Validity of Thai version of Mood Disorder Questionnaire (T- MDQ)

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Background   :   *Bipolar disorder is a severe, chronic relapsing disorder with high morbidity. A valid screening tool of this disorder is useful for early detection and treatment to reduce the morbidity of the patients. Unfortunately, there is no screening questionnaire for bipolar disorder in Thai language. The mood disorder questionnaire (MDQ), a quick self-report screening questionnaire for bipolar disorder, was developed by Robert M.A. Hirchfeld et al. in 2002. The MDQ was translated into Thai language and validated by the authors.*

Objective   :   *This descriptive cross-sectional study has the objective to examine the validity of the Thai version of the mood disorder questionnaire (Thai MDQ) in psychiatric outpatient setting.*

Design   :   *A cross - sectional descriptive study.*

Setting   :   *Psychiatric Outpatient Clinic, King Chulalongkorn Memorial Hospital.*

Method   :   *The subjects were 85 patients from Psychiatric Outpatient Clinic, King Chulalongkorn Memorial Hospital, diagnosed with mood disorders: 44 bipolar disorder, 21 major depressive disorder and 20 adjustment disorder with depressed mood, and 40 normal. They were enrolled into the study from September 1st, 2007 to November 30th, 2007. The instruments used in the study were composed of questionnaires for*

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assessment of demographic data and past psychiatric illness, Thai MDQ, and Mini International Neuropsychiatric Interview (M.I.N.I). Statistical analysis was performed by using SPSS version 11.5 for descriptive statistics, alpha Cronbach coefficient, validity of Thai MDQ including sensitivity and specificity analysis.

Results : *The alpha Cronbach coefficient of the Thai MDQ was 0.8825. Comparing to the diagnosis of bipolar disorder by using Mini International Neuropsychiatric Interview (M.I.N.I) and clinical diagnosis by experienced psychiatrists as gold standard, Thai MDQ at the cut score of 7 had the sensitivity = 0.64 and specificity = 0.96.*

Conclusion : *The Thai version of mood disorder questionnaire had a reliable validity and reliability comparable to its original version . It could be used as a screening instrument for bipolar disorder in a psychiatric outpatient population.*

Keywords : *Validity, mood disorder questionnaire (MDQ), Thai version, bipolar disorder.*

พร ทิสยากร, สุขเจริญ ตั้งวงษ์ไชย, พวงสร้อย วรกุล. ความเที่ยงตรงของแบบสอบถาม Mood Disorder Questionnaire (MDQ) ฉบับภาษาไทย. จุฬาลงกรณ์เวชสาร 2559 ก.ย. – ต.ค.; 60(5): 477 – 88

บทนำ : *โรคอารมณ์แปรปรวนเป็นความผิดปกติทางจิตเวชที่เรื้อรัง รุนแรง และมีอัตราการเจ็บป่วยสูงเครื่องมือคัดกรองที่แม่นยำสำหรับโรคอารมณ์แปรปรวนมีประโยชน์ในการวินิจฉัย และรักษาอย่างรวดเร็ว เพื่อลดอัตราการเจ็บป่วย ยังไม่มีแบบสอบถามเพื่อคัดกรองโรคอารมณ์แปรปรวนในประเทศไทย ในปัจจุบันแบบสอบถาม Mood Disorder Questionnaire (MDQ) ได้ถูกสร้างและ พัฒนาโดย Robert M.A. Hirchfeld et al ในปี 2002 โดยเป็นเครื่องมือที่ผู้ถูกประเมินเป็นผู้ตอบแบบสอบถามเพื่อคัดกรองโรคอารมณ์แปรปรวน ผู้เขียนได้แปล แบบสอบถามจากภาษา อังกฤษเป็นภาษาไทยเพื่อศึกษาความเที่ยงตรงในกลุ่มผู้ป่วยไทย*

วัตถุประสงค์ : *เพื่อศึกษาความเที่ยงตรงของแบบสอบถาม Mood Disorder Questionnaire (MDQ) ฉบับภาษาไทยในการคัดกรองผู้ป่วยโรคอารมณ์แปรปรวน (bipolar disorder) ในแผนกผู้ป่วยนอก*

