



# Validation of a composite of suicide items from the Mood and Feelings Questionnaire (MFQ) in offspring of recurrently depressed parents



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## ABSTRACT

The Mood and Feelings Questionnaire (MFQ) is widely used for the assessment of depression in adolescents. The main aim of this study was to examine the concurrent and predictive validity of a composite of four MFQ items related to suicidal ideation using an interview measure of suicidal ideation. A prospective 3-wave high-risk study of offspring of parents with recurrent depression was used including 294 families where children were initially aged 9–17 years. Measures included four parent and child rated MFQ items assessing suicide-related ideation (referred to here as the “MFQ-SI”) and a clinically-defined interview measure of suicidal ideation. A parent–child combined MFQ-SI subscale performed well as a screening tool against the interview measure of suicidal ideation (baseline area under the curve (AUC) (95% CI):0.92 (0.85–1.00)). Longitudinally, this measure showed reasonable predictive validity against future suicidal ideation (AUC (95% CI):0.73 (0.58–0.88)). Lastly, there was evidence that a child-rated MFQ-SI scale performed better than a parent-rated one in detecting concurrent suicidal ideation. Longitudinally, both parent and child scales showed reasonable predictive validity against future suicidal ideation. In summary, a brief screen using four MFQ items related to suicidal ideation performs well in identifying concurrent and future suicidal ideation in high-risk adolescents.

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## 1. Introduction

Suicide is the third leading cause of death among adolescents, and prevention of youth suicide is a major public health priority (Hamilton et al., 2007). In addition, the number of adolescents that consider attempting suicide is much higher than the number that complete suicide with a self-reported past year prevalence of 15.8% among adolescents in the United States in 2011 (Centers for Disease Control and Prevention, 2012). Previous studies have reported evidence for treating suicide-related behaviour on a continuum, with passive thoughts of death and suicide completion being extremes on a spectrum of risk (Brent et al., 1988; Lewinsohn et al., 1996). Suicidal ideation is often present for a long period before completed suicide and is one of the most salient risk factors for later suicide (Lewinsohn et al., 1996; Beck et al., 1999; Brown et al., 2000). Therefore, early detection of suicidal ideation is an important goal for suicide prevention.

Suicide-related ideation can range from passive thoughts of death to persistent thoughts of killing oneself and there are a number of different measures used to assess suicide-related ideation in young people, both as stand-alone suicide screens and as components of more general assessments of depression. Some previous studies have tested the predictive validity of these scales in adolescents using future assessments of suicidal ideation and behaviour (Larzelere et al., 1996; Thompson and Eggert, 1999; Shaffer et al., 2004; Huth-Bocks et al., 2007). However, a number of concerns remain about how robust and useful these measures are for use across a range of informants and settings. First, the majority of previous literature has only validated self-report measures of suicide-related ideation; therefore it is unclear whether parent-rated scales are of merit in predicting later suicide risk. Parent–child agreement over child suicide-related ideation is often poor (Breton et al., 2002; Klaus et al., 2009) but sometimes only parent-rated measures are available; therefore it is also important to establish whether parent ratings of suicide-related ideation can be used in research and whether they provide some useful information in practice. Second, there may be worries about the acceptability and potential iatrogenic effects of the use of questionnaires that focus only on suicidal ideation in unselected general population samples, either for research or for screening

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purposes (Peña and Caine, 2006). Third, diverse screening tools for suicide-related ideation exist, and most are designed specifically for use as screening tools in the context of suicide prevention programs. An important additional priority is the development of measures of suicide-related ideation for use in research on the epidemiology and aetiology of suicidal ideation.

The Mood and Feelings Questionnaire (MFQ; Angold and Costello, 1987) is a well-established measure that is very widely used to assess symptoms of depression in adolescents, with both parent and child report versions used for screening and research purposes in general population and clinical samples. More recently, the MFQ is being used in studies investigating suicide-related ideation (Vander Stoep et al., 2009; Vander Stoep et al., 2011; Undheim, 2013). Some of these studies use the single item 'thought about killing self', to assess suicidal ideation, however there are analytical advantages of using a continuous scale (Royston et al., 2006). In addition, this item is rarely endorsed in non-clinical samples of adolescents and using a scale can give a broader picture of the concept of suicide-related ideation that includes milder forms such as passive thoughts of death (Undheim, 2013). Assessing suicide-related ideation using items from a broad measure of depression, such as the MFQ, will be helpful in general population designs and may be more acceptable for screening for prevention than a suicide specific scale in non-clinical groups. Some important studies have now begun to use a composite of suicide-related ideation items from the MFQ in analyses (Vander Stoep et al., 2009; Undheim, 2013). In a community sample of adolescents, it was found that a composite of the suicide-related ideation items had good internal consistency and factor structure, with some degree of independence between individual items showing they all contributed to the overall scale (Vander Stoep et al., 2009). However, as far as we are aware, no studies have tested the predictive validity of the composite of suicide-related ideation items from the MFQ relative to an interview or clinical measure of suicidal ideation. Therefore it is important to establish whether this spectrum of suicide-related ideation from thoughts of death through to thoughts about killing oneself meaningfully captures and predicts clinically defined suicidal ideation.

