Prevalence of feigned psychopathology in psychiatric temporary occupational disability

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BACKGROUND

After musculoskeletal pathology, psychiatric disorders are the second diagnostic group which causes temporary disability in Spain. In spite of the economic and social relevance of the prevalence of malingering in temporary incapacity, there are very few studies dealing with this problem.

In a survey of medical experts they showed that the doctors perceived the highest rates of malingering to be associated with chronic pain conditions and affective/emotional conditions (anxiety and depression).

The SIMS (*Structured Inventory of Malingered Symptomatology*) is a 75-item, true/false screening instrument that assesses for both malingered psychopathology and neuropsychological symptoms. It provides five scale domains as well as an overall score for probable malingering. A recent meta-analysis concludes that the diagnostic power of the traditional cut scores of the SIMS (i.e., > 16) is not so much limited by their sensitivity -which is satisfactory- but rather by their substandard specificity.

PURPOSE

Describe the prevalence of feigning evaluated with the SIMS during temporary disability caused by a psychiatric disorder.

METHODS

Standard psychiatric clinical interviews were consecutively performed between January 2014 and September 2015. The SIMS inventory was routinely administered to all subjects tested. We analysed the results of this scale with two different cut-off scores:
- >16: recommended when the SIMS is employed as a screen for feigned psychopathology.
- >19: recommended when the SIMS is employed as part of a test battery that is utilized for conclusive assessment of feigned psychopathology. It yields lower sensitivity, but higher specificity (reduced risk of false-positive classification).

RESULTS

The scores of the SIMS are shown in **Table 1**.
A total of 3.471 subjects were evaluated. The 67% were women, with an average age of 42.1 ± 10.7 years.
The mean temporary disability duration was more than 18 weeks (127.5 ± 110 days). The main diagnoses were: adjustment disorders (55%), depressive disorders (15%) and anxiety disorders (11%). An 8% of the patients did not meet criteria for a psychiatric disorder.

Table 1. Scores of the SIMS inventory

		Cut-off
Mean SIMS Total score	21.2 ± 10 (2 - 67)	> 16
Mean subscales scores		
Psychosis	1.7 ± 2.4 (0 - 15)	> 2
Neurological Impairment	4.9 ± 3.5 (0 - 15)	> 3
Amnestic Disorders	3.7 ± 3.3 (0 - 15)	> 3
Low Intelligence	2.6 ± 1.8 (0 - 14)	> 3
Affective Disorders	8.3 ± 2.3 (1 - 14)	> 7
Prevalence SIMS score beyond cutoff (>16)	63.5 %	
Prevalence SIMS score beyond cutoff (>19)	50.5 %	

Unless indicated otherwise, data are presented as mean ± standard deviation (interval).

CONCLUSIONS

Despite the use of two different SIMS cut-off points, in our sample we have detected a high prevalence of feigned psychopathology, mainly at the expense of the domains of Neurological Impairment and Affective Disorders. These results are in accordance with previous research.

REFERENCES

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