Available online at www.sciencedirect.com
ScienceDirect
Psychiatry Research 152 (2007) 45–54
PSYCHIATRY RESEARCH
www.elsevier.com/locate/psychres

Quality of life of 'normal' controls: Association with lifetime history of mental illness

Dianne Schechter *, Jean Endicott, John Nee

Department of Research Assessment and Training, New York State Psychiatric Institute, 1051 Riverside Drive, Unit 123, New York, NY 10032, USA

Received 17 November 2005; received in revised form 22 June 2006; accepted 14 September 2006

Abstract

This study assessed the perceived quality of life of individuals who were not in treatment for a psychiatric disorder and who were volunteers for a program to recruit control subjects. Subjects completed the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) and a diagnostic evaluation for lifetime history of mental disorders. Individuals were assigned to one of four categories according to the results of the diagnostic evaluation: Never Mentally Ill (NMI), one episode of a Minor Mental Disorder (MMD), Currently Not Mentally Ill with a serious history of mental illness (CNMI), and Currently Mentally Ill (CMI). Subjects in the two healthiest groups (NMI, MMD) reported the greatest life satisfaction and generally did not differ from each other. Subjects in the CNMI group reported significantly less satisfaction than subjects in the NMI and MMD groups, but greater life satisfaction than subjects who were currently mentally ill (CMI). The results demonstrate that an individual's current quality of life is strongly related to the extent of his or her history of mental illness. The findings provide the first available benchmarks for the Q-LES-Q for the degree of life satisfaction experienced by an untreated sample of individuals.
Published by Elsevier Ireland Ltd.

Keywords: Life satisfaction; Mental disorders; Volunteers; Normal controls

1. Introduction

Measurement of quality of life has become an important aspect of assessing the health of patients in treatment for psychiatric disorders. In particular, the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) (Endicott et al., 1993) has been used widely to measure life satisfaction in patients during pre and post treatment phases of therapy.

Studies often use the short-form of the Q-LES-Q, which is identical to the General Activities subscale of the larger instrument. Baseline levels of life satisfaction have been low across a wide range of psychiatric disorders (Kocsis et al., 1997; Miller et al., 1998; Pollack et al., 1998; Freeman et al., 1999; Koran et al., 2002; Rapaport et al., 2002; Liebowitz et al., 2003; Ritsner et al., 2003), and post-treatment scores have shown statistically significant improvement for patients with mood and anxiety related illnesses (Kocsis et al., 1997; Pollack et al., 1998; Russell et al., 2001; Schneider et al., 2001; Koran et al., 2002; Rapaport et al., 2002; Liebowitz et al., 2003).

The degree to which Q-LES-Q post-treatment scores are consistent with those from healthy individuals who

* Corresponding author. Tel.: +1 212 5435533; fax: +1 212 5435386.
E-mail address: des3@columbia.edu (D. Schechter).

0165-1781/$ - see front matter. Published by Elsevier Ireland Ltd.
doi:10.1016/j.psychres.2006.09.008

are not in treatment for a mental illness is not known because very few studies have collected quality of life data from controls. Chand et al. (2004) reported that controls selected by a general health questionnaire reported a mean score of 67% on the General Activities subscale of the Q-LES-Q. Gelfin et al. (1998) found that never mentally ill subjects screened with the use of a standardized psychiatric interview reported a raw mean score of 55.1 on the General Activities subscale, which represents 73% of the total possible score. Additional research is needed to better understand how different referent groups of 'normal' controls score on measures of quality of life. The current study assessed the quality of life of subjects who were not in treatment for a psychiatric disorder, separated into groups according to lifetime history of mental illness.

2. Methods

Subjects were participants in a centralized recruitment program (CRP) for controls for studies at the New York State Psychiatric Institute. A description of the recruitment and assessment procedures for the CRP is included in this report. Additional information about this program can be found in previous reports (Schechter et al., 1994, 1998; Schechter and Lebovitch, 2005). The protocol was begun after IRB approval was obtained.

2.1. Recruitment

Subjects were recruited by posted notices and letters that indicated the program was seeking individuals to participate in studies at the medical center as part of comparison groups. Recruitment materials did not indicate the CRP was seeking "healthy" or "normal" controls in order to decrease the potential for under reporting of psychiatric and medical illness. Screening procedures were used to increase the yield of currently healthy individuals who would be available to participate in multiple studies at the medical center. As a result, the CRP sample was not designed to be epidemiologically representative of the community.

The CRP recruited, evaluated, and maintained a large pool of well-characterized individuals who participated in research as part of comparison groups. The subject pool included information from every individual who completed the diagnostic assessment regardless of psychiatric and medical status at the time of the initial evaluation. Thus, the database of individuals did not include only narrowly defined "normal" controls, but rather was a pool of potential subjects who met a wide variety of diagnostic criteria. The CRP thereby made maximum use of evaluated subjects and had more flexibility to accommodate investigators with different inclusion/exclusion criteria for their comparison group samples. The program provided controls for 167 studies over a period of 15 years. Only about 8% of the studies required that all of their controls have no history of mental illness. The remaining studies recruited currently healthy subjects with selected past histories along with those who were never mentally ill. The acceptable past psychiatric history varied according to the needs of a given study.

2.2. Psychiatric evaluation

A semi-structured telephone interview was used to screen for the initial exclusion criteria listed in Table 1. A substantial portion of the telephone screen was designed to increase the likelihood that subjects who went on to receive a full diagnostic interview would not be currently mentally ill (criteria 4–8).

Individuals who passed the telephone screen were sent a self-report Medical History Questionnaire (MHQ) and consent forms. All subjects had the opportunity to ask questions before providing written informed consent to participate in the recruitment program.

The presence of current and lifetime mental illness was assessed by trained clinical interviewers according to Research Diagnostic Criteria (Spitzer et al., 1978) using the Schedule for Affective Disorders and Schizophrenia — Lifetime version (SADS-L) (Endicott and Spitzer, 1978). An addendum included sections for DSM-IV (American Psychiatric Association, 1994) disorders not specifically covered by the SADS-L.

Overall level of symptomatology during the past month was measured by clinical raters during the diagnostic evaluation using one item from the SADS-L that was scored from 1 (no or minimal symptoms) to 6 (major impairment in several areas of life).

Table 1
Exclusion criteria for telephone screen

Exclusion criteria
1. Age less than 18 years
2. Not fluent in English
3. Pregnant/nursing within past 6 months
4. Current medical condition with psychiatric concomitance
5. Current use of psychotropic medication
6. Current psychotherapy/counseling
7. Mood during past week rated as poor: rating of 5 or 6 on a 6 point scale for a negative moods (depressed, anxious, irritable, confused), or rating of 1 or 2 for a positive moods (happy, sociable).
8. Current agoraphobia, social phobia or multiple simple phobias