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ORIGINAL ARTICLE

Dimensional approach to symptom factors of major depressive disorder in Koreans, using the Brief Psychiatric Rating Scale: The Clinical Research Center for Depression of South Korea Study

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Abstract Although major depressive disorder (MDD) has a variety of symptoms beyond the affective dimensions, the factor structure and contents of comprehensive psychiatric symptoms of this disorder have rarely been explored using the 18-item Brief Psychiatric Rating Scale (BPRS). We aimed to identify the factor structure of the 18-item BPRS in Korean MDD patients. A total of 258 MDD patients were recruited from a multicenter sample of the Clinical Research Center for Depression of South Korea study. Psychometric scales were used to assess overall psychiatric symptoms (BPRS), depression (Hamilton Depression Rating Scale), anxiety (Hamilton Anxiety Rating Scale), global severity (Clinical Global Impression of Severity Scale), suicidal

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ideation (Scale for Suicide Ideation), functioning (Social and Occupational Functioning Assessment Scale), and quality of life (World Health Organization Quality of Life Assessment-abbreviated version). Common factor analysis with oblique rotation was used to yield factor structure. A four-factor structure was designed and interpreted by the symptom dimensions to reflect mood disturbance, positive symptoms/apathy, bipolarity, and thought distortion/mannerism. These individual factors were also significantly correlated with clinical variables. The findings of this study support the view that the BPRS may be a promising measuring tool for the initial assessment of MDD patients. In addition, the four-factor structure of the BPRS may be useful in understanding the mood and psychotic characteristics of these patients.
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Introduction

Depression is a significant global public health concern [1—4]. Major depressive disorder (MDD) is a heterogeneous and multifactorial mental disorder encompassing a wide range of symptom dimensions affecting mood, cognition, and motor functions [5]. Most MDD patients present with several symptoms beyond the formal diagnostic constructs of the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* or 10th revision of the *International Statistical Classification of Diseases and Related Health Problems*. Clinical and subclinical psychotic experiences [6—8] and bipolar spectrum features [9,10] are commonly manifested in the context of MDD. From a clinical course perspective, a reciprocal relationship between depression and psychosis has been identified [11,12].

Despite these manifestations, instruments designed to measure only depression-specific characteristics have been generally used to examine the factor structure of symptoms in MDD patients. Therefore, there is a need to study the factor structure of symptoms in MDD patients using the measuring instruments specific for these various symptom dimensions. The 18-item Brief Psychiatric Rating Scale (BPRS) [13] is generally used to evaluate overall symptoms in patients with schizophrenia and other psychotic disorders [14,15]. Although the BPRS has not been developed to evaluate MDD-specific symptoms, it covers a broader range of symptom clusters than the depression-specific measuring instruments, and assesses the overall clinical manifestations. It has been suggested that the BPRS could be used to analyze the factor structure in nonpsychotic patients [16]. To our knowledge, the factor structure of the 18-item BPRS has rarely been analyzed. Biancosino et al [17] presented the factor structure of the 18-item BPRS in unipolar depression using four factors (apathy, dysphoria, depression, and psychoticism). The authors extracted the four factors by performing exploratory factor analysis with varimax rotation on the BPRS items. In another study, an exploratory factor analysis of the 24-item BPRS produced a six-factor solution (reality distortion, activation, apathy, mood disturbance, disorganization, and somatization), which reflected the symptom dimensions [18].

However, the participants in these previous studies have been recruited from one regional center, rather than from around the country. In addition, the factor structures of the BPRS have been extracted from the symptoms of unipolar depression in Europeans, including Italians and Swiss. It is known that ethnic and/or cultural factors can have pathoplastic influences on depressive symptoms [19,20]. To our knowledge, in Asians, the factor structure of symptoms in MDD patients has not yet been developed. Therefore, using data from the Clinical Research Center for Depression of South Korea (CRESCEND) study, we aimed to examine the factor structure in a multicenter sample of Korean patients with MDD. More specifically, the study aimed to reveal the factor structure of the BPRS in Koreans with MDD and the essential characteristics of the individual factors of the BPRS.

Methods

Study overview

A detailed description of the CRESCEND study is presented elsewhere [21]. In the CRESCEND study, patients with depressive disorders were recruited at 18 study centers across South Korea, including 16 university-affiliated hospitals and two general hospitals, from January 2006 to August 2008. The Institutional Review Boards of all the study centers approved the study protocol and consent forms. All the participants or their authorized representatives provided written informed consent prior to participation. The Data Management Center in the Department of Preventative Medicine of the Catholic University College of Medicine in Seoul (Korea) monitored the collection and quality of data. At the regional centers, trained and certified clinical research coordinators supervised by clinical psychiatrists collected all sociodemographic and clinical data.

Participants

Data were drawn from 1183 depressed patients of the CRESCEND study. To be consistent with the objective of this study, the following additional inclusion criteria were adopted: (1) older than 18 years; (2) a diagnosis of MDD according to DSM-IV [22], and confirmed by a Structured Clinical Interview for DSM-IV [23]; (3) a total score of $\geq$ 8 on the Hamilton Depression Rating Scale (HAMD) [24,25]; (4) availability of a fully completed 18-item BPRS; and (5) a total score of $\geq$ 19 on the BPRS, to ensure the reliability of the BPRS item responses. Of the 1183 patients, 258 who

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