

Evaluating the Tendencies of Child and Adolescent Psychiatrists to Diagnose and Treat DSM-5 Attenuated Psychotic Syndrome



Mireia Solerdelcoll ^{a,b}, Helin Yilmaz Kafali ^c, Lena Vujinovic ^d, Camille Noel ^e, Celso Arango ^f

^a Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

^b Department of Medicine, University of Barcelona, Barcelona, Spain.

^c Department of Child and Adolescent Psychiatry, Ankara City Hospital, Ankara, Turkey

^d The Center for Integrative Psychiatry, University Medical Center Schleswig Holstein

^e Department of Child Psychiatry, Centre Hospitalier Universitaire Saint-Pierre, Brussels, Belgium.

^f Child and Adolescent Psychiatry Department, Institute of Psychiatry and Mental Health, Hospital General Universitario Gregorio Marañón IISGM, School of Medicine, Universidad Complutense, Madrid, CIBERSAM, Spain

Introduction

Aims: The aim of this study was to explore how practitioners who actively practice in child and adolescent psychiatry perceive the DSM-5-Attenuated Psychosis Syndrome (DSM-5-APS), and their ability to distinguish it from non-psychotic symptoms or a full-blown psychosis. Furthermore, it was aimed to determine practitioners' propensities for treating adolescents with DSM-5-APS. An additional objective was to determine how the length of time as an active child psychiatrist affects practitioners' diagnostic and treatment propensities.

Hypothesis: Given the increasing awareness of practitioners about the clinical high-risk state for psychosis (CHR-P), we hypothesized that most clinicians would diagnose and treat DSM-5-APS as a full threshold psychotic disorder. We also hypothesized that, compared to advanced-career psychiatrists (ACP), early-career psychiatrists (ECP) and mid-career psychiatrists would experience more difficulty differentiating DSM-5-APS from other diagnoses and would choose psychopharmacological interventions more frequently as a treatment option for the APS case.

Background: The prodromal period is a promising window to prevent the full-blown psychotic episode, preclude psychiatric comorbidities, or ease the severity of the disorder. However, the detection of individuals at CHR-P may be a key limiting step for early interventions, and there is some uncertainty regarding the true clinical reliability of CHR-P states.

Methodology

Methods: Three vignettes describing fictional cases presented with symptoms of either DSM-5-Schizophrenia, DSM-5-APS, and no psychotic symptoms were created. Participants were asked to complete a cross-sectional online survey. We asked these practitioners to apply a DSM-5 diagnosis and to choose appropriate treatment(s) for these vignettes.

Results

Of the 387 participants (child psychiatry specialists/trainees (n=227, n=131), adult psychiatrists (n=27), and child neurologists (n=2)), 74.4% (n=288) were female and the average length of time as active practitioners was 7.5±7.1 years (min=1, max=45).

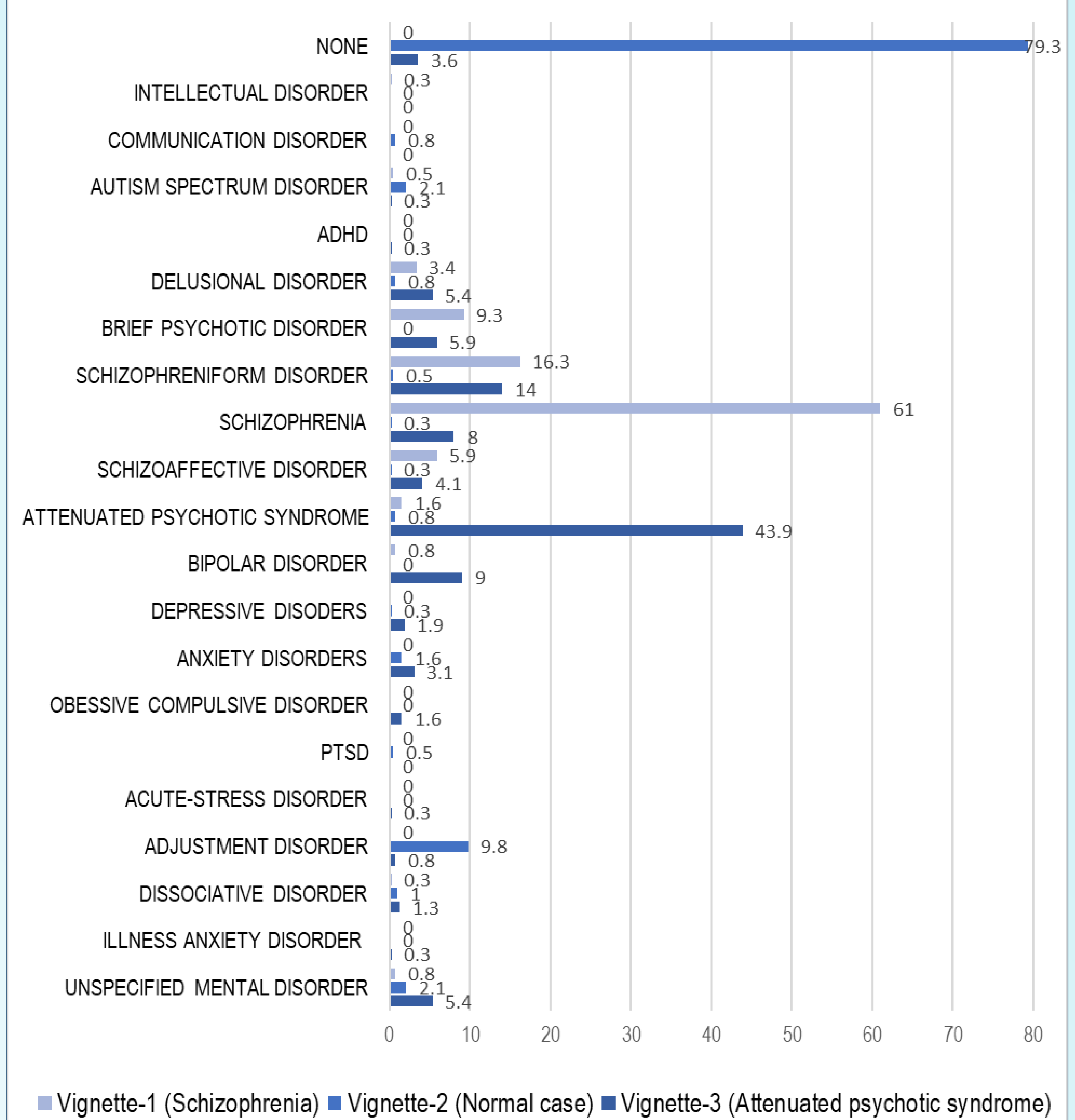
Vignette 1: 94.1% mentioned that the vignette-1 corresponded to a case with a diagnosis of schizophrenia spectrum disorders and 61% of them correctly diagnosed the subgroup, schizophrenia. Only 1.6% diagnosed the vignette-1 as APS. The accuracy rates did not differ by the year of practice.

