

Field Study of the Clinical Usefulness of a Diagnostic Manual for Mental Diagnoses in Persons with Intellectual Disabilities

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Presentation Outline

- Rationale for DM-ID
- Description of DM-ID
- Field Study Methods
 - Clinician Participants
 - Survey Tool
- Results
- Future Research



Rationale for DM-ID:

Limitations of DSM and ICD Systems

- **Diagnostic Overshadowing** (Reiss, et al, 1982)
- **Applicability of established diagnostic systems is increasingly suspect as the severity of ID increases** (Rush, 2000)
- **DSM and ICD Systems rely on self report of signs and symptoms** (Souvner, 1986)



Description of *DM-ID*

- **An adaptation to the *DSM-IV-TR***
- **Designed to facilitate a more accurate psychiatric diagnosis**
- **Based on Expert Consensus Model**
- **Covers all major diagnostic categories as defined in *DSM-IV-TR***



Description of *DM-ID* (continued)

- Provides clear examples of how signs and symptoms should be interpreted
- Designed with a developmental perspective to help clinicians to recognize symptom profiles



Description of *DM-ID* (continued)

- **Empirically-based approach to identify specific psychiatric disorders in persons with ID**
- **Provides state-of-the-art information about mental disorders in persons with ID to facilitate the diagnostic process**



Description of *DM-ID* (continued)

- **Information on how to differentiate behavioral problems from psychiatric disorders**
- **Information on psychiatric presentation for mild-moderate vs. severe-profound ID**
- **Provides adaptations of diagnostic criteria, where applicable**

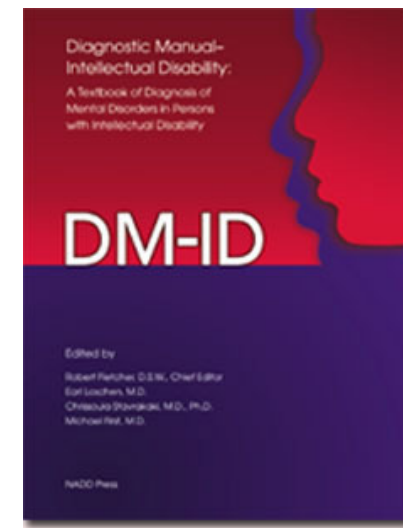


DM-ID: Two Manuals

Diagnostic Manual – Intellectual Disability: A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability



Diagnostic Manual – Intellectual Disability: A Clinical Guide for Diagnosis of Mental Disorders in Persons with Intellectual Disability





Field Study Objective

- Purpose of field study was to evaluate the utility of the DM-ID Clinical Guide in clinical practice



Publication of Study

Clinical Usefulness of the Diagnostic Manual-Intellectual Disability for Mental Disorders in Persons with Intellectual Disability: Results from a Brief Field Survey

Fletcher, Haverkamp, Ruedrich, Benson, Barnhill, Cooper, & Stavrakaki

Journal of Clinical Psychiatry, 70(7) (July 2009), 967-974.



Methods: Respondents

- Non-randomized sample of respondents
- Respondents who are qualified to make psychiatric diagnoses
- Respondent selection:
 - NADD Int. Congress held in Boston, March '06
 - Through e-newsletter announcement
 - Posted invitation on NADD website



Methods: Survey Tool

Part I: Respondent Information

- Training
- Years of experience
- Experience of using DSM-TR-IV with people who have ID



Methods: Survey Tool

Part II: Subject Information

- Demographic data collected on each subject
 - o Age
 - o Level of ID
 - o Living arrangement
 - o Mode of communication
 - o Gender
 - o New patient or not



Clinical Information Recorded for Each Subject

- DSM-IV-TR Axis I, II, & III
- DM-ID Axis I, II, & III



Methods: Survey Tool

Part II: Clinician Impression of Use

- Questions about use of DM-ID: Yes or no
 - Did the DM-ID allow you to come up with a more specific diagnosis than you would have with DSM-IV-TR?
 - Did the DM-ID allow you to arrive at a psychiatric diagnosis that you think is appropriate for this patient?
 - Did you find the DM-ID allowed you to avoid using the NOS [not otherwise specified] category?



Methods: Survey Tool

Part II: Clinician Impression of Use

- Questions on scale of 1 to 5:
 - Was the DM-ID easy to use (user-friendly) to arrive at a psychiatric diagnosis for this patient?
 - Did you find the DM-ID clinically useful in the diagnosis of this patient?
 - For the diagnosis used for this patient, do you feel that the number of adapted criteria were too few/excessive?



