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Research paper

Self-Reported Graphic Personal and Social Performance Scale (SRG-PSP) for measuring functionality in patients with bipolar disorder

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ABSTRACT

Objectives: The self-reported graphic version of the Personal and Social Performance Scale (SRG-PSP) is the first graphic, self-reported rating scale that assesses functioning, and its reliability and validity have been documented in patients with schizophrenia. This study investigated the validity of SRG-PSP in patients with bipolar disorder (BD).

Methods: Patients with BD were recruited from psychiatric outpatient clinics, and assessed with the Young Mania Rating Scale (YMRS), the Montgomery–Åsberg Depression Rating Scale (MADRS), the Clinical Global Impression Scale (CGI)–Bipolar and CGI–Depression, the Positive and Negative Symptom Scale (PANSS), the Global assessment of function (GAF), and the PSP. All participants completed the self-rating questionnaires: the SRG-PSP, the 36-Item Short-Form Health Survey (SF-36), and the Sheehan disability Scale (SDS).

Results: In total, 114 patients with BD were enrolled. The criterion-related validities between the SRG-PSP and the PSP were all significantly correlated with their counterparts. The global score of the SRG-PSP was significantly correlated with the scores of the YMRS, MADRS, PANSS, CGI-Depression, GAF, SF-36, and SDS. Three SRG-PSP domains (socially useful activities, personal and social relationships, and self-care) were negatively correlated with the scores of the MADRS, PANSS, CGI-depression, and SDS; and were positively correlated with the GAF, SF-36 scores. The disturbing and aggressive behavior domain was positively correlated with the scores of the YMRS, MADRS, PANSS, CGI-Bipolar, CGI-Depression, and SDS; and was negatively correlated with the GAF, SF-36 scores (all $p < 0.01$).

Conclusion: The SRG-PSP is a validated self-reported scale for assessing functionality in patients with BD.

1. Introduction

Patients with bipolar disorder (BD) experience substantial life adversity and neurocognitive deficits including the impairment of working memory (Ferrier et al., 1999), sustained attention (Clark et al., 2002; Harmer et al., 2002), abstract reasoning (Ali et al., 2000), verbal memory (Bas et al., 2015; van Gorp et al., 1999, 1998), and verbal fluency (Lebowitz et al., 2001). Numerous studies have documented high rates of functional impairment among patients with BD, even during phases of remission (Baune and Malhi, 2015; Rosa et al., 2007; Sole et al., 2012). BD has become a leading cause of disability worldwide (Nitzburg et al., 2016). In addition to mood symptoms, functionality is a crucial outcome for patients with BD (Baune and Malhi, 2015; Sole et al., 2012) and is highly correlated with neurocognitive function (Anaya et al., 2016; Baune and Malhi, 2015; Miguelez-Pan et al., 2014; Van Rheenen and Rossell, 2014a, 2014b; Vierck and Joyce, 2015), life quality (Gonda et al., 2016), the risk of suicide (Esposito-Smythers et al., 2010; Nanda et al., 2016), and relapse (Jiang, 1999; Lobban et al., 2011; Solomon et al., 1996). For the assessment of functionality, the most commonly used scale, the Global Assessment of Function (GAF), has the advantages of being brief and simple. However, its main disadvantage is that it incorporates psychopathological aspects without clearly differentiating them from the psychosocial function. Upon this criticism, the Social and Occupational Functioning Assessment Scale (SOFAS) was developed to rectify this shortcoming but lacks clear operational instructions for rating the severity of disability (Juckel and Morosini, 2008). Other instruments are available for measuring psychosocial functioning, such as the Activities of Daily Living Rating Scale (Dinnerstein et al., 1965), the Social Adjustment Scale (Aumack, 1962), and the International

