

On the Application of Clinical Self-rating scales with Depressive Patients in Brazil - a Pilot - Study on Test-Statistics*

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SUMMARY

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The study of depressive patients must touse instruments in accord with the culture. A structured interview to psychiatric diagnosis was conducted with 22 subjects with mean age of 40 years. it is also used four self-rating scales. Theresults showed the analysed instruments are basically qualified to be used a Brasillian version.

Key words: *depression, psychometry, self-rating scales*

Introduction

In the area of Transcultural Psychiatry, many methodological problems are encountered, such as language barriers, translation problems, differing evaluations of illness and the extent of clients' impairment, different cultural norm systems, etc. Therefore, empirical studies in this area often suffer from serious methodological shortcomings, and their results are not easy to evaluate (Kleinman, 1977; Mezzich & Raab, 1980; Bojanowsky & Stubbe, 1982; Haffner, Ten Horn & Moschel, 1987). Transcultural Psychiatry can still be partially located in the stage of observation and registration of facts, and therefore can only give a qualitative description.

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In the transcultural research on depression, there is no agreement upon the definition of "depression". The opinions differ even more concerning the appropriate methodological approach and the research strategies to be applied. The main point of controversy centers on the question of whether a universal depressive syndrome can be found and by which methods this question can be answered reliably.

Representatives of the emic standpoint emphasize a phenomenological description of the manifestation in each culture. They reject the application of western diagnostic criteria in other cultures and demand that the notion of the universality of depression as well as the idea of a depressive core syndrome be abandoned (Marsella, 1980).

The etic group of researchers, however, advocates the presence of a universal depressive core syndrome and demands standardized assessment methods (Teja, Narang & Agarwal, 1971; Sartorius, 1973; 1978; Singer, 1984; Mezzich & Raab, 1980; Haffner et al., 1987), which, on the other hand, for the representatives of the emic standpoint, per definition, leave out every culture-specific characteristic, and therefore would be completely unfit to investigate transcultural differences. In most studies, a provisional syndrome definition of depression based on a consensus of Western psychiatrists is used as a measure against which transcultural anomalies can be tested.

So far, transcultural aspects of depression have been studied mainly in the USA, Europe, Africa and Asia. In South America one can find at best isolated reports on this topic. Furthermore in Brazil, epidemiological and demographic data are lacking to such an extent that the estimation of psychiatric service needs is done by transferring epidemiological data from other countries (Gattaz & Stubbe, 1981).

For comprehensive studies assessment instruments in the local language are required. As there is a lack of evaluated translations of standardized well established clinical self-rating scales, the test statistical values of the translated versions in a pilot study should be tested in Brazil. The results should be compared to normative data from European countries and the USA. For this comparison, the usual value areas of classical test-theory were chosen (item total correlation, difficulty, internal consistency).

Methods

Subjects

The sample was drawn from patients of four psychological and/or psychiatric institutions in Rio de Janeiro. These are private clinics where patients must pay for therapy.

The subjects had to meet the following selection criteria: having been diagnosed as depressive by their therapists, being in an outpatient-treatment, being able to complete self-rating questionnaires (concerning education level and severity of disturbance). Furthermore, they had to meet the inclusion criteria of the WHO-Screening-Form (Sartorius et al., 1983) completed by their psychologists and/or psychiatrists.

Following these criteria, we obtained an ad-hoc sample of 22 subjects (13 women, 9 men) with a mean age of 40 years. These are mainly people

from the upper social classes with a high education level (15 had the equivalent of a high school diploma). At the time of the study, 20 patients already had various experiences with psychotherapy, and most of the subjects had been in treatment at the target institutions for some time (one week to eleven months) so that a certain improvement of the symptoms had to be assumed. The total period of illness was at an average six years and nine months (ranging from three months to 31 years).

Assessment instruments

Following the SKID-P (Spitzer & Williams, 1985), a structured interview for psychiatric diagnosis, an interview was conducted with the patients. For socio-economic classification subjects completed a questionnaire developed in and for Brazil (Critério de Classificação Socio Econômica - ABIPEME 2; da Costa et al. o. J.)