The need for early identification and prevention of suicide-related behaviour is especially important in samples of adolescents already considered to be at risk (Thompson and Eggert, 1999), therefore, the present study utilises data from a sample of offspring with recurrently depressed parents. No studies that we are aware of have validated a composite measure of suicide-related ideation within a sample of offspring with recurrently depressed parents. This is an important group to target as the children of depressed parents have elevated rates of a range of mental health disorders relative to the general population (Mars et al., 2012). This is also an important high-risk group in which to establish the validity of parent reports of offspring suicide-related ideation as evidence is currently mixed as to whether depressed parents are more accurate reporters than non-depressed parents (Klimes-Dougan, 1998; Klaus et al., 2009). The present study adds to previous literature by validating both a parent and child-rated suicide-related ideation total from a widely used depression screening questionnaire that assesses symptoms over the past 3 months (referred to here for brevity as the "MFQ-SI" total), and by examining the predictive validity using a clinically validated interview measure of suicidal ideation assessed over a year later. Therefore, the present study utilises a longitudinal sample of adolescents at high risk of depression to investigate the following aims:

- Examine whether the MFQ-SI total can be used as a screening tool to detect concurrent clinically validated suicidal ideation.
- Examine whether the MFQ-SI total can be used to predict future clinically validated suicidal ideation.

- Investigate whether a parent-rated total differs in performance to a child-rated total.

## 2. Methods

Data were utilised from a 3-wave prospective longitudinal study of offspring of parents with recurrent depression – 'The Early Prediction of Adolescent Depression (EPAD) study'. At baseline, the sample included 337 families (315 mothers and 22 fathers) that were recruited mainly from general practices across South Wales. The presence of least two episodes of DSM-IV major depressive disorder in the index parent was confirmed at baseline interview. The youngest child within the age range of 9–17 years was selected for inclusion (197 girls and 140 boys, mean age = 12.4 years). All children were biologically related to and currently living with the affected parent. Additional exclusion criteria included children with moderate-severe intellectual disability (IQ < 50) and parents with bipolar disorder, mania/hypomania or psychosis at time of interview. Two families were excluded from waves 2 and 3 of the study because the depressed parent had been diagnosed as suffering from bipolar disorder since the wave 1 assessment. Parents and offspring were assessed independently by two trained research psychologists on three occasions over the course of the study. The average time between the baseline and second assessment was 16.2 months and between the second and third assessment was 12.5 months. Further details on the sample characteristics and methodology have been described previously (Mars et al., 2012).

Written informed consent or assent was obtained from parents and children as appropriate, prior to inclusion in the study. Data were collected via semi-structured diagnostic interviews and from questionnaires that were mailed to the families 2 weeks before the interview date. For the main analyses, 17 children were excluded because of missing data on the MFQ-SI items at baseline. In addition, for longitudinal analyses, any family who had not completed either W2 or W3 interview was excluded. This resulted in a final sample of 294 families that were included in longitudinal analyses. Ethical approval for the study was obtained from the Multi-centre Research Ethics Committee for Wales.

### 2.1. Questionnaire assessments

#### 2.1.1. Suicide-related ideation

The MFQ was completed by parents and children at each time point and asked about the child's symptoms of depression over the past 3 months. The MFQ is 34-item questionnaire covering depressive disorder-related items including four items assessing suicide-related ideation (Angold and Costello, 1987). Previous studies have shown the MFQ to have high test-retest reliability (Daviss et al., 2006; Sund et al., 2001). A parent-rated and a child-rated suicide-related ideation composite (referred to here as the "MFQ-SI" total) were derived by computing a total score from the following items: 'thought about death or dying', 'thought family would be better off without self', 'thought life was not worth living' and 'thought about killing self' (Table 1), with each item coded 0 'not true', 1 'sometimes' or 2 'true' (range 0–8). In addition, parent and child ratings for each of the ideation items were combined using an either/or approach by taking the highest rating for each item, and a parent-child combined rated MFQ-SI total was created. For the purposes of some analyses, a parent-child combined total of the remaining 30 items assessing depression was created in the same way (range 0–60).

### 2.2. Interview assessments

#### 2.2.1. Suicidal ideation

Suicidal ideation was assessed at each time point with questions from the parent and child versions of the Child and Adolescent Psychiatric Assessment (CAPA; referred to throughout as CAPA suicidal ideation; Angold and Costello, 2000). The CAPA is a semi-structured interview used to obtain data on psychiatric symptoms and diagnoses over the preceding 3 months. Previous studies have shown the CAPA to have high test-retest reliability and construct validity (Angold and Costello, 1995; Angold and Costello, 2000). The parent and child versions were completed independently by trained, supervised interviewers. The CAPA includes a range of questions regarding suicide-related behaviours; however for this study we only included questions regarding suicidal ideation where the coding required explicit suicidal intent based on the criteria by Silverman et al. (2007). A conservative approach was taken by using stringent criteria for validation measures. The CAPA defines suicidal ideation as 'thoughts specifically about killing oneself, by whatever means, with some intention to carry them out'. To code into this question, suicidal thoughts must be at least sometimes uncontrollable and recur in at least two activities. Vignettes for all those meeting CAPA criteria for suicidal ideation with suicidal intent or sub threshold cases were further reviewed by three senior psychiatrists (AT, SZ and RP) and a clinical consensus was reached. Both interviewers and clinicians were blind to participants' MFQ scores when conducting CAPA interviews and providing clinical consensus. Again an either/or approach was used to combine parent and child interview ratings. Combining

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