Assessing Clinician’s subjective experience with psychometric tools for suicide assessment

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METHODOLOGICAL QUESTION:
While many clinical trials, beyond CNS, are now including a suicide ideation and behavior (SIB) scale, little study has been devoted to the clinician’s subjective experience with the patient and with commonly used SIB measures, which is highly valued by the phenomenological tradition. Additionally, with the development of self-reported, clinician reported and ‘dual’ reported tools for SIB, the algorithm for the decision making process for which psychometric evaluation to use, whether it is dependent on indication, and the levels of complexity of scales remain unclear.

OBJECTIVES:
(1) to assess clinician’s views on self-reported, clinician reported, dual reported SIB measures, (2) to assess clinician’s experience with currently used measures, (3) to establish models for the decision making process for evaluating suicide risk.

METHODS:
We used a qualitative research approach, interviewing psychiatrists, psychologists or clinicians in the field of schizophrenia, bipolar, depression/anxiety or related disorders, who have experience using SIB measures. 112 general practice, pharmaceutical, academic and government-based clinicians in the United States participated. Surveys were deployed in English via Survey Monkey™ and consisted of 18 questions assessing: Clinician Demographics, Current SIB measure utilized, views on complexity of SIB measure, views on SIB reporting in Clinician-reported and Self-Reported measures, collateral information, cognitive impairment and reporting, acceptability of self-reported measure per disease indication.

RESULTS:
A majority of the clinicians who completed the survey were Psychologists (33.33%; clinical/hospital practice/research). There were 22.22% Psychiatrists (clinical/hospital practice/research) and 11.11% psychiatrists from the pharmaceutical and biotechnology industry. More than 50% of the sample had > 10 years’ experience. 55.56% use the C-SSRS and 33.33% each used the InterSept and Sheehan-STS scales. 22.23% reported using the electronic C-SSRS. 77.78% of clinicians reported deficiencies in the current scale they are using. Of these, 35.54%, 29.34% indicate the scale is too complex for the STS and InterSept, respectively. The largest percentage of clinicians (43.23%) reported the C-SSRS was “not effective for the population they serve.” When comparing clinicians views on self-reported and clinician-reported SIB assessment, 22.23% and 33.33%, respectively, agree that their patients provide accurate reports. Only 33.33% of clinicians believe that patients will report more information on a self-reported measure, however many clinicians commented that patients who are suicidal are less likely to self-report. For oncology related diseases, multiple sclerosis, personality disorders, dermatology and metabolic abnormalities, 100% of clinicians agree a self-reported SIB assessment is acceptable.

CONCLUSION:
Self-reported questionnaires may reveal higher frequency and severity of SIB than clinician-reported in specific disease areas. Results suggest that for most disease areas, clinicians suggest that a combination of self-reported and clinical-reported SIB assessment would be beneficial. Although additional investigation is needed, especially from non-CNS clinicians, results confirm that currently existing measures and algorithms for SIB can benefit from refinement.