3-32 Cornell Scale Interpretation

TIPS Question:

The interpretation of this scale is difficult to understand. What is meant by “Average Cornell ratings”? Why is there not an interpretation scale like the MMSE? An example would be if the resident scored between 1 + 4 = no psychiatric disorder; 4 + 12 = non-depressive psych disorder; etc. I’ve attempted to research the Cornell Scale on the internet in hopes of finding a more specific way of interpreting it with no results. Please help. I don’t feel comfortable using the scale if I can’t be more specific with the results.

Response:

You are correct in that there is not a more specific method of interpreting results of the Cornell Scale for Depression through the use of score ranges. When you read some of the Cornell-related TIPS responses, you may have seen a response discussing the interpretation of scores. In this response I attempted to explain that each of the 19 items on the Cornell are not “weighed” the same, they are all marked out of 2, but they are not equal in their severity and importance. Therefore, we cannot say that if someone scores between 4 and 12, then they have a certain degree of depression. Try to consider the following: I could administer the Cornell to two clients whose scores are below.

Example #1

Anxiety: 0
Sadness: 1
Lack of reactivity: 0
Irritability: 1
Agitation: 0
Retardation: 1
Multiple Physical Complaints: 2
Loss of interest: 0
Appetite loss: 1
Weight loss: 1
Lack of energy: 2
Diurnal variation: 0
Difficulty falling asleep: 1
Multiple awakenings: 2
Early morning awakenings: 0
Suicide: 0
Poor self-esteem:1
Pessimism: 0
Mood-congruent delusions: 0

Overall score: 13

Example #2

Anxiety: 0
Sadness: 0
Lack of reactivity: 0
Irritability: 0
Agitation: 0
Retardation: 0
Multiple Physical Complaints: 0
Loss of interest: 2
Appetite loss: 1
Weight loss: 0
Lack of energy: 0
Diurnal variation: 0
Difficulty falling asleep:2
Multiple awakenings: 0
Early morning awakenings: 2
Suicide: 2
Poor self-esteem:0
Pessimism: 2
Mood-congruent delusions: 2

Overall score: 13

Though both of these examples would fall into the same 'range' of score, do you see how the actual profiles of these two examples are quite different? Example #2 is at a higher risk level than Example #1.

As a psychometrist, I struggle with scales that have ranges in an attempt to aid in interpretation. I feel there is a greater risk of the clinician missing important information if the results of the scales are grouped into ranges. I advocate for clinicians to summarize the results of scales in words, describing the details of the profile and the actual answers the client gives. This information would be more meaningful than a score range.

You mentioned the MMSE and its interpretation scale. Again, I feel important information is lost when clinicians label a client's profile with a heading. Also, it is easier to compare results from different clinicians if the actual responses are written and not just the scores or score range.

Lastly, the MMSE has different weights assigned to different questions (some items are worth 1, 2, 3 or 5 points). I understand your wish to have some help in interpreting the scores of the Cornell, but you would have more meaningful information if you are specific with what answers the client actually gave and which areas he/she scored the highest.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*