Schizophrenia Research 146 (2013) 34–39

Contents lists available at SciVerse ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

Validation of the Taiwanese Mandarin version of the Personal and Social Performance scale in a sample of 655 stable schizophrenic patients

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ARTICLE INFO

Article history:
Received 27 March 2012
Received in revised form 14 January 2013
Accepted 30 January 2013
Available online 7 March 2013

Keywords:
Personal and Social Performance scale (PSP)
Schizophrenia
Validation
Semi-structured interview
Computerized scoring calculator
Taiwan

ABSTRACT

Objectives: The aim of this study was to determine the validity and reliability of the Taiwanese Mandarin version of the Personal and Social Performance scale (TMV-PSP) using a structured interview and a computerized scoring calculator.
Methods: In total, 655 patients with schizophrenia or schizoaffective disorder were assessed with the TMV-PSP, the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning-Severity (CGI-S), the Mini-Mental State Examination (MMSE), activities of daily living (ADL) and instrumental activities of daily living (IADL). Construct validity was assessed by factorial analysis. The internal consistency and temporal stability of the PSP were obtained by calculating intra-class correlation coefficients.
Results: The Cronbach's alpha coefficients of the TMV-PSP were 0.73. The patients' PSP showed a negative correlation with the PANSS ($r = -0.65$) and its subscales, including positive ($r = -0.35$), negative ($r = -0.67$), general factors ($r = -0.62$) and the CGI-S scores ($r = -0.47$). The PSP showed a positive correlation with MMSE scores ($r = 0.59$), ADL ($r = 0.45$) and IADL scores ($r = 0.6$). All p-values for the correlation coefficients were less than 0.001. Good test–retest reliability was obtained (intraclass coefficient = 0.91, 95 CI: 0.82–0.96, $p = 0.0001$). Factor analysis explained a total of 83.6% of the variance, with Component 1 contributing 58.4% and Component 2 contributing 24.8%.
Conclusions: These findings indicate that the TMV-PSP using a structured interview and a computerized scoring calculator is a reliable and valid instrument for the assessment of social functioning in patients with schizophrenia.

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1. Introduction

Patients with schizophrenia present with deficits in psychosocial domains as a core feature during the course of the illness (Apiquian et al., 2009). Psychosocial functioning has been considered a necessary outcome criterion for therapeutic success in schizophrenia (Juckel and Morosini, 2008), and the global assessment of functioning scale (GAF) is administered to assess psychosocial functioning (American Psychiatric Association, 1987). The limitation of the GAF is that ratings may be difficult to obtain because of the severity of the psychopathology and psychosocial aspects (Juckel and Morosini, 2008). The Social and Occupational Functioning Assessment Scale (SOFA) (Cromwell et al., 2005) has also been proposed for the evaluation of psychosocial functioning; however, its use is limited because of a lack of clear operational definitions (Juckel and Morosini, 2008). A meta-analysis of scales for the assessment of social functioning shows that the Personal and Social Performance scale (PSP) (Morosini et al., 2000) may be an appropriate instrument because its ratings address the main limitations in the measurement of social functioning (Burns and Patrick, 2007). The PSP is a 100-point, single-item rating scale with 10 equal intervals, which are defined by different levels of difficulties (from the absence of difficulties to extreme severity) in specific aspects of psychosocial functioning. The rating is based on four main areas: (A) socially useful activities, including work and study, (B) personal and social relationships, (C) self-care, and (D) disturbing and aggressive behaviors. A study which analyzed pooled data of two clinical trials recruiting 411 subjects shows that the PSP is a useful instrument for the assessment of social functioning in patients with stable schizophrenia (Nasrallah et al., 2008).

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http://dx.doi.org/10.1016/j.schres.2013.01.036

Although PSP has an advantage over the prior scales, some limitations still need to be addressed. Firstly, the original version of PSP lacks standardized procedure of collecting information and of detailed definition of scoring. The PSP does not have a specific set of semi-structured interview, which cannot ensure a reliable assessment of the patient's social functioning, especially among many raters. Meanwhile, in the original operational definition of the ratings, the same criteria are applied to three areas (A, B, and C); this may present a problem for raters because these three areas differ and may require more specific definitions. Moreover, the global score derived from the set of four areas is not a specific score; rather, it presents a score on a 10-point range (e.g., 61–70). Although the original version of the PSP suggests that raters should consider levels of functioning in other areas (such as the management of levels of instrumental skills or physical health) and adjust the rating, the original PSP lacks a detailed operational definition of scores over a wide range of 10 points. To deal with these limitations, we developed the SSI-PSP (Semi-structured Interview for the PSP), which includes specific rating definitions and introductory sentences for each area (Appendix 1) to ensure reliable information. The SSI-PSP can be used to gather information objectively prior to completing the PSP assessment. Additionally, to achieve good inter-rater reliability on the PSP score and to provide a narrower range of ratings, we developed a PSP scoring calculator.