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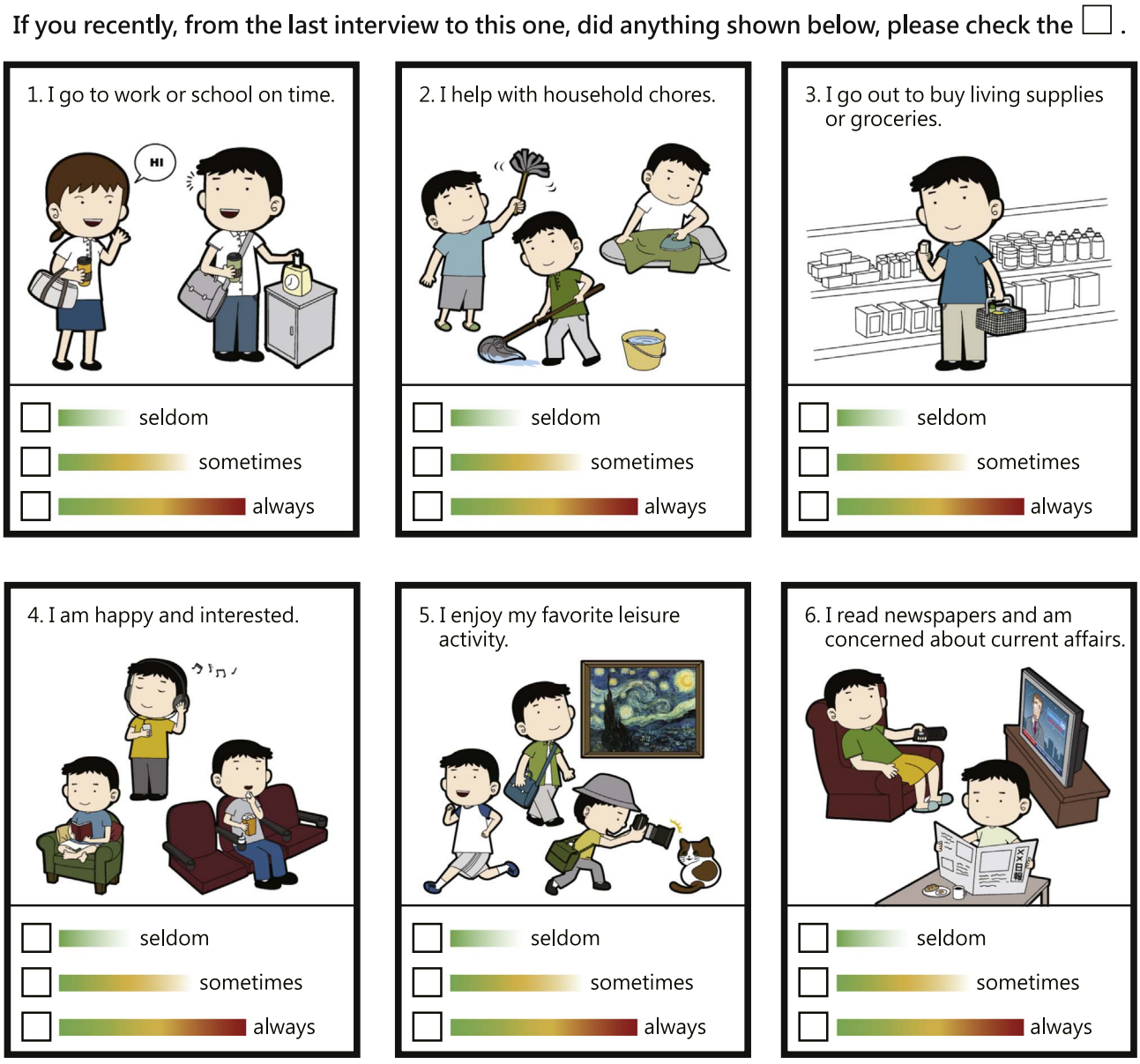

Fig. 1. An example of the self-reported version of the graphic Personal and Social Performance scale.

Classification of Functioning, Disability and Health (ICF) (Ayuso-Mateos et al., 2013). However, these measures are complex and require a profound knowledge of the patients and their specific circumstances, or an extended interview administered by mental health professionals. Thus, the instruments available for assessing functionality are not suitable for use in clinical practice. Functioning Assessment Short Test (FAST) is another popular measure for functionality used in many studies (Moro et al., 2012; Rosa et al., 2014, 2007) showing it is easy to apply with strong psychometric properties to detect differences between euthymic and acute bipolar patients. However, it's still an interview-administered instrument. Previous studies showed that the most frequent reasons for psychiatrists not using scales to monitor outcomes were a lack of time and lack of training (Lee et al., 2010; Zimmerman and McGlinchey, 2008). Therefore, a self-reported scale for measuring functionality would be invaluable in clinical practice.

We have developed a self-reported graphic version of the Personal and Social Performance scale (SRG-PSP) with a questionnaire of cartoon-like pictures, and the internal reliability and validity have been documented in patients with schizophrenia (Bai et al., 2014). This SRG-PSP scale is based on the Personal and Social Performance (PSP) scale which developed by Morosini et al. (2000). Without mixing psychopathological with psychosocial aspects, PSP provides a more specific operationalization assessment of four domains (socially useful activities, personal and social relationships, self-care, and disturbing and aggressive behaviors), yielding a final global score rating of 1–100; a higher score represents a higher level of personal and social function. The PSP scale has high test–retest reliability, good inter-rater reliability validity (Brissos et al., 2012; Morosini et al., 2000; Schaub and Juckel, 2011; Srisurapanont et al., 2008), and significant correlations with the GAF, SOFAS, ICF, and Positive and Negative Syndrome scale (PANSS) (Apiquian et al., 2009; Garcia-Portilla et al., 2011; Nafees et al., 2012; Nasrallah et al., 2008; Patrick et al., 2009; Wu et al., 2013). Additionally, it has been translated into German (Juckel et al., 2008), Spanish (Apiquian et al., 2009), Portuguese (Brissos et al., 2012), Thai (Srisurapanont et al., 2008), Chinese (Tianmei et al., 2011), and Taiwanese Mandarin (Hsieh et al., 2011; Wu et al., 2013) versions. Nevertheless, like FAST, the PSP scale has to administrated by mental health professionals. Therefore, we developed the self-rating SRG-PSP scale according to the four domains of the PSP with Cartoon-like pictures (Fig. 1, and Supplement file) that the participant could easily