

Clinician Symptom Assessment for EPINET

DELBERT ROBINSON, M.D.

Background #1

The goal is to find a clinician assessment of symptoms that can be done at the sites

There has been work on reducing the number of items on the PANSS scale and varied solutions have been developed.

We proposed the PANSS-6, a 6 item PANSS version developed by Ostergaard and colleagues

The items on the PANSS-6 are a subset of the items on the 30 item PANSS.

Background # 2

The PANSS-6 items are

P1-Delusions

P2-Disorganization

P3-Hallucinations

N1-Blunted affect

N4-Passive social withdrawal

N6-Lack of flow of conversation

The PANSS is copyright protected and the copyright is owned by MHS, a Canadian firm

In Europe where the PANSS-6 was developed, the charge for clinician use of the PANSS-6 is minimal. However, even after substantial efforts by us to negotiate the fee, MHS will charge substantially higher fees for PANSS-6 use by us.

This led to considering if other scales that are free for use could be shortened for use in EPINET

Principles of Scale Item Reduction

There are 2 components

One is clinician assessment of scale items – how important is an item or a domain?
Preview for the group: how important are mood and anxiety assessments with FE participants?

The second is statistical analysis of the scale. We used a non-parametric item response theory (NIRT) framework for the analyses. The relevant metric is the scalability coefficient H . H can be calculated for a scale item or for the scale as a whole. H is recommended to be > 0.3

The COMPASS Scale

The PANSS was the research symptom severity measure in RAISE-ETP

For the COMPASS measurement-based care component of the NAVIGATE intervention, we developed a symptom severity scale for clinicians to use. It included items from the BPRS and also from the 5 STEPS scale.

There were several aspects of the COMPASS scale that may be advantageous for EPINET

- The raters were clinicians (as opposed to highly trained raters)
- The sites were community clinics – all were outpatient facilities
- Participants entered RAISE-ETP at all levels for symptom severity

We have a data set of 3600 ratings. Because participants entered at different symptom severity levels, we analyzed all ratings together.

The Full COMPASS Scale

12 items

	H (SE)
Items	
Depressed	0.360 (0.010)
Anxious	0.348 (0.010)
Suicidal	0.313 (0.014)
Elevated Mood	0.077 (0.016)
Hostility	0.329 (0.010)
Impulsive	0.223 (0.013)
Suspicious	0.405 (0.009)
Unusual Thought Content	0.361 (0.009)
Hallucinations	0.347 (0.010)
Conceptual Disorganization	0.215 (0.011)
Apathy	0.346 (0.010)
Asociality	0.333 (0.010)
Scale	0.329 (0.007)

The COMPASS Scale

Removing Elevated Mood

	H (SE)
Items	
Depressed	0.367 (0.010)
Anxious	0.353 (0.011)
Suicidal	0.327 (0.015)
Hostility	0.332 (0.011)
Impulsive	0.226 (0.014)
Suspicious	0.414 (0.009)
Unusual Thought Content	0.367 (0.010)
Hallucinations	0.356 (0.010)
Conceptual Disorganization	0.220 (0.012)
Apathy	0.358 (0.010)
Asociality	0.345 (0.010)
Scale	0.345 (0.007)

The COMPASS Scale

Removing Elevated Mood and Impulsive Behavior

10 item scale

	H (SE)
Items	
Depressed	0.371 (0.011)
Anxious	0.357 (0.011)
Suicidal	0.338 (0.016)
Hostility	0.328 (0.011)
Suspicious	0.424 (0.009)
Unusual Thought Content	0.375 (0.010)
Hallucinations	0.363 (0.010)
Conceptual Disorganization	0.227 (0.012)
Apathy	0.368 (0.010)
Asociality	0.359 (0.010)
Scale	0.359 (0.007)

Three Positive Symptoms and Two Negative Symptom Items

The PANSS-6 has these 3 positive symptom items and 3 negative symptom items

	H (SE)
Items	
Unusual Thought Content	0.357 (0.012)
Hallucinations	0.355 (0.012)
Conceptual Disorganization	0.294 (0.014)
Apathy	0.469 (0.010)
Asociality	0.461 (0.010)
Scale	0.396 (0.009)

New material added to
the Powerpoint since the
last ENDCC meeting

Another analysis strategy

The previously presented models were developed by **sequentially** removing items with low H metrics

There are automated methods to develop reduced item models and we used these for a second round of analyses

The results were the same as the previously reported models.

Early focus group results

We have done some initial work with prescribers who used the COMPASS scale in the RAISE-ETP study.

Prescribers were presented the solutions in the next slide and asked about

- Use of the scales in making treatment decisions for individual patients
- Use of the scales for program evaluation within their agency
- Use of the scales for communication within the field
- Practical issues with use.

The prescribers so far prefer the 10-item version. Prescribers say that they have to assess all the symptoms in the 10-item version in their clinical work with patients as symptoms such as depression and anxiety are often a treatment focus. If they are doing clinical assessments of these symptoms anyway, why not provide a rating of these symptom on a scale that provides data that can be used to track patient improvement longitudinally?

The COMPASS Solutions

10 item solution	5 item solution
Depressed	
Anxious	
Suicidal	
Hostility	
Suspicious	
Unusual Thought Content	Unusual Thought Content
Hallucinations	Hallucinations
Conceptual Disorganization	Conceptual Disorganization
Apathy	Apathy
Asociality	Asociality