ASSESSMENT OF DEPRESSIVE SYMPTOMATOLOGY IN CHILDREN AND ADOLESCENTS WITH SELF-REPORT ASSESSMENT INSTRUMENTS

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Background

Major depressive disorder is a frequent and recurrent condition in children and adolescents. Diagnosis is based in categorical assessment paradigm (DSM, CIE), but very often, dimensional assessment is conducted based on self-reports.

Objectives

To describe how depressive symptoms are assessed in Depression Questionnaires and Checklists for child and adolescents, depending on the contents and psychological functions involved.

Methods

We selected assessment instruments for depression in children and adolescents (7 to 18 y/o). We included the seven most widely used self-report assessment instruments as defined by the number of references in PUBMED: CDI, CDS and RADS (>1000); BDI, DSRS, MFQ and PHQ (>100). Items were classified in type of symptomatology, expression areas and contents by two independent reviewers. The frequency of different areas were assessed. Kappa agreements were calculated and discrepancies were resolved by consensus.

Results

A total of 207 items were analyzed. The initial kappa agreement regarding type of symptomatology was 0833. Four instruments aimed at both children and adolescents while three exclusively to adolescents. Most items referred to cognitive symptomatology (40.1%) - content of the thoughts [95.2%]-, followed by affective symptomatology (27.5%) - mood [59.6%]-, regulation/activation (16.4%) –motivational, sleep and activation [32.4%]-, and functioning (7.7%) - social [56.3%]. Anxious (5.3%) and somatic or physiological symptoms (1.0%) were explored marginally. Adolescents' instruments almost didn't include somatic/ physiological symptoms (only one item), and better balanced the frequency of cognitive and affective symptoms (28.6% both) than in child's instruments (45.1% vs 27.1%).

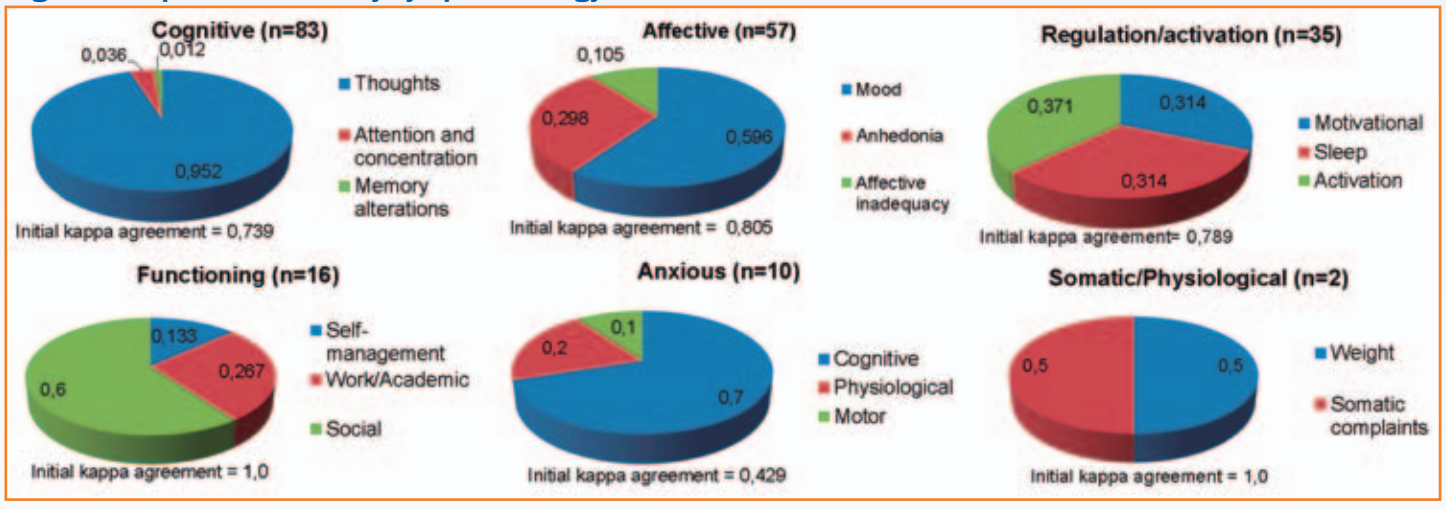
Table 2. Items classified by type of symptomatology

Type of symptomatology	Total items (n=207)	Items in child and adolescent versions (n=144)	Items i adolescent version (n=63)
Affective	28,1%	27,7%	29,0%
Cognitive	40,9%	46,1%	29,0%
Regulation/activation	16,7%	16,3%	17,7%
Functioning	7,9%	4,3%	16,1%
Anxious	5,4%	5,0%	6,5%
Somatic/Physiological	1,0%	0,7%	1,6%

Table 1. Explored instruments

Instruments	Year	Authors	Age range	Nº items	Time frame	Times cites in PUBMED
Children's Depression Scale (CDS)	1983	Lang, M. & Tisher, M.	7 to 18	66	Not specified	9490
Reynolds Adolescent Depression Scale (RADS)	1987	Reynolds, W. M.	13 to 17	30	Last two weeks	4462
Children's Depression Inventory (CDI)	1985	Kovacs, M.	7 to 15	27	Last two weeks	4455
Beck's Depression Inventory (BDI)	1996	Beck, A.	>13	21	Last two weeks	620
Depression Self Rating Scale (DSRS)	1978	Birleson, P.	8 to 14	18	Last week	227
The Mood and Feelings Questionnaire (MFQ)	1987	Angold, A. & Costello, EJ.	7 to 17	33	Last two weeks	197
Patient Health Questionnaire (PHQ)	2001	kroenke K. , Spitzer RL. & Williams JB.	>13	10	Last two weeks	116

Figure 1. Expression areas by symptomatology



Conclusions

Representation of symptoms highly differs between self-reports and categorical assessment. In self-reports, affective symptomatology is explored less than the cognitive symptomatology whereas in categorical assessment the affective symptomatology is part of the obligatory symptoms whereas cognitive it is not. Of the 11 symptoms proposed by the categorical systems for the diagnosis of depression, those related to somatic / physiological symptomatology such as weight loss or gain are hardly being explored in self-reports. Cognitive symptomatology and regulation / activation have the same weight in the categorical systems while they do not have it in the evaluation through self-reports.
These results suggest that some clinically relevant symptomatology is under explored (such as regulation and activation symptomatology, functioning and somatic/physiological symptoms) whereas other is over explored (such as cognitive symptomatology). These results should be compared with the importance and prevalence of clinical symptoms.

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