LETTERS TO THE EDITOR

Targeting Depression Interviewing

To the Editor:—I found the article in the Research to Practice section on depression by Conde et al.¹ informative and helpful for reviewing magnitude of risk in the context of prevalence and likelihood ratios. Unknowingly (perhaps) I have used magnitude of risk in two specific clinical situations. I present two hypothetical cases. In the first, a 34-year-old man developed a 2-minute episode of vague left mammary chest discomfort about 45 minutes after playing basketball with his nephews. This had not recurred since the initial episode 5 weeks ago. My level of concern regarding coronary artery disease was very low until my medical student reported that no male in the family lived beyond the age of 45 years. I felt the need to act urgently to assess this patient for coronary disease. In the second case, the resident in the emergency room called me to report that my patient (42-year-old woman) had sought relief for back pain of 3 weeks' duration. Our collective mindset was focused entirely on benign causes of back pain until we listed a differential diagnosis that included both cancer and use of steroids. Indeed, the patient had been on pro-

longed courses of steroids for asthma in the last 6 months. Family history of early death from coronary artery disease, use of steroids, and history of cancer raised the magnitude of risk. My hope is that other authors will begin to use magnitude of risk in conjunction with risk factor (prevalence) and likelihood ratios. In addition, I suggest attempts be made to determine prevalence, magnitude of risk, and likelihood ratios for combinations of symptoms. In the study by Conde et al. would the magnitude of risk be higher for the target disorder (depression) if the risk factors of unemployment and diabetes were considered together instead of independently? Would the magnitude of risk be higher if unemployment and arthritis were considered together instead of independently?—

DAVID A. NARDONE, MD, Portland, Oregon.

REFERENCE

1. Conde MV, Williams JW, Mulrow CD. Targeting depression interviewing: an exercise in diagnostic reasoning. *J Gen Intern Med*. 1998;13:262-5.

In reply:—Dr. Nardone provides 2 clinical examples of using risk factors to broaden a differential. In both instances the risk factors presumably have a relatively higher magnitude of risk and a relatively lower prevalence compared to other risk factors for the target disorders.

It seems reasonable that the magnitude of risk for combinations of risk factors would be higher than the individual risk factors; however, risk factors can interact with one another and may synergistically enhance, diminish, or even negate another's effect. We agree that it would be interesting and useful to evaluate the operating characteristics of combinations of risk factors to aid in diagnosis.—**MICHELLE V. CONDE, MD, JOHN W. WILLIAMS JR., MD, MHS**, and **CYNTHIA D. MULROW, MD, MSc**, Audie Murphy Veterans Hospital, San Antonio, Tex.

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