



Adjustment disorder as proposed for ICD-11: Dimensionality and symptom differentiation



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ABSTRACT

Although Adjustment Disorder as a diagnostic category is widely used in clinical practice it is critically discussed that it has not been conceptualized as a category with unique symptoms. Hence, the conceptualization of Adjustment Disorder is subject to substantive change in ICD-11 including core symptoms and additional features in a uni-faceted concept. Adjustment Disorder was assessed with a self-rating instrument in a representative sample of the German general population ($N=2512$). Confirmatory factor analyses (CFA) were applied to test the dimensionality of symptoms according to the new diagnostic concept. Latent class analysis (LCA) was applied to test whether there are distinguishable subgroups with respect to symptomatology. 2.0% of the sample were diagnosed with Adjustment Disorder according to the new diagnostic algorithm. The proposed six factor model shows best fit with good reliability of the factors in the CFA compared to competing models. However the factors are highly correlated and not distinguishable. The LCA identified three latent classes, reflecting low, mild and moderate to severe symptoms. The findings support the uni-faceted concept of Adjustment Disorder as it is conceptualized in the new diagnostic concept in ICD-11 in a general population sample. This clearer diagnostic concept will inform research as well as clinical practice.

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1. Introduction

The World Health Organization (WHO) is currently developing the International Classification of Diseases, 11th version (ICD-11), which is scheduled for approval in 2016. Mental disorders specifically associated with stress are characterized by an external event that caused psychiatric symptoms. In ICD-10 this group of disorders is part of section F40–F48 “Neurotic, stress-related and somatoform disorders”. The ICD-11 working group on this topic reviewed scientific evidence and clinical experiences and recommended a separate grouping of disorders specifically associated with stress for ICD-11. Adjustment Disorder will be grouped in this category next to Post Traumatic Stress Disorder, Complex Post Traumatic Stress Disorder and Prolonged Grief Disorder (Maercker et al., 2013a; 2013b).

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In ICD-10 Adjustment Disorder is defined as a reaction to an identifiable stressor. By definition the symptoms emerge within three month after the onset of the stressor. Symptoms include a wide range of impairments in social and occupational functioning, as well as symptoms of depression, anxiety and impulse control problems. In a multi-faceted concept six subtypes of Adjustment Disorder are defined: with depressed mood, with anxiety, with mixed anxiety and depression, with disturbance of conduct, with mixed disturbance of conduct and emotions and an unspecified subtype (Maercker et al., 2007). Although Adjustment Disorder as a diagnostic category is widely used in clinical practice, e.g. the 7th largest diagnostic category used in psychiatric care (Reed et al., 2011; Evans et al., 2013) it is critically discussed that Adjustment Disorder has not been conceptualized as a diagnostic category with unique symptoms or a distinct clinical picture with symptoms that differ from those of other mental disorders. Moreover, the subtypes defined in ICD-10 are supposed to be insufficiently defined and fail satisfactory reliability (Strain and Diefenbacher, 2008; Baumeister et al., 2009). Thus, the conceptualization of Adjustment Disorder is subject to substantive change in ICD-11 compared to ICD-10 (Maercker et al., 2013b). ICD-11 is developed

along empirical evidence as well as clinical utility. A recently published proposal for a new definition characterizes Adjustment Disorder in a uni-faceted concept as (1) a maladaptive reaction to an identifiable psychosocial stressor; (2) the reaction is characterized by preoccupation with the stressor or its consequences, and (3) is also characterized by failure to adapt to the stressor which causes significant impairment in personal, family, social, occupational or other important areas of functioning. (4) Moreover a number of additional symptom features (depression, anxiety, avoidance, impulsivity) are described (Maercker et al., 2013a). This proposal is supposed to provide a solution for the weak points of the current diagnostic concept of Adjustment Disorder.

An investigation of the clinical utility of this proposal via electronic field trials evaluating the clarity and ease of the new Adjustment Disorder diagnosis has shown favorable results by using a vignette rating technique for clinicians (Keeley et al., 2014). However, empirical evidence from population based samples is needed.

1.1. Aim of the study

The analysis is based on a large-scale population-based representative study in Germany which assesses two core symptom clusters and four associated feature clusters of symptoms of the new diagnostic concept of Adjustment Disorder as it is proposed for ICD-11. It is a re-analysis of the data published by Maercker et al. (2012).

