

ORIGINAL ARTICLE

**DETERMINING THE CUT-OFF SCORE FOR A MALAY
LANGUAGE VERSION OF THE CENTRE FOR
EPIDEMIOLOGIC STUDIES DEPRESSION SCALE (CESD)**

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Abstract

Objective: The objective of this study is to determine the optimal cut-off score for the Centre for Epidemiologic Studies Depression scale (CESD) according to Malaysian adolescent norms. **Methods:** This is a cross-sectional study. Nine hundred and thirty-one adolescents aged 13 to 17 years-old completed the CESD and Hopkins Symptom Checklist-depression scale (HSCL-depression). **Results:** Results from the receiver operating characteristic (ROC) curve, kappa coefficients and odds ratio analysis showed that CESD cut-off score of 27 was suitable to be used according to Malaysian norms, demonstrating a specificity of 93%. **Conclusion:** The findings suggest a cut-off score 27 should be used for screening of depression for Malaysian adolescents using the CESD. *ASEAN Journal of Psychiatry, Vol. 15 (2): July – December 2014: 146-152.*

Keywords: Depression, Malaysian Adolescents, CESD, Cut-off Score

Introduction

Adolescent depression accounts for great mortality and morbidity, and has formed a material and moral burden for society [1]. The prevalence of depression in adolescence has been reported to be around 29% in the United States [2], 9.5% in India [3], 22.9% in Hunan, China [4] and 21% in Thailand [5], and is associated with significant risk of suicide and other psychosocial impairment [1]. Therefore the diagnosis of adolescent depression is crucial. One of the commonly used screening tools for depression in Malaysia is the Centre for Epidemiologic Studies Depression Scale (CESD) [7].

Radloff (1977) have shown the feasibility of CESD as a depression screening tool in the

general population with good psychometric properties [7]. CESD has been used to assess depression among adolescents in the United States [8], in Sweden [13], and in Thailand [5]. Carol et al. (1999) also has shown a high sensitivity and specificity of CESD when were able to discriminate depression patients from dysthymia and those without depression [10]. These evidences showed that although CESD is suggested not to be used as a diagnostic tool individually [7], CESD is widely used for the assessment of depression and is consistent with the DSM-IV diagnosis of major depression [11].

One of the inadequacies for the feasibility of the CESD in Malaysia is that its cut-off scale has not been determined and validated, and recommended cut-off scores used have not