Results

- 63 clinicians from 11 different countries
- 845 DM-ID feedback surveys completed
- 11.3 is the mean number of surveys completed by clinicians



Results: Disciplines

- Psychologists (42.9%)
- Psychiatrists (31.7%)
- Remaining 25.4% included psychology assistant/counseling, social work, nursing, and a medical examiner



Results: Clinical Experience

- 16: Average number of years posttraining experience in MH practice
- 12.4: Average number of years of experience working with DSM diagnoses in people with ID



Results: Subject Level of ID

- Severity of ID
 - Mild – 37.0%
 - Moderate – 28.8%
 - Severe/Profound – 34.2%



Results: Subject Gender & Age

- Gender

- 61.2 male
- 38.8 female

- Age

- Range: 6 to 89 years of age
- Mean: 39.2

Field Study of the Clinical Usefulness of the *DM-ID*

Table 1:

Clinician Impressions of DM-ID for new patients, previously seen (follow-up) patients, and both groups combined (All)

Item²	Patient Status¹		
	New (n=121)	Follow-up (n=687)	All (n=845)
Was the DM-ID easy to use (user-friendly)	73.6	68.2	67.9
Did you find the DM-ID clinically useful in the diagnosis of this patient?	62.0	50.7	51.7
Did DM-ID allow you to arrive at an appropriate psychiatric diagnosis for this patient?	82.6	82.9	83.1
Did DM-ID allow you to come up with a more specific diagnosis than you would have with DSM-IV-TR?	40.0	36.2	36.5
Did the DM-ID help you avoid using the NOS category?	66.4	59.4	60.3

¹number of responses for individual items ranged from 806-844. Only 808 responses to the item that identified patients as new or follow-up

²numbers reflect the percent of endorsed cases (% YES response)

Field Study of the Clinical Usefulness of the *DM-ID*

Table 3:

Clinician Impressions by Level of Intellectual Disability (%YES)

Item	Level of Intellectual Disability		
	Mild n=305	Moderate n=237	Severe/ Profound n=285
Was the DM-ID easy to use (user friendly)?	72.4	68.6	62.6
Did you find the DM-ID clinically useful in the diagnosis of this patient?	74.9	67.8	66.0
Did DM-ID allow you to arrive at an appropriate psychiatric diagnosis for this patient?	85.6	83.3	80.2
Did DM-ID allow you to come up with a more specific diagnosis than you would have with the <i>DSM-IV-TR</i>?	36.1	38.0	35.9
Did DM-ID help you avoid using the NOS category?	63.2	63.3	54.9

Field Study of the Clinical Usefulness of the *DM-ID*

**Table 4:
Clinician Impressions by Diagnostic Category (% YES)**

Item	Broad Diagnostic Category¹			
	Psychotic N=136	Mood N=154	Anxiety N=97	PDD N=109
Was the DM-ID easy to use (user friendly)?	76.1	72.6	81.8	66.4
Did you find the DM-ID clinically useful in the diagnosis of this patient?²	39.9	63.7	70.7	40.9
Did DM-ID allow you to arrive at an appropriate psychiatric diagnosis for this patient?	81.9	87.9	90.9	85.5
Did DM-ID allow you to come up with a more specific diagnosis than you would have with the <i>DSM-IV-TR</i>?³	21.0	37.6	45.5	23.6
Did DM-ID help you avoid using the NOS category?	63.8	56.1	61.6	51.8

¹ N = 496, as many diagnostic categories had insufficient sample size for meaningful comparison

² $F_{3,365}=17.78, p<.001$

³ $F_{3,492}=7.79, p<.001$

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Table 5:
Changes in Diagnosis from *DSM-IV-TR* to *DM-ID*^{1,2,3,4}

Description of Change	Anxiety	Mood	Psychosis	PDD
Change from NOS to specific diagnosis in same broad category	15	42	9	8
Change from NOS to specific diagnosis in a different broad category	2	1	15	2
Change from one specific diagnosis to another in the same broad category	2	11	5	3
Change to a specific diagnosis in a different broad category	3	1	6	1
Number of new diagnoses by <i>DM-ID</i>	10	4	2	7

¹ Records were only included if the clinician responded "yes" to the question *Did the DM-ID allow you to come up with a more specific diagnosis than you would have with DSM-IV-TR?* AND the clinician provided different diagnoses using *DM-ID* versus *DSM-IV-TR*.

² *DSM-IV-TR* diagnoses determined the diagnostic category (column). For example, if *DSM-IV-TR* yielded a diagnosis of Anxiety Disorder NOS and the *DM-ID* yielded a Bipolar I diagnosis, this change is represented in the second row of the first column in Table 5, *Change from NOS to specific diagnosis in a different broad category*.

³ The table was calculated at the diagnosis level, not at the patient level. For example, if the *DS-IV-TR* yielded 2 separate NOS diagnoses and the *DM-ID* yielded two specific diagnoses, we counted 2 changes for that patient.

⁴ For the sake of clarity, certain diagnostic changes are not captured in this table. For example, this table does not capture diagnostic changes if the *DSM-IV-TR* yielded a diagnosis outside of the four broad categories of Anxiety, Mood, Psychosis, and Pervasive Developmental Disorder. However, if the *DM-ID* yielded a diagnosis in one of those categories when none was given using the TR, we recorded that as a New Diagnosis by *DM-ID* in the category.



Further Research

- Validity and reliability studies on the modified criteria of DM-ID
- Direct comparisons between existing diagnostic systems:
 - DM-ID
 - DMS-IV-TR
 - DC-LD
 - ICD-10-DCR



Further Research - continued

- Studies to use methodologies including:
 - Blinded studies
 - Randomly assigned side-by-side assessments
 - Comparing diagnostic systems across large samples

Thank you



FOR FURTHER INFORMATION, CONTACT

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