The Interview for Clinician-Rated Dimensions of Psychosis Severity (IPS)

David DG, VelliganD, Fu DJ, Brown B, Alphs L
1Bracket Global LLC, 2University of Texas Health Science Center, 3Janssen Scientific Affairs, LLC

METHODOLOGICAL QUESTION BEING ADDRESSED

Rationale for creation of a semi-structured interview and manual to facilitate accurate and reliable use of the CRDPSS

INTRODUCTION

Increasing recognition of overlap in symptoms and neurobiological mechanisms among multiple psychiatric disorders has increased interest in dimensional approaches to assessment of psychopathology.

The Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS) is an eight-item dimensional clinician completed assessment of symptoms commonly observed in psychotic disorders. (Barch DM, Bustillo J, Gaebel W et al, 2013; DSM-5)

This scale is designed to be used by clinicians to monitor treatment progress and enhance clinical decision-making.

Employing the CRDPSS scale in clinical trials can potentially help to interpret and apply clinical trial results in real world practice.

High levels of inter- and intra-rater reliability are critically important to the success of clinical trials.

Semi-structured interviews and more detailed instructions provide enhanced inter-rater reliability of numerous existing assessments utilized in clinical trials of psychotic disorders. These include: the SCI-PANSS for the PANSS, NSA-16 Semi-Structured Interview and Manual for the NSA-16 and CGI for Schizophrenia for the CGI.

To enhance the reliability of the CRDPSS, we designed and are field testing a semi-structured interview and instruction manual for the CRDPSS entitled The Interview for Clinician-Rated Dimensions of Psychosis Severity (IPS).

METHOD

Principles guiding design of the IPS included: 1) standardization of the definition of each domain; 2) standardization of thoroughness and content of information applied to rating of each dimension; 3) standardization of the method of assigning a rating of dimensional severity; 4) cultural neutrality; 5) applicability to “real world” clinical assessment as well as formal clinical trials.

Segments of the IPS were inspired by the BPRS Expanded Version 4.0 (Ventura J, Lukoff D, Nuechterlein KH et al, 1993), Cognitive Assessment Interview (CAI) (Ventura J, Reise SP, Keefe RS et al, 2010) and the NSA-16 Manual (Axelrod BN, Goldman RS, Alphs LD, 1993.)

DISCUSSION

The CRDPSS is a recently-introduced assessment measure for the severity of psychotic illness included in DSM-5. The eight items of the CRDPSS are designed to be able to be rated in clinical interviews. However, their psychometric qualities have yet to be reported in the peer-reviewed literature.

The IPS has been designed to enhance the accuracy and reliability of the CRDPSS for clinical trial use. The IPS is currently undergoing field testing in a large real world style clinical trial in three countries and languages. Utilizing this sample, assessment of the psychometric qualities of the CRDPSS and IPS will be reported in future presentations.

RESULTS

The CRDPSS instructs raters to evaluate the presence and severity of the symptoms of each covered domain on a five point Likert-like scale ranging from 0 (Not present) to 4 (Present and Severe) based on all available information and their clinical judgment.

In order to assure consistent and thorough interviews and instructions for scale completion the IPS outlines: definitions for each dimension, sources of information and reference groups for evaluation of symptom severity. This specifically includes (see list on right):

1. Time frame instructions
2. Sources of information specifications for each item
3. A list of interview questions in semi-structured format
4. Additional anchor points addressing the frequency, intensity and impact on functioning of each domain of symptoms
5. Instructions for reference group comparison for evaluating cognition and negative symptoms
6. Instructions for assessing the combined effect of avolition and restriction of affect in evaluating negative symptoms
7. A case example with explanation of correct scoring

For more information on the IPS please contact David G. Daniel, MD at David.Daniel@bracketglobal.com