

NEW INSTRUMENTS FOR ASSESSING POSITIVE AND NEGATIVE SYMPTOMS OF SCHIZOPHRENIA: VALIDATION OF THE RUSSIAN VERSIONS OF THE DIAGNOSTIC INTERVIEW FOR PSYCHOSES AND THE CLINICAL ASSESSMENT INTERVIEW FOR NEGATIVE SYMPTOMS

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Introduction: Positive and negative symptoms have been considered as the core features of schizophrenia since the beginning of the last century. On the other hand, there is still no consensus among psychiatrists from the different countries regarding assessing of these symptoms both in clinical practice and research. Recently, some new tools were developed to measure clinical manifestations and current level of severity of positive and negative symptoms. One of the comprehensive interview schedule for psychotic disorders is the Diagnostic Interview for Psychoses (DIP) is aimed at assessment of symptoms, signs and past history ratings as well social functioning and disability. The Clinical Assessment Interview for Negative Symptoms (CAINS) encompasses Motivation and Pleasure scales (experience-related deficits) and the Expression scale (expression deficits).

The aim of the study was the adaptation of the Russian language versions of the DIP and CAINS and evaluation of its validity and reliability. It has been completed the DIP validation in Russian and it is about to finish the CAINS validation.

Subjects and methods: Ninety-eight patients with psychotic disorders (89 video recordings) were assessed by 7 interviewers using the Russian version of DIP at 7 clinical sites (in 6 cities of the Russian Federation). DIP ratings on 32 cases of a randomized case sample were made by 9 interviewers and the inter-rater reliability was compared with the researchers' DIP ratings. Overall pair wise agreement and Cohen's kappa were calculated. Diagnostic validity was evaluated on the basis of comparing the researchers' ratings using the Russian version of DIP with the 'gold standard' ratings of the same 62 clinical cases from the Western Australia Family Study Schizophrenia (WAFSS).

Results: The mean duration of the interview was 47±21 minutes. The Kappa statistic demonstrated a significant or almost perfect level of agreement on the majority of DIP items (84.54%) and a significant agreement for the ICD-10 diagnoses generated by the DIP computer diagnostic algorithm ($\kappa=0.68$; 95% CI 0.53, 0.93). The level of agreement on the researchers' diagnoses was considerably lower ($\kappa=0.31$; 95% CI 0.06, 0.56). The agreement on affective and positive psychotic symptoms was significantly higher than agreement on negative symptoms ($F(2,44)=20.72$, $p<0.001$, $\eta^2=0.485$). The diagnostic validity of the Russian language version of DIP was confirmed by 73% (45/62) of the Russian DIP diagnoses matching the original WAFSS diagnoses. Among the mismatched diagnoses were 80 cases with a diagnosis of F20 Schizophrenia in the medical documentation compared to the researchers' F20 diagnoses in only 68 patients and in 62 of the DIP computerized diagnostic outputs. The reported level of subjective difficulties experienced when using the DIP was low to moderate.

Conclusions: The results of the study confirm the validity and reliability of the Russian version of the DIP for evaluating psychotic disorders. DIP can be recommended for use in education and training, clinical practice and research as an important diagnostic tool.