



Review

Cross validation with the mood disorder questionnaire (MDQ) of an instrument for the detection of hypomania in Brazil: The 32 item hypomania symptom check-list, first Revision (HCI-32-R₁)

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ABSTRACT

Background: Bipolar disorders are frequently diagnosed and treated as unipolar depression initially and accurate diagnosis is often delayed by 8 to 10 years. It has been demonstrated that the bipolar spectrum disorders are associated with notable disability and that the current diagnostic gold standard, the Structured Clinical Interview for DSM-IV (SCID) is not sufficiently sensitive to the diagnosis of hypomania or subthreshold manic states. There is a need for better and simpler ways to identify these conditions.

Methods: Hirschfeld et al. (2000) developed and tested a self-report scale for bipolar disorder: the Mood Disorder Questionnaire (MDQ). Recently, another scale has been developed by Angst to assess hypomanic symptoms and to increase the detection of suspected and of manifest, but undertreated, cases of bipolar disorders.

In this Brazilian study, 200 patients with the putative diagnosis of “depression” were interviewed using the Structured Clinical Interview for DSM-IV, Axis I Disorders – Clinician Version (SCID-CV; First et al., 1997), as modified by Benazzi and Akiskal (2003) to increase the sensitivity to BP II disorders. Before the interview patients were screened by both HCI-32-R₁ and MDQ and asked to complete them.

Results: The HCI-32-R₁ showed a sensitivity of 79.8% and a specificity of 60.5% for the cut-off of 14. A sensitivity of 68.1% and a specificity of 63% were obtained for the Mood Disorder Questionnaire for the cut-off of 7.

Limitations: Although not showing a good specificity, the MDQ seems to be a useful instrument for the screening phase, in which it is important that “cases” are recognized. The HCI-32-R₁ does not distinguish between BP I and BP II disorders. The sample size of patients should be increased in further studies.

Conclusions: The HCI-32-R₁ demonstrated two main factors identified as “active-elated” hypomania and “risk-taking/irritable” hypomania and showed to be a sensitive instrument for hypomanic symptoms. It is a simple and easy-to-use tool for the self-assessment of hypomanic symptoms and may be a valuable supplement to the clinician's interview.

The Mood Disorder Questionnaire is a useful screening instrument for bipolar I, bipolar II disorders and other manifestations of bipolar spectrum. As such, this scale might increase the detection of under-treated cases of bipolar disorders. Further studies are needed to verify the accuracy of these tools in non-psychiatric settings and in the general population.

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1. Introduction

The bipolar spectrum is an important area of recent research. Labeled type II and NOS in DSM-IV, recent studies have begun to elucidate the nature of these conditions, such as the depressive mixed state (Akiskal and Benazzi, 2003; Brieger et al., 2003), cyclothymia (Akiskal et al., 2003; Perugi et al., 2003), irritable presentations (Benazzi and Akiskal, 2003a), and the so-called bipolar spectrum disorder (Akiskal, 2003; Ghaemi et al., 2002; Hantouche et al., 2003).

It has been demonstrated that these bipolar spectrum conditions are associated with notable disability (Judd and Akiskal, 2003) and that the current diagnostic gold standard, the Structured Clinical Interview for DSM-IV (SCID), is not sufficiently sensitive to diagnose hypomania or subthreshold manic states (Benazzi and Akiskal, 2003b). There is a need for better and simpler ways to identify these conditions.

Recently, Hirschfeld et al. (2000) developed and tested a self-report scale for bipolar disorder: the Mood Disorder Questionnaire (MDQ). The MDQ was shown to have a sensitivity of 73% and a specificity of 90%. The MDQ is an internationally recognized screening instrument for bipolar disorders; (Hirschfeld et al., 2000, 2003), that seems to be sensitive for identifying bipolar I disorders but probably less so for bipolar II disorders. (Zimmerman et al., 2004). The Mood Disorder Questionnaire has been used to screen for bipolar I and II disorders in a large general population epidemiology study on the prevalence and burden of illness of bipolar I and II disorders in the community (Hirschfeld et al., 2003).

Angst et al. (2005) first conceptualized the HCI-32. Its primary goal is to identify hypomanic components in patients with MDD in order to help the clinician to diagnose BP-II and other spectrum disorders (apud Angst et al., 2003) presenting in psychiatric and general medical practice. A secondary goal is the development of a final potentially shorter multi-lingual version with established cut-off scores for hypomania. (Angst et al., 2003). Compared to the MDQ, the HCI-32 has been shown to have higher sensitivity but lower specificity for bipolar disorders. (Rybakowski et al., 2010; Vieta et al., 2007). The HCL-32-R1 is the revised version of the original HCL-32, (Angst et al., 2005) from which one

difficult question (Q₄) was omitted without any loss of information.

Hypomania as an element of bipolar II disorder is very often not experienced and recognized by the subject as pathological, therefore not reported to doctors and underdiagnosed in 25 to 50% of depressive patients. Thus an easily administered screening instrument for self-assessment may be useful in clinical practice. The aim of the present study, carried out in a sample of depressed patients attending a psychiatric out-patient unit of a general hospital, was to set a preliminary standardization of one Brazilian Portuguese version of the HCL-32-R₁ as a screening instrument for bipolar disorders and to compare results with the same sample using the Mood Disorder Questionnaire (MDQ).

2. Methods

2.1. Design

The study design consisted in the evaluation of the accuracy of one Brazilian version of the HCL-32-R₁ and of the MDQ, using the Structured Clinical Interview for DSM-IV, Axis I Disorders – Clinician Version (SCID-CV, First et al., 1997) module of affective disorders, as modified by Benazzi and Akiskal (2003b), as the gold standard for the diagnosis.

Prior to the interview all subjects had filled in the Brazilian version of the HCI-32-R₁ and the MDQ. Written informed consent was obtained from all study participants. The questionnaires had been translated into Brazilian Portuguese before the start of the research project, had been back-translated into English and approval had been obtained from both authors (Angst and Hirschfeld) of the original version.

2.2. Subjects

The patients were included consecutively at the psychiatric clinic, from January 2007 to January 2009. They provided written consent to participate. Eligible subjects were psychiatric out-patients between 18 and 65 years of age who sought

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