syndrome in the young. In order to discover possible age differences in rates and etiology, the definition and measurement of depression must be comparable across the ages to be studied. A widely used self-report depression symptom scale, the Center for Epidemiologic Studies Depression (CES-D) Scale, was administered to convenient (and not necessarily representative) samples of high school and college students. The scores and patterns of responses to the 20 symptom items of the scale were compared with already existing data from junior high school students, from depressed patients, and from a representative community sample of adults and young adults. The results of the analyses suggest that the CES-D Scale is acceptable and reliable in all the groups studied. The scores of the junior high school group may be inflated by an excess of transient symptoms and should be interpreted with caution, but the scale seems to be very suitable for the high school and older groups.

INTRODUCTION

The debate about depression in the young has been well summarized in recent reviews (e.g., Schoenbach et al., 1984; Ebata et al., 1987) and will not be repeated in detail here. The existence of depression in children, adolescents and young adults seems to be well established (Kashani et al., 1981). The debate now centers more on possible age differences in phenomenology and rates. Young people, even prepubertal children, have been diagnosed

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with major depressive disorder by the Diagnostic and Statistical Manual (third edition; DSM-III) criteria (e.g., Puig-Antich, 1987). However, developmental factors, especially during the adolescent period, may complicate the symptom picture. Epidemiologic data suggest that major depression by adult criteria is probably rare in young children (Kashani and Simonds, 1979; Kashani et al., 1983) but increasingly common over the adolescent and young adult years (Rutter, 1986). It has also been suggested (Wells et al., 1985) that rates in the young have increased over time (Hagnell et al., 1982). This is supported by apparent increases in suicide rates (Carlson, 1983), treatment rates (Milazzo-Sayer, 1978), and self-reported depressive symptoms and syndromes (Boyd and Weissman, 1984).

To adequately follow through these intriguing findings and especially to compare rates across different age groups, the criteria and measures of depression must be validated in all of the groups to be compared. Brief self-report symptom scales have been very useful in epidemiologic surveys of depression, but most of them were developed and validated on adults. Validity in college students and young adults (age 18 and over) has traditionally been taken for granted, while lack of validity has usually been assumed for younger ages. However, due to legitimate questions raised about interpretation of such scales (e.g., Gotlib, 1984, but see Hirschfeld and Cross, 1982), there is a growing literature on the validity of self-report measures in specific population subgroups. For example, Wells et al. (1987) tested the Center for Epidemiologic Studies Depression (CES-D) Scale in a sample of college students; Teri (1982) tested the Beck Depression Inventory in adolescents, Grades 9–12; Kandel and Davies (1982) developed and tested a depression scale for high school students (ages 14–18); Smucker et al. (1986) reported on the use of the Children's Depression Inventory (Kovacs, 1983) in children ages 8–16; Schoenbach et al. (1982, 1983) tested the CES-D scale in junior high school students; Brooks-Gunn et al. (1989) tested measure equivalence across ages 10–19 for three emotional dysfunction scales from the Self-Image Questionnaire for Young Adolescents (Petersen et al., 1984).

The current study was designed to extend Schoenbach's test of the CES-D, by comparing his junior high sample with samples of high school and college students and community young adults (ages 18–25), and comparing these youth groups with community adults and with adult diagnosed depressed patients. Acceptability of the scale and reliability based on internal consistency measures can be estimated with the available data. There are no external criteria of validity (such as clinical diagnosis) in these data sets. However, internal analyses of the CES-D data can address some of the suggested sources of invalidity in the young. These include a variety of ways in which scores