The purpose of the analysis is threefold:

- (1) To assess the structure of Adjustment Disorder-symptoms in a general population sample. Following the new diagnostic concept of Adjustment Disorder proposed for ICD-11, we hypothesize that there are two Adjustment Disorder core symptom clusters consisting of the eight core symptoms and four associated feature clusters. Thus a six factor model is tested using confirmatory factor analysis (CFA) and model fit is compared with a six factor model including a second order factor accounting for the correlations between the six factors, and a single factor model representing an uni-dimensional structure of Adjustment Disorder.
- (2) To investigate whether there are distinguishable subgroups based on the response patterns to the Adjustment Disorder questionnaire using latent class analysis. We hypothesize that there are no subgroups that are characterized by different symptom profiles as it was described in the diagnostic concept of ICD-10.
- (3) To describe sociodemographic characteristics and stressors of participants diagnosed with Adjustment Disorder according to the new diagnostic concept.

2. Methods

2.1. Subjects

A representative sample of the German general population was selected with the assistance of a demographic consulting company (USUMA, Berlin, Germany). Germany was divided into 258 sample areas corresponding to the different regions of the country. After a sample area was selected, households in that area were selected by the random route procedure. One member of each household fulfilling the study's inclusion criteria (i.e., at least 14 years old and able to read and understand the German language) was selected randomly by the Kish selection grid technique. This technique is used for sampling individuals on the doorstep from among household residents. The system is devised so that all individuals

in a household have an equal chance of selection. A first interview attempt was made for 4630 addresses, of which 4572 were valid. If the resident was not at home, a maximum of three attempts was made to contact the selected person. Overall, 1546 persons (33.8%) declined to participate, 497 subjects (10.9%) were not reached after three attempts, and 5 persons (.1%) refused participation because of severe health problems. All participants were visited by a study assistant, informed about the investigation, and presented with self-rating questionnaires. Participants gave their informed consent prior to the assessment. The assistant waited until the participant answered all questionnaires and offered help if the participant did not understand the items.

The data collection took place in May and June 2009. A total of 2524 people agreed to participate and completed the self-rating questionnaires (participation rate: 55.2% of valid addresses). Despite the moderate size of the response rate, the sample was representative of the German general population in its distribution of demographic characteristics. Therefore, all analyses were conducted using unweighted data.

The study was conducted following the ethical standards of the German medical and psychological associations. Formal approval of the study was not necessary, as strict standards of confidentiality, voluntariness and respondent protection were observed.

Participants were between 14 and 93 years old with an average age of 49.6 years (SD=17.9); 55.8% were female and 44.2% were male.

2.2. Assessment instruments

2.2.1. Adjustment disorder new module (ADNM-20)

Adjustment Disorder stressor list: Seven types of acute events (e.g. divorce, moving) and nine types of chronic stressors (e.g. conflict with neighbors, serious illness) were assessed whether they occurred during the last two years (Einsle et al., 2010). Additionally, three open-ended questions asked for other events ("Other stressors? Please specify."). Answers to the open ended questions that did not fit into the specified categories were combined into a residual category ("other"). Respondents were instructed to indicate all severe events that they had experienced in the last two years, disregarding the amount of subjective distress each event caused. Subsequently, they were asked to specify which three events caused them the most subjective distress. For the following calculations, the stressor mentioned first was considered to be the most distressing event. For acute stressors, participants indicated the time when the event was happened (year/month). For chronic stressors participants indicated the time when the event begun (month/year) and ended (month/year).

Adjustment Disorder symptom criteria: This part of the Adjustment Disorder questionnaire consists of 19 items assessing the different symptoms of adjustment disorder in accordance to the Adjustment Disorder ICD-11 proposal. Additionally, one item assessing the criterion of functional impairment: "The symptoms cause clinically significant impairment in social, occupational, or other important areas of functioning" (possible responses were 1 [none]–4 [most]) is included. Moreover participants indicated time since the symptom has occurred (< 1 month, 1–6 months, 6–24 months). Symptom criteria endorsement and onset of symptoms were assessed for the most distressing Adjustment Disorder life event specified before. There are two core symptom clusters ("preoccupations": 4 items and "failure to adapt" with 4 items, including the impairment item) and four associated feature clusters (avoidance, 4 items, depression, 3 items; anxiety, 2 items; and impulsivity, 3 items; see table 1) that were assessed. Participants indicated the frequency of all symptoms assessed with these items on a 4-point Likert scale (1 = never, 2 = rarely, 3 = sometimes,

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