

Finally, we look forward to reading Blacker and Clare's findings on general practice depression, and hope that the differences—as well as the similarities—between the studies will help elucidate the nature of these disorders.

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state-independent biological markers and state-dependent biological correlates.

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Depression in School Phobia

DEAR SIR,

We read the paper by Kolvin, Berney & Bhute (*Journal*, October 1984, 145, 347–357) with interest and disagree with many of its conclusions which serve only to obfuscate the diagnostic precision of depression in childhood. The authors demonstrate circular reasoning when they conclude that their criteria are different from Weinberg's but similar to the RDC. We wish to point out that the Weinberg criteria are based on the RDC.

The key items that Kolvin and colleagues put forward account for 5 of the Weinberg criteria. We wonder what has happened to the others, in particular, concentration problems and children's school performance, as both these are important cognitive variables. In Brumback's paper (1977), depressed children did in fact, endorse 6 or 7 of the 10 Weinberg criteria and they also used a semi-structured closed-ended interview with good inter-rater reliability. There is no indication about those parameters by Kolvin and his colleagues.

Unfortunately, this paper by Kolvin *et al* has some serious problems with regard to its aims. The first is quite reasonable, to identify subgroups in a population of children with school phobia using clinical and statistical methods. However, to identify a depressive subtype and to then develop a criterion for depression in the absence of a control group is totally invalid. As the authors observed all of these children studied may represent a spectrum of severity of depressive illness and not distinct diagnostic groups.

Finally, to conclude that depression has a multifactorial origin obscures the finding that many of these children have an underlying substrate of right cerebral dysfunction and that the dependent variable in 80% of the cases is a positive family history as reviewed by Brumback *et al*, 1980. Further nosology will be dependent upon the discovery of

References

- BRUMBACK, R. A., DIETZ-SCHMIDT, S. G. & WEINBERG, W. A. (1977) Depression in children referred to an educational diagnostic center. Diagnosis, treatment, analysis of criteria and literature review. *Diseases of the Nervous System*, 7, 529–535.
- BRUMBACK, R. A., STANTON, R. D. & WILSON, H. (1980) Neuropsychological study of children during and after remission of an endogenous depressive episode. *Perceptual Motor Skills*, 50, 1163–1167.

DEAR SIR,

Kolvin *et al* (*Journal*, October 1984 145, 347–357) addressed the issue of depression in school refusal. But liberal use of (1) χ^2 procedures and (2) principal components analysis probably inflated the discriminant validity of depression measures and resulted in spurious association of these with other variables studied.

(1) In testing the discriminatory efficacy of five compound depressive indices, Kolvin *et al* sought that point which maximally discriminated depressed and non-depressed subjects. This “best cut” procedure works to exploit chance data fluctuation (Cronbach, 1949). Implicit in the approach are S-1 (where S = number of scores in a range) comparisons, though only the most advantageous is reported. The result is to increase Type I and per experiment error rates. For example, the chance probability of Kolvin *et al* finding a significant difference on the 21-item Total Global Depression Score is approximately 21-1 x .05 = 1.00; on the 15-item Global Score it is about 14-1 x .05 = .65; on the “11 items-cut-of 5+” it is around 11-1 x .05 = .50.

Also the “best cut” approach probably inflated artifactually the discriminant efficacy (rates of sensitivity and specificity) of the variables in question. This is serious, given the authors' own admission that most of the indices were not highly sensitive in any case. A preferable approach would have been to make the cuts on theoretical grounds *a priori*, or to use the median split.

(2) In two principal component analyses, Kolvin *et al* met none of the prerequisites ensuring valid factor extraction (Wade, 1978).