Clinical Scales:

The following self-rating scales were used:

- Beck Depression Inventory (BDI) (Beck et al., 1961)
- Self-Rating Depression Scale (SDS) (Zung, 1965)
- Paranoid Depression Scale (PDS) (von Zerssen, 1976a)
- Complaint List (CL) (von Zerssen, 1976b)

BDI, SDS and the Depression Scale of the PDS give information on depressive symptomatology; the CL assesses the extent of impairment through physical and general complaints whereas the P-scale of the PDS is concerned with paranoid experiences. Except for the BDI all self-rating scales were translated into the local language in collaboration with Brazilian psychologists and psychiatrists. The official language in Brazil is Portuguese, but there are many idiomatic differences in vocabulary and grammar, such that one can speak of the "Brazilian language" (Corrales & Gruenberg, 1986; Kasper, 1988). (The Brazilian versions of the instruments are available from the authors).

Results

For each of the scales four dimensions are analysed: difficulty, standard deviation, item total correlation and internal consistency. As far as possible, we compared the item rankings of each of the dimensions with the normative scale values.

The results for the BDI are shown in Table 1. It appeared that patients had moderate to severe depression (Beck, Steer & Garbin, 1988).

Table 1 - BDI values of the Brazilian sample

Nr. Item-abbreviation	Mean	SD	r_{it}
1 Mood	1,36	0,90	.80
2 Pessimism	0,96	0,84	.36
3 Sense of failure	1,23	1,02	.22
4 Lack of satisfaction	1,23	0,87	.52
5 Guilt feelings	0,59	0,85	.77
6 Sense of punishment	0,36	0,66	.86
7 Self-dislike	0,91	0,75	.40
8 Self-accusation	1,09	0,92	.09
9 Suicidal wishes	0,68	0,78	.50
10 Crying	0,91	1,15	.43
11 Irritability	0,91	0,92	.50
12 Social withdrawal	0,64	0,66	.11
13 Indecisiveness	1,14	0,77	.42
14 Distortion of body image	1,14	0,94	.56
15 Work inhibition	1,23	0,87	.73
16 Sleep disturbance	1,09	0,81	.26
17 Fatigability	1,23	1,07	.46
18 Loss of appetite	1,09	1,15	.35
19 Weight Loss	0,45	0,91	-.003
20 Somatic preoccupation	1,09	0,97	.46
21 Loss of libido	1,00	1,16	.48
Mean	0,97	0,90	.37
$\alpha = .85$ Mean=20.96 (4-40), SD = 9.77			
Correlations (psychiatric patients: Hautzinger & Worall, 1988)			
Difficulty			Item total correlation
- Sample 1	.56	$p \leq .01$.23 n.s.
- Sample 2	.47	$p \leq .05$.29 n.s.
- Sample 3	.59	$p \leq .01$.33 n.s.
- Sample 4	.50	$p \leq .05$.29 n.s.

For the comparison, data were used which Hautzinger and Worall (1988) kindly made available to us. While the comparison of the rank order of the difficulties with the four German patient groups shows significant correlation, this does not apply for the rank order of the item total correlations, which seem to follow different distribution patterns. Especially the item total correlations of the items 8 (self-accusation), 12 (social withdrawal) and 19 (weight loss) are very low in the Brazilian sample. Nevertheless, the internal consistency ($r = 0.85$) is high and comparable to the data published by Beck, Steer and Garbin (1988).

The results for the SDS are shown in Table 2. According to CIPS (1986), a mean score of 52.0 is reported for depressive patients. Thus, with a mean of 48.5 our sample again reaches a medium level of depressive symptomatology.

Table 2 - SDS values of the Brazilian sample

Nr. Item-abbreviation	Mean	SD	r_{it}
1 Depressive mood	2,95	0,90	.73
2 Diurnal variation	3,14	0,83	.37
3 Crying spells	1,91	0,92	.68
4 Sleep disturbance	2,14	1,17	.30
5 Decreased appetite	2,82	1,26	.19
6 Decreased libido	2,18	1,26	.21
7 Decreased weight	1,64	0,79	.19
8 Constipation	1,60	0,85	.22
9 Tachycardia	1,95	0,90	.33
10 Increased fatigue	2,55	1,06	.57
11 Confusion	2,46	0,96	.69
12 Psychomotor retardation	2,95	1,13	.34
13 Psychomotor agitation	2,23	1,07	.37
14 Hopelessness	3,00	1,11	.39
15 Irritability	2,36	1,13	.34
16 Indecisiveness	3,00	0,93	.29
17 Personal devaluation	2,55	1,22	.25
18 Emptiness	3,18	1,01	.47
19 Suicidal rumination	1,55	0,80	.38
20 Dissatisfaction	2,32	1,01	.40
Mean	2,42	1,01	.40
$\alpha = 0,82$ Mean = 48.46(24-61) SD=9.80			
Correlations Difficulty			
- Depressive patients at admission (Zung, 1965).48 p & .05			
- Psychiatric patients (Zung, 1965).52 p & .05			

The rank order of the difficulties corresponds with the normative values from Zung (depressive patients at admission, psychiatric patients). The internal consistency ($r = 0.82$) is good.

