Interactive Voice Response and Tablet Self-Report Versions of the Electronic Columbia-Suicide Severity Rating Scale Are Equivalent

Jean Paty, Ph.D.1, Brian Tiplady, Ph.D.1, Kelly Posner, Ph.D.1

Study Design

Randomized Crossover Design

Period 1

- Tablet

- IVR

5 minute practice task followed by 20 minute refreshment break

Period 2

- Tablet

- IVR

5 minute practice task followed by 20 minute refreshment breaks

Recruitment

- Inpatient Psychiatric Patients
  - Recruited by staff doing chart review
  - A paper patient packet, also required that the attending doctor allow study staff to approach the patient regarding participation

- Hospital Workers
  - Recruited through flyers in nurses' station

- None of the staff had experience with the C-SSRS or eC-SSRS

Convergence Analyses - Ideation

- Measures of equivalence above threshold for convergence
  - Test-retest reliability is high for both measures

Convergence Analyses - Behavior

- Measures of equivalence above threshold for convergence, with exception of lifetime attempts
  - Patients report more suicidal behavior than controls

Known-Groups Validity - Ideation

- Most Severe Lifetime
  - Most Severe Recent
  - Controls
  - Patients

Known-Groups Validity - Behavior

- # of Lifetime Attempts
  - Most Severe Lifetime
  - Most Severe Recent

Conclusions

- IVR and Tablet versions of the eC-SSRS produced equivalent data
- Data from IVR and tablet versions discriminated between psychiatric inpatients and hospital worker controls
- Allows for the use of multiple eC-SSRS platforms in clinical research
- Tablet may be particularly useful when other patient-reported outcomes are administered via tablet at the clinical site

References


Jean Paty, Ph.D.1, Brian Tiplady, Ph.D.1, Kelly Posner, Ph.D.1

Presented at the ISCTM 11th Annual Meeting, 19FEB2015, Washington, D.C.