Vignette 2: 78% of responders stated that vignette-2 had no current psychiatric disorder. 2.7% and 0.8% had problems in differentiating the vignette-2 from schizophrenia spectrum disorder and APS, respectively. ECP and mid-career psychiatrists had significantly higher correct response rates than ACP.

Vignette 3: **43% of clinicians** correctly diagnosed the APS vignette, whereas 37.4% diagnosed a full-blown psychotic episode. **ECP and mid-career psychiatrists** had significantly higher **accuracy rates** than ACP.

Regarding the therapeutic approach for the APS vignette, **72.1%** of all practitioners would choose a **psychopharmacological** intervention (89% would prescribe atypical antipsychotics and 11% SSRIs). Individual psychotherapy was significantly more preferred by ACP.

Frequencies of diagnoses that responders gave for each Vignette



Comparison of correct response rates and choice of treatment type by practice year

	ECP	Mid-career	Advanced career	Statistics				
				X ²	p value	ECP vs Mid-career	ECP vs Advanced	Mid-career vs. Advanced
% (n)								
Correct response rates				X ²	p value	X ² , p value	X ² , p value	X ² , p value
Vignette-1 (Schizophrenia)	58.5 (111)	59.5 (72)	71.2 (47)	3.532	0.17	n.a.	n.a.	n.a.
Vignette-2 (Control case)	83 (166)	80.2 (97)	66.7 (44)	7.497	0.024*	0.240, 0.624	7.013, 0.008*	4.089, 0.043*
Vignette-3 (APS)	51.5 (103)	41.3 (50)	25.8 (17)	14.310	0.001*	2.736, 0.098	13.281, <0.001*	4.500, 0.034*
Choice of treatment type for Vignette-3 (APS)								
Psychosocial intervention (% (n))	31 (62)	41.3 (50)	37.9 (25)	3.719	0.156	n.a.	n.a.	n.a.
Individual psychotherapy (% (n))	26.5 (53)	33.1 (40)	47 (31)	9.326	0.009*	1.576, 0.209	8.699, 0.003*	2.944, 0.086
Psychopharmacology (% (n))	70.5 (141)	77.7 (94)	66.7 (44)	3.150	0.073	n.a.	n.a.	n.a.
Inpatient service (% (n))	4 (8)	1.7 (2)	4.5 (3)	1.738	0.439	n.a.	n.a.	n.a.

Chi Square, ECP = Early career psychiatrist (<5 years); Mid-career psychiatrist (6-10 year); Advanced-career psychiatrists (>10 year), *p < 0.05

Conclusions

This study showed that the diagnostic inter-rater reliability of the DSM-5-APS among child/adolescent mental health practitioners was consistent with the results from the DSM-5 field trials (Kappa=0.46). However, more than half of the clinicians were unable to detect DSM-5-APS and three in four endorsed psychopharmacological intervention as a treatment option, despite the lack of evidence of psychopharmacological interventions in CHR-P situations. Therefore, raising awareness about the CHR-P paradigm and their treatments among child psychiatrists are needed.

References:

- Yilmaz Kafali, H., Solerdelcoll, M., Vujinovic, L., Martsenkovskiy, D., Awhangansi, S., Noel, C., Bora, E., & Arango, C. (2021). Evaluating the tendencies of community practitioners who actively practice in child and adolescent psychiatry to diagnose and treat DSM-5 attenuated psychotic syndrome. *European Child & Adolescent Psychiatry*. <https://doi.org/10.1007/s00787-021-01897-1>
- Catalan A, Salazar de Pablo G, Vaquerizo Serrano J et al (2020) Annual research review: prevention of psychosis in adolescents—systematic review and meta-analysis of advances in detection, prognosis and intervention. *J Child Psychol Psychiatry*. <https://doi.org/10.1111/jcpp.13322>
- Salazar de Pablo G, Catalan A, Fusar-Poli P (2020) Clinical validity of DSM-5 attenuated psychosis syndrome: advances in diagnosis, prognosis, and treatment. *JAMA Psychiat* 77:311. <https://doi.org/10.1001/jamapsychiatry.2019.3561>