Secondly, it is important to develop and use empirically validated instruments for the evaluation of personal and social function across language and cultural groups instead of a reliance on the English version of assessment alone. Up to the present, the PSP has been validated in German (Juckel et al., 2008), Spanish (Apiquian et al., 2009), Thai (Srisurapanont et al., 2008), and Chinese (Tianmei et al., 2011). However, there is a lack of translated and validated version of PSP for Mandarin-speaking patients with schizophrenia in Taiwan where a population of 2.3 million people live. How to develop a validated version of PSP specifically targeting stable patients with schizophrenia in Taiwan for conducting related research and applying to clinical practice, e.g., assessment of treatment outcomes (Juckel and Morosini, 2008) or design of rehabilitation programs (Morosini et al., 2000), is an important challenge to overcome. In this present study, we aimed to translate and test the reliability and validity of the Taiwanese Mandarin version of the PSP using the SSI-PSP and a PSP scoring calculator among stable schizophrenic patients residing in a hospital-based therapeutic community.

2. Materials and methods

2.1. Participants

The subjects were recruited from among stable patients in the therapeutic community of Yuli Hospital, Department of Health, Taiwan. We recruited only patients who met the diagnostic criteria for schizophrenia or schizoaffective disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Subjects were excluded from this study if they refused to receive the evaluation or had an acute psychotic episode that required transfer for admission.

2.2. Measures

The Taiwanese Mandarin version of the PSP (TMV-PSP) is composed of two parts: the SSI-PSP and a PSP scoring calculator. The SSI-PSP was developed to optimize the instrument's objectivity based on the cultural context of schizophrenic patients in a hospital-based therapeutic community. Patients are assessed by multidisciplinary teams and are encouraged to participate in vocational rehabilitation programs, with employment that includes working in a hostel, restaurant or other downtown workplace, delivering documents, or cleaning dormitories in the hospital. Other programs, such as training in handling finances, interpersonal communication, self-care and living arrangements, are also provided. The SSI-PSP includes a semi-structured interview for raters and specific rating definitions for areas A–C. The definitions are not meant to devalue the criteria of the original version but rather to provide clearer and more specific rating information for these areas. For the PSP scoring calculator, the software downloading is available at the website (http://www.ttyl.doh.gov.tw/?aid=403&pid=0&page_name=detail&iid=2). The detailed mechanism of the scoring calculator is explained in the Appendix 2. Psychopathology was assessed with the Chinese version (Cheng et al., 1996) of the Positive and Negative Syndrome Scale (PANSS) (Kay et al., 1987). The following measurements were used for correlations with each area of the TMV-PSP. We administered the Global Assessment of Functioning (GAF) (American Psychiatric Association, 1987), the Clinical Global Impression Scale (GGI) (Guy, 1976), and the Taiwanese version of the Lawton and Brody Index, which measures instrumental activities of daily life (IADL), such as using the telephone, shopping, doing housework, and using money (Lawton and Brody, 1969; Chou et al., 2007). The cognitive function was assessed with the Chinese version (Guo et al., 1988) of the Mini-Mental State Examination (MMSE) (Folstein et al., 1975). The total MMSE score is 33, which is 3 points greater than the original version because the Chinese version added 3 questions to enhance the discriminant validity in a population with relatively few years of education. Regarding the area of self-care, the Taiwanese version of the Barthel Index was used to assess the basic activities of daily life (ADL), such as feeding, bathing, personal hygiene, dressing and undressing (Mahoney and Barthel, 1965; Chou et al., 2007). Social relationship scores were correlated with the sum of the following PANSS subscales: N2 (emotional withdrawal), N4 (passive/apathetic and social withdrawal) and G16 (active social avoidance). Scores for disturbing behavior were correlated with the sum of the G14 (poor impulse control), P4 (excitement) and P7 (hostility) subscales, representing the concepts of intrusive and violent behavior.

2.3. Procedures

The study was approved by the Institutional Review Board of the Yuli Hospital. Written informed consent was obtained after the procedures were fully explained to patients. The study began in May 2010 and was completed in December 2011. The PSP scale was translated to Mandarin and back-translated to English. Then, the English version was translated back into Mandarin by experts specializing in English. All of the versions were examined and validated by three professionals with extensive experience in clinical practice and the validation of questionnaires (WML, M.D., M.P.H, certified psychiatrist and occupational therapist; WCC, M.D., Ph.D., certified psychiatrist; LSH, M.Sc., certified psychologist). All raters, including three board-certified psychiatrists (BJW, SU and CHY) and a certified psychiatric nurse (YHY), who had reached a high standard of inter-rater reliability (intra-class correlations ranged from 0.86–0.95) with the gold standard raters from the Yuli Hospital research/training group, rated TMV-PSP, PANSS and CGI. The ADL, IADL and GAF scores were provided by the databank in nursing department of the hospital, which required ward nurses to conduct regular assessment for clinical practice with an adequate inter-rater reliability.

2.3.1. Correlation between the changes to the severity symptoms and TMV-PSP

To examine consistency between the changes to the PANSS and the TMV-PSP, 30 out of 655 patients received an 8-week open-label study with paliperidone per day. The percentage of males was 86.7% (26/30), and the mean age was 50.3 ± 9.9 years. The subjects on clozapine were excluded. The wash-out period shifting from prior antipsychotics to paliperidone was within one week. Each of aforementioned psychiatrists (BJW, SU and CHY) handled 10 patients, and rated TMV-PSP and PANSS before the trial and at the end point. Initial dose of paliperidone started from 3 mg per day. Psychiatrists set the final fixed dose of paliperidone ranging from 3 to 12 mg at their judgment. Patients were withdrawn if acute psychotic relapse or intolerable side-effects were noted. Finally, all 30 patients completed the 8-week study.

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