รูปแบบการวิจัย : *การวิจัยเชิงพรรณนา*

วิธีการศึกษา : *ศึกษาจากผู้ป่วยที่มีปัญหาโรคทางอารมณ์จำนวน 85 คน ได้แก่ bipolar disorder 44 คน, major depressive disorder 21 คน, adjustment disorder with depressive mood 20 คน, และกลุ่มตัวอย่างปกติจำนวน 40 คน ที่มารับการรักษาแบบผู้ป่วยนอกที่โรงพยาบาลจุฬาลงกรณ์ ระหว่าง 1 กันยายน พ.ศ. 2550 - 30 พฤศจิกายน พ.ศ. 2550 เครื่องมือที่ใช้ในการวิจัย ประกอบไปด้วย แบบสอบถามข้อมูลทั่วไป และภาวะความเจ็บป่วยของผู้ป่วย, Mood Disorder Questionnaire (MDQ) ฉบับภาษาไทย, M.I.N.I. (Mini International Neuropsychiatric Interview) ฉบับภาษาไทยวิเคราะห์ทางสถิติ โดยใช้โปรแกรม SPSS version 11.5 เพื่อหาสถิติเชิงพรรณนา ค่าสัมประสิทธิ์ Alpha Cronbach ค่าความเที่ยงตรงของเครื่องมือ (Validity) ได้แก่ ค่าความไว (Sensitivity) และค่าความจำเพาะ (Specificity)*

ผลการศึกษา : *พบว่าแบบสอบถาม Mood Disorder Questionnaire (MDQ) ฉบับภาษาไทยมีค่าสัมประสิทธิ์ Alpha Cronbach = 0.8825 และเมื่อเปรียบเทียบกับการวินิจฉัย Bipolar disorder โดยจิตแพทย์ร่วมกับการสัมภาษณ์ด้วย M.I.N.I. (Mini International Neuropsychiatric Interview) ฉบับภาษาไทย พบว่าที่จุดตัด เท่ากับ7คะแนนของแบบทดสอบ MDQส่วนที่1 มีค่าความไว(Sensitivity) = 0.64 ความจำเพาะ(Specificity) = 0.96*

สรุป   :   *แบบสอบถาม Mood Disorder Questionnaire (MDQ) ฉบับภาษาไทย มีค่า*
                        ความเที่ยงตรง และความเชื่อมั่นดี ไม่แตกต่างจากต้นฉบับภาษาอังกฤษ
                        ในการคัดกรองหาผู้ป่วย bipolar disorder ในแผนกผู้ป่วยนอก

คำสำคัญ   :   *ความเที่ยงตรง, Mood Disorder Questionnaire (MDQ), ฉบับภาษไทย,*
                        bipolar disorder.

Mood disorders are a group of clinical conditions characterized by a loss of that sense of control of the mood and a subjective experience of great distress. [1] The full text revision of the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) categorized mood disorders into several types such as bipolar I disorder, bipolar II disorder, cyclothymia, and bipolar disorder not otherwise specified or so-called bipolar spectrum disorder. [1] Its lifetime prevalence is 2.6 - 6.5% . [3]

Bipolar disorder is a severe, chronic relapsing disorder [4,5] with high morbidity. [6] Its consequences affect many aspects in life involving the patients, families, society, and economic. Therefore, a valid screening for early detection of bipolar spectrum disorder will be useful in prompt treatment to reduce the morbidity of such disorder. [7]

Diagnosis of Bipolar disorder by using clinical assessment according to DSM-IV TR diagnostic criteria was time consuming and required skillful physicians. Many diagnostic tools were invented for quick assessment, early detection, and applicable for clinical settings that was short of specialist. Unfortunately, there are limited instrument for screening bipolar disorder. [8]

In Thailand, there are very few instruments used for evaluating manic episode. The only Young Mania Rating Scale was translated into Thai and studied for validity and reliability. [9] It is the clinician rated instrument for determining severity of the symptoms, response of treatment, and relapse of manic episode. So far, there are no other screening tools in Thai language for detection of bipolar disorder in clinical practices and research.

In 2002, Robert M.A. Hirchfeld *et al.* developed a quick self-report questionnaire called "Mood Disorder Questionnaire "(MDQ). The MDQ is used as a screening tool for bipolar disorder in outpatients settings with good reliability and validity. [10] MDQ has been validated and translated into many other languages such as Finnish, [11] French, [12] Italian, [13] and Turkish[14]; their results revealed good validity. However, MDQ had not been translated and determined its validity in Thailand. Therefore the purpose of this research is to translate MDQ into Thai and examine the validity of the Thai version.

Methods

The objective of this descriptive cross-sectional study is to examine the validity of the Thai version of Mood Disorder Questionnaire (MDQ). Eighty-five patients with mood disorders; including 44 bipolar disorder, 21 major depressive disorder and 20 adjustment disorder with depressed mood, and 40 normal subjects, who were patients' caregivers or relatives, visiting the Psychiatric Outpatient Clinic at King Chulalongkorn Memorial Hospital were randomly enrolled into the study from September 1st, 2007 – November 30th, 2007. The age is between 18 - 65 years old. Those with severe physical and mental illness who could not give valid information were excluded.

