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Brief report

Screening for bipolar disorders using a French version of the Mood Disorder Questionnaire (MDQ)

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Abstract

Background: Bipolar disorders remain much too often unrecognized and subsequently inappropriately treated. This paper presents the translation into French and validation of the MDQ, a screening instrument for bipolar spectrum disorders, in an adult psychiatric sample. Modifications of its criteria for a positive screening as well as its test–retest reliability are also addressed.

Methods: A sample of 96 patients, attending outpatient treatment programs and suffering from mood disorders, completed the MDQ before being interviewed according to the mood module of the structured clinical interview for DSM-IV (SCID). They completed the MDQ a second time 1 month later, in order to examine its stability over time.

Results: According to the SCID interview, 54 patients were suffering from bipolar disorder and 42 from unipolar disorder. Among the bipolar sample, the MDQ identified 74.1% of them, with higher sensitivity in bipolar I (90.3%) than bipolar II (52.4%) and 90.5% specificity. Lowering the level of impairment required for positive screening led to improved sensitivity for bipolar II patients (76.2%). The French MDQ demonstrated adequate internal consistency (Cronbach alpha = 0.89). Its test–retest reliability proved to be satisfactory, with a kappa coefficient of 0.79. Similar stability over a 1-month interval was obtained for bipolar type I and type II ($\kappa = 0.75$ and 0.77, respectively).

Limitations: Similarly to the American version, the French MDQ has lower sensitivity for bipolar II disorders.

Conclusions: The performance of the French MDQ is comparable to the one reported in the original American study conducted with a similar patient population. In a psychiatric outpatient sample, the French MDQ proves to be a feasible and reliable screening instrument.

Keywords: French translation; Validation; Mood Disorder Questionnaire; Bipolar disorders; Screening instrument

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1. Introduction

With an early age of onset (Suppes et al., 2000) and high rates of recurrence (Keck et al., 2001; Osby et al., 2001), bipolar illness often results in chronic morbidity (Sachs, 2002), as well as functional impairment (Calabrese et al., 2003; MacQueen et al., 2001; Mitchell et al., 2004). It is associated with elevated suicide rates (Harris and Barraclough, 1997) and utilization of mental health systems. Identifying this illness as early as possible should help modifying its natural course. This is of major importance not only because of patients' suffering but also with respect to various public health issues this population raises (Rouillon, 2003). Unfortunately, many patients with bipolar disorders, and especially bipolar II subtype (Benazzi and Akiskal, 2003a,b; Hirschfeld et al., 2003a; Lish et al., 1994), remain unrecognized, often misdiagnosed as unipolar depression, and subsequently inappropriately treated. The wide use of standardized structured diagnostic interviews, prohibitively time consuming (Zimmerman et al., 2004) and requiring well-trained clinicians, is not feasible in clinical practice. Although no screening instrument can replace validated comprehensive diagnostic interview protocols, clinical observation and information from various sources (family members, friends), non-researcher clinicians need to rely on minimally invasive and relatively inexpensive tests to optimize their diagnostic evaluation. Recently, the Mood Disorder Questionnaire (MDQ), a psychometrically validated screening instrument, appeared to be a feasible method for improving identification of bipolar spectrum disorder in psychiatric settings (Hirschfeld et al., 2000). In a general population (Hirschfeld et al., 2003b), its sensitivity was much lower, but specificity remained remarkably high. So far, this instrument has been little investigated by others (Benazzi and Akiskal, 2003b; Benazzi, 2003; Miller et al., 2004) than its developers and only a Finnish version has been validated with satisfactory diagnostic performance (Isometsa et al., 2003).

2. Method

This study was conducted at the Department of Psychiatry, in a community mental health outpatient clinic, part of the Geneva University Hospitals. This facility is divided into three treatment programs, in charge of unipolar depression, bipolar disorders and other various psychiatric disorders. Patients suffering from mood disorders (either unipolar or bipolar) were selected among those newly referred to treatment or already in contact with the facilities in one of these programs.

The study protocol had been accepted by the Ethics Committee of the Psychiatry Department. Signed informed consent was obtained from each subject before inclusion.

2.1. Instruments and procedure

The MDQ is a short single-page, paper and pencil self-report screening instrument for bipolar spectrum disorders. It is divided into three sections. The first includes 13 yes/no items derived from both DSM-IV criteria and clinical experience. The second asks whether several symptoms have been experienced during the same period of time. The third part examines psychosocial impairment, classified as absent, minor, moderate or serious, caused by the symptoms. In the original validation study (Hirschfeld et al., 2000), MDQ positive screening for bipolar spectrum disorder requires that seven or more positive symptoms are reported, with clustering within the same time period and causing moderate to severe problems.

The MDQ was first translated into French by two authors of the present study. It was then back translated into English by a third mental health professional of English mother tongue. The three of them reviewed and approved the final version presented here (Appendix A).

Patients were invited to meet a first investigator for providing written consent and completing the MDQ. They were then referred to one of two professionals (psychiatrist and psychologist) in charge of conducting the diagnostic interview. Both were trained to administer the mood module of the Structured Clinical Interview for DSM-IV (SCID) and blind not only to the initial MDQ results, but also to the name of the patients, the program in charge of their treatment and their initial diagnosis. Four weeks after the initial MDQ screening, patients completed again this questionnaire.

Data were analysed with SPSS version 11 (SPSS Inc., Chicago IL, USA).