

Anxiety Disorders 19 (2005) 193–210



Making sense of informant disagreement for overanxious disorder

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Received 29 September 2003; received in revised form 15 January 2004; accepted 25 January 2004

Abstract

A community sample of 2798 8–17-year-old twins and their parents completed a personal interview about the child's current psychiatric history on two occasions separated by an average of 18 months. Parents also completed a personal interview about their own lifetime psychiatric history at entry to the study. Results indicate that informant agreement for overanxious disorder (OAD) was no better than chance, and most cases of OAD were based on only one informant's ratings. Disagreement about level of OAD symptoms or presence of another disorder (mostly phobias or depression) accounted for most cases of informant disagreement: 60% of cases based only on paternal interview. OAD diagnosed only by maternal interview was also distinguished by an association with maternal alcoholism and increasingly discrepant parental reports of marital difficulties. Given the substantial overlap in case assignments for DSM-III-R OAD and DSM-IV GAD, these findings may identify sources of informant disagreement that generalize to juvenile GAD. (© 2004 Published by Elsevier Inc.

Keywords: Parent report; Child report; Child anxiety; Anxiety disorders; Anxiety

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1. Introduction

Disagreement among parents and children about presence of juvenile emotional disorders in community settings is common (Achenbach, McConaughy, & Howell, 1987; Choudhury, Pimentel, & Kendall, 2003; Foley et al., 2004; Grills & Ollendick, 2003; Jensen et al., 1999; Klein, 1991) and routinely dealt with by combining different informants ratings using an or-rule at either a symptom or a diagnostic level (Bird, Gould, & Staghezza, 1992).

The utility of an or-rule is predicated on the assumption that all positive reports are valid, and the or-rule represents an attempt to mimic clinical decision making by integrating all known sources of information. Using an or-rule increases the estimated prevalence of juvenile disorders, and by implication likely service needs in the community, but an uncritical use of an or-rule sheds no light on the relevance of informant disagreement or the accuracy of case identification in community settings.

There are several possible explanations for informant disagreement. Each informant may contribute largely unique but equally valid information about the subject's psychiatric status. If so, the application of an or-rule is justified. Adult informants may, however, provide biased ratings in association with their own psychiatric histories or other characteristics (Chapman, Mannuzza, Klein, & Fyer, 1994; Kendler et al., 1991) and this may yield juvenile diagnoses that are unrelated to the child's true status. Multiple informants may also conceptualize a child's behavior differently because they apply variable thresholds, standards or time frames for identifying a deviation from normal functioning. Discrepant reporting may also occur if a child's behavior is only expressed in certain situations (Achenbach et al., 1987), or if parents are not equally exposed to their child's behavior.

This study examined the basis for informant disagreement for overanxious disorder (OAD) of childhood in a community setting. Anxiety, especially generalized worry, is a phenotype which is largely internally experienced, but which can be observable if children confide in others about their worries or if their worries impact on their functioning. The utility of the or-rule was evaluated using data collected by personal interview with children and parents enrolled with a population-based, twin-family study to characterize: (1) variation in the 3-month prevalence of OAD by sex, age and pubertal status, based on interview with each informant and using a symptom and diagnosis-based or-rule, (2) agreement between informants about the presence of OAD, and (3) the correlates, outcomes and distinguishing characteristics of OAD diagnosed by interview with only one informant.

2. Method

Subjects were participants in The Virginia Twin Study for Adolescent Behavioral Development (VTSABD) (Eaves et al., 1997). Recruitment and assessment Download English Version:

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