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Disagreement between self-reported and clinician-ascertained suicidal ideation and its correlation with depression and anxiety severity in patients with major depressive disorder or bipolar disorder.

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Abstract

OBJECTIVES: To study the disagreement between self-reported suicidal ideation (SR-SI) and clinician-ascertained suicidal ideation (CA-SI) and its correlation with depression and anxiety severity in patients with major depressive disorder (MDD) or bipolar disorder (BPD).

METHODS: Routine clinical outpatients were diagnosed with the MINI-STEP-BD version. SR-SI was extracted from the 16 Item Quick Inventory of Depression Symptomatology Self-Report (QIDS-SR-16) item 12. CA-SI was extracted from a modified Suicide Assessment module of the MINI. Depression and anxiety severity were measured with the QIDS-SR-16 and Zung Self-Rating Anxiety Scale. Chi-square, Fisher exact, and bivariate linear logistic regression were used for analyses.

RESULTS: Of 103 patients with MDD, 5.8% endorsed any CA-SI and 22.4% endorsed any SR-SI. Of the 147 patients with BPD, 18.4% endorsed any CA-SI and 35.9% endorsed any SR-SI. The agreement between any SR-SI and any CA-SI was 83.5% for MDD and 83.1% for BPD, with weighted Kappa of 0.30 and 0.43, respectively. QIDS-SR-16 score, female gender, and ≥4 year college education were associated with increased risk for disagreement, 15.44 ± 4.52 versus 18.39 ± 3.49 points ($p = 0.0026$), 67% versus 46% ($p = 0.0783$), and 61% versus 29% ($p = 0.0096$). The disagreement was positively correlated to depression severity in both MDD and BPD with a correlation coefficient $R(2) = 0.40$ and 0.79, respectively, but was only positively correlated to anxiety severity in BPD with a $R(2) = 0.46$.

CONCLUSION: Self-reported questionnaire was more likely to reveal higher frequency and severity of SI than clinician-ascertained, suggesting that a combination of self-reported and clinical-ascertained suicidal risk assessment with measuring depression and anxiety severity may be necessary for suicide prevention.

KEYWORDS: Anxiety severity; Clinician-ascertained suicidal ideation; Depressive severity; Disagreement; Mood disorder; Self-reported suicidal ideation

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Identification of motor and nonmotor wearing-off in Parkinson's disease: comparison of a patient questionnaire versus a clinician assessment.

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Abstract

This study compares the sensitivity of a Patient Questionnaire versus information gathered by clinicians at a routine clinic visit in recognizing symptoms of wearing-off in early Parkinson's disease (PD). This Patient Questionnaire, containing 32 items representing a wide spectrum of motor and nonmotor wearing-off symptoms, was administered to subjects attending two PD clinics. The Patient Questionnaire results were compared to the information gathered by the clinician from the Unified Parkinson's Disease Rating Scale (UPDRS) Part IV, Question 36 and from a specific Clinical Assessment Question regarding loss of medication efficacy, wearing-off, sleepiness, dyskinesias, psychiatric complications, morning akinesia, other dopaminergic side effects, or none of the above. Examiners were blinded to study hypothesis and survey contents. Three hundred consecutive subjects with PD of <5 years duration were evaluated; the mean subject age was 72 +/- 9.6 years and 60.2% were men. Subjects reporting wearing-off were significantly younger (69.9 vs. 74.7 years) and differed regarding duration of PD symptoms (3.7 vs. 3.1 years). Wearing-off was found in 181 subjects (62.6%) by one or more of the three measures. The most sensitive tool was the Patient Questionnaire, with 165 subjects (57.1%) indicating symptoms of wearing-off. Question 36 of the UPDRS was positive in 127 subjects (43.9%), and the Clinical Assessment Question identified 85 subjects (29.4%) as experiencing wearing-off. All of these results were found to differ significantly. The mean number of wearing-off symptoms reported by the 165 subjects indicating wearing-off on the clinical survey was 6.25, with tremor being the most common motor feature and tiredness the most common nonmotor feature.

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Relationship between patients' and clinicians' assessments of health status before and after knee arthroplasty.

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Abstract

INTRODUCTION: The use of patient reported outcome measures (PROMs) for four elective operations is mandatory in the English NHS from April 2009. In view of some scepticism by some clinicians as to the validity of PROMs, our aim was to explore the relationship between patients' and clinicians' reports of health status before and after knee arthroplasty.

METHODS: A secondary analysis of linked data from the Knee Arthroplasty Trial (patients' reports using the Oxford Knee Score) and the Tayside Arthroplasty Audit (clinicians' reports using the American Knee Society Score--Knee Score and Functional Score) was carried out. Correlations of scores were obtained for 284 patients before and 226 patients after surgery.

RESULTS: There was a moderately strong correlation between patients' and clinicians' views 1 year after surgery: Oxford Knee Score (OKS) versus American Knee Society Scores (AKSS) Knee Score r = -0.64; OKS versus AKSS Functional Score r = -0.44. Before surgery, the correlation between the OKS and the AKSS Functional Score was also moderate (r = -0.55) but was weak with the Knee Score (r = -0.23). There was no systematic direction to the differences between patients' and clinicians' assessments; patients were just as likely to report better health than their clinician as to report worse health.

DISCUSSION: Patients' postoperative assessments following knee arthroplasty, as regards their symptoms and disability, are practical to collect and can make a meaningful and useful contribution in routine use. In view of the advantages of collecting data on symptoms and disability directly from patients-lower cost, higher response rates, avoidance of systematic biases-confirmation of a moderately strong association with clinicians' views offers further reassurance for the routine use of PROMs, at least with knee arthroplasty.

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The Cambridge Breast Intensity-modulated Radiotherapy Trial: Comparison of Clinician- versus Patient-reported Outcomes.

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Abstract

AIMS: Breast radiotherapy-associated toxicity is often reported using clinical and photographic assessments. The addition of patient-reported outcome measures (PROMs) is becoming more common. This study investigated the concordance between clinician- and patient-reported outcomes.

MATERIALS AND METHODS: The Cambridge Breast Intensity-modulated Radiotherapy (IMRT) trial prospectively collected data on clinician assessment and PROMs at 2 and 5 years after breast radiotherapy. Clinician assessment included physical examination and photographic assessment. PROMs included European Organization for Research and Treatment of Cancer (EORTC) BR23 questionnaire and four breast radiotherapy-specific questions. The correlation between patient and clinician scores were analysed on an independent patient basis using percentage agreement, Cohen's kappa coefficient (k) and Bowker's test of symmetry. The analysis was repeated after stratifying patients based on age, baseline Hospital Anxiety and Depression Score (HADS) and baseline body image score.

RESULTS: At 2 and 5 years, a weak level of concordance was seen between the clinician-based assessment and PROMS for all the five toxicity end points ($k = 0.05$-0.21), with individual patient-based agreement of 32.9-78.3% and a highly discordant Bowker's test of symmetry ($P < 0.001$). The most frequently reported moderate-severe toxicity by patients was change in breast appearance (14% at both 2 and 5 years), whereas it was breast induration (36% and 25% at 2 and 5 years, respectively) by the clinicians. The lack of concordance was not affected by patient's age, baseline HADS and baseline body image score.

CONCLUSIONS: This study found that moderate-severe toxicity reported by patients is low and the overall concordance between clinicians and patients is low. This could be due to methodological limitations or alternatively reflects the subjective nature of PROMs. Incorporation of a patient's

perception on treatment-related toxicity will have important implications for treatment decisions and follow-up care.

KEYWORDS: Breast cancer; concordance; late treatment toxicity; radiotherapy

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