The PDS consists of 3 subscales and the results are presented in Tables 3, 4, and 5 (Table 3: Depression Scale (DS), Table 4: Paranoid Scale (PS), Table 5: Denial of Illness Scale (DIS)).

Table 3 - Values of the Brazilian sample for the DS of the PDS

Nr. Item	Mean	SD	r_{it}
3 Pleasure in games and pastimes	1,27	1,08	-.26
4 More sensitive to criticism	1,59	1,10	.70
5 Anxious and easily startled	2,96	1,00	.70
8 Cry easily	1,09	1,23	.73
13 Afraid of loosing mind	1,00	1,23	.73
14 Down and depressed	2,00	1,07	.34
16 Cannot understand what I read as well as I used to	1,14	1,08	.76
17 I would like most of all to take my own life	0,41	0,80	.65
21 In the morning I feel particularly bad	1,50	1,19	.49
24 No relationship with others	0,86	0,83	.65
31 I feel that I am about to go to pieces	1,50	1,10	.53
34 Constantly afraid of saying or doing something wrong	1,41	1,33	.26
36 Less interested in my love life	1,41	1,26	.58
39 Often feel miserable	1,36	1,26	.58
41 Cannot think logically	1,09	1,11	.80
42 I no longer have any feelings	0,45	0,74	.14
Mean	1,25	0,74	.14
$\alpha = 87$, Mean = 20,05 (6-43), SD = 10,17			
Correlations (psychiatric patients, von Zerssen, 1976a).			
Difficulty. 75 $p \leq .01$; Idem total correlation .31 n.s.			

Table 4 - Values of the Brazilian sample for the PS of the PDS

Nr. Item-abbreviation	Mean	SD	rit
7 Being influenced by others	1,50	1,06	.43
9 Feeling that the world was coming to an end	1,23	1,31	.30
11 People are wrong to think I am ill	1,23	1,31	.43
12 Body moves by itself	0,41	0,96	.37
15 Someone wants to destroy my mind	0,32	0,72	.27
20 Being watched and controlled by others	0,55	0,80	.62
22 Peculiar physical changes	1,27	1,32	.46
23 People try to steal my thoughts and ideas	0,46	0,96	.77
25 Comments about thoughts and actions	0,73	0,94	.81
27 Someone envies my knowledge	0,86	1,08	.48
28 Peculiar experiences	0,55	0,91	.41
30 Someone wants to kill me	0,14	0,47	-.03
32 Being influenced by electric currents	0,05	0,21	.40
35 Feel a superhuman and overwhelming force in me	1,05	1,21	.63
37 The moment I think of something, others already know it	0,18	0,50	.56
38 Have to create my own words	0,41	0,91	.76
Mean	0,68	0,92	.48
$\alpha = .85$ Mean = 10,90 (1-32) SD = 8.49			
Correlations (psychiatric patients, von Zerssen, 1976a)			
Difficulty .55 $p \leq .05$; Item total correlation .51 $p \leq .05$			

Table 5 - Values of the Brazilian sample for the DIS of the PDS

Nr. Item-abbreviation	Mean	SD	rit
6 I have a cold now and then	2,32	0,96	.13
10 Occasionally I feel tired	0,68	0,89	.73
18 So worked up that I could hardly fall asleep	1,00	1,15	.19
19 Some days I cannot concentrate as well as on others	0,64	0,90	.59
26 I am frightened sometimes	0,55	0,86	.40
29 From time to time in a bad mood	1,05	1,05	.09
33 Occasionally I have an upset stomach	1,64	0,90	.18
40 Sometimes my heart pounds with excitement	1,55	1,06	.35
Mean			
$\alpha = .60$ Mean = 9.41 (2-19) SD = 4.30			
Correlations (psychiatric patients, von Zerssen, 1976a)			
Difficulty .69 $p \leq .01$, Item total correlation .64 $p \leq .01$.			

The mean score of the Brazilian sample on the Depression Scale (20.1) is higher than that of the psychiatric group (18.8) but lower than that of the depressive inpatients (26.3; von Zerssen, 1976b). The rank order of the difficulties is similar in the Brazilian and in the psychiatric comparison group, whereas for the item total correlation there is no significant correlation. In spite of the low item total correlations for the items 3 and 42 (see Table 3) the internal consistency is high ($r = 0.87$).

The score of the Brazilian sample on the paranoid Scale (Mean=10.9) is higher than for the psychiatric (7.3) and the depressive (5.5) comparison groups (von Zerssen, 1976b). The rank orders of the difficulties as well as of the item total correlations are comparable with the psychiatric group (medium correlation, $p < 0.05$). The internal consistency is high ($r = 0.85$).

The Denial of Illness Scale showed an internal consistency of 0.60 in the Brazilian sample which is lower than the normative value of the psychiatric patients (0.76; von Zerssen, 1976a). The configuration of the item total correlations and the difficulties are comparable with the psychiatric normative values (von Zerssen, 1976a).

The results for the Complaint List are shown in Table 6. The values confirm the results of the other questionnaires: the Brazilian sample is a group with somewhat severe disorder (mean 35.3) (Von Zerssen 1976b psychiatric group 30.0, depressive patients 33.9 and 35.1).

The correlations for the item total correlations and the difficulties of the Brazilian sample and the psychiatric comparison group are highly significant with values of 0.77 and 0.58 respectively (p). The internal consistency is very high ($= 0.89$) in spite of some items showing low item total correlation.

Discussion

The testing of four well known clinical self-rating scales in a Brazilian version showed that the translated versions altogether demonstrated satisfying values. Especially the internal consistencies of all four instruments are very high with values above 0.80 (with exception of the Denial of Illness Scale of the PDS) although some items of each test have low item total correlations.

The configuration of the item total correlations (with exception of the Depression Scale) and difficulties for the scales from von Zerssen (1976a) are comparable between the Brazilian and the German versions.

For the BDI, this applies only for the difficulties whereas for the item total correlations no significant correlations between Brazilian and German groups could be observed. For the SDS, only the difficulties were available showing a similar pattern for the Brazilian group and the normative values.

Although the sample is very small and selected (especially concerning education level), satisfying values could be obtained. This suggests that the analysed instruments are basically qualified to be used in a Brazilian version. Nevertheless, analysis of larger and more herogenous samples (especially concerning education level) would be desirable.

Table 6 - CL values of the Brazilian sample

RESUMO

Nr. Item-abbreviation	Mean	SD	r_{it}
1 Choking, tightness	1,27	1,32	.67
2 Shortness of breath	1,00	1,16	.59
3 A feeling of weakness	1,64	0,95	.84
4 Difficulty in swallowing	1,05	1,25	.56
5 Stabbing chest pains or twinges	1,32	1,13	.52
6 A sensation of pressure or fullness in the stomach	1,18	1,37	.28
7 Fatigue	2,05	1,00	.60
8 Nausea	1,23	1,11	.67
9 Heartburn or burping due to stomach acidity	1,09	1,27	.49
10 Irritability	1,82	1,14	.57
11 Brooding	2,32	0,84	.70
12 Heavy perspiration	1,32	1,25	-.01
13 Lumbago or back pain	1,55	1,18	.55
14 Inner restlessness	2,50	0,80	.50
15 Heaviness or fatigue in the legs	1,41	1,14	.54
16 Restless feeling in the legs	0,86	0,77	.32
17 Extreme sensitivity to heat	1,68	1,17	.14
18 Extreme sensitivity to cold	1,27	1,24	.17
19 Excessive need to sleep	2,05	1,09	.45
20 Insomnia	2,00	1,02	.37
21 Dizziness	1,73	1,08	.70
22 Trembling	1,14	1,25	.29
23 Neck or shoulder pain	1,18	1,18	.65
24 Weight loss	0,64	0,09	-.02
Mean	1,47	1,11	.46
$\alpha = .89$ Mean = 35.27 (11-63), SD = 13.85			
Correlations (psychiatric patients, von Zerssen, 1976b) Difficulty .77 $p \leq .001$. Item total correlation.58 $p \leq .01$			

LETTNER, K. - *Aplicação de escalas clínicas de auto-avaliação em pacientes depressivos no Brasil: um estudo piloto para teste estatístico. Estudos de Psicologia, 9 (3): 53 - 64, 1992*

O estudo de pacientes depressivos precisa usar instrumentos de acordo com a cultura. Uma entrevista estruturada para diagnóstico psiquiátrico foi aplicada a 22 sujeitos com idade média de 40 anos. Também foram usadas quatro escalas de auto-avaliação. Os resultados mostraram que os instrumentos analisados são basicamente qualificados para uso na versão brasileira.

Palavras-chave: *depressão, psicometria, escalas de auto-avaliação.*

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