The study subjects had the clinical interview by the experienced psychiatrist, and also had the diagnostic interview using Mini International Neuropsychiatric Interview (M.I.N.I) to confirm for their diagnoses as the gold standard in this study. The protocol has been reviewed and approved by Chulalongkorn University Ethics Committee for Human

Research. All subjects involved in this study were asked to give written informed consents. Statistical analysis was done by using SPSS for Windows version 11.5 for descriptive statistics, alpha Cronbach coefficient, the validity of Thai MDQ.

Research tools

The instruments were composed of self-rate questionnaires for assessment of demographic data and psychiatric illness, the Thai version of MDQ (T – MDQ) and Mini International Neuropsychiatric Interview (M.I.N.I). The MDQ is a self-report questionnaire invented by Robert M.A. Hirschfeld to screen mania or hypomania (sensitivity = 0.73, specificity = 0.90). [10] It has 3 parts: Part I contains 13 items that asks about lifetime mood disorders with the forced to choose between, "Yes" or "No", response; Part II examines all the "Yes" answers in Part I whether or not they occur in the same episode; Part III associates severity of the problems and psychosocial consequences which gives the answers ranged from no problem, mild, moderate, and severe effects. The cut-point score was equal to or more than 7 in Part I with sensitivity = 0.73 and specificity = 0.90. The study was done after receiving permission for translating and studying the validity of Thai version of Mood Disorder Questionnaire (T- MDQ) from Dr. Hirschfeld. MDQ was translated by the author into Thai from original MDQ and back-translated into English by a language specialist. Then, it was proof read for its content validity by 5 psychiatrists. After the given informed consent, it was evaluated by 30 bipolar spectrum disorder patients for its face validity. The Mini International Neuropsychiatric Interview was a structured clinical interview translated and developed into Thai language in 2006. [15] Its validity

and reliability was as applicable as SCID (Structured Clinical Interview for DSM-IV) but takes less time to run.

Results

In all, 125 subjects were recruited and screened with T- MDQ. Out of these, 44 patients were diagnosed as bipolar disorder, 21 patients had major depressive disorder, 20 patients had adjustment disorder with depressed mood, and 40 patients' relatives were normal control. Those with bipolar disorders (n = 44) had a proportion of male equal to female (47.7% VS. 52.3%). There were clinical significance between the mean age of depression group and control group (F = 2.695, P = 0.49). The duration of illness and number of previous hospitalization of the bipolar group was significantly higher than the normal subject group (F = 4.992, P = 0.009 and F = 5.823, P = 0.004 respectively), as presented in Table 1.

Figure 1 shows the frequency of each item in part 1 of Thai MDQ. The frequencies of bipolar disorder group, major depressive disorder (MDD) group, adjustment disorder with depressed mood group, normal group and total control group (depression, adjustment disorder, and normal subjects) were compared in each item. The item frequencies of the bipolar group ranged from 40.9% to 81.8% and from 9.9% to 30.0% in the control group. The highest item endorsement in the bipolar group were "Felt so good or hyper", "Less sleep", and "Thoughts raced". The frequency of all items in control group were not more than 30%. All item endorsements of the bipolar group were significantly higher than the control group.

Table 1. Clinical characteristics of patients with bipolar disorder, major depressive disorder, adjustment disorder, and normal subjects.

	Normal subjects (40)	Bipolar (44)	Depression (21)	Adjustment (20)	Statistical parameter	P
Gender (male/female)	14:26	21:23	2:19	7:13	$X^2 = 9.10$	0.028
Age (yr)	34.55 ± 10.65	38.07 ± 14.18	44.67 ± 11.71	38.45 ± 10.65	F = 2.695	0.049*
Duration of Illness (yr)		11.82 ± 0.97	6.38 ± 7.47	4.80 ± 5.81	F = 4.992	0.009**
No. of previous hospitalization		1.64 ± 1.48	1.14 ± 2.20	0.2 ± 0.70	F = 5.823	0.004**

*   Depression > Control by Post hoc Bofferoni, $P = 0.032$

** Bipolar > Adjustment by Post hoc Bonferroni, $P = 0.017$

*** Bipolar > Adjustment by Post hoc Bonferroni, $P = 0.004$

The validity of MDQ

From 125 samples, Thai MDQ with the cut score of 7 in Part I had sensitivity = 0.64, specificity = 0.96, positive predictive value = 0.90, negative predictive value = 0.83, likelihood ratio = 17.3, and accuracy = 0.84. ROC curve was presented in Figure 2 showing the area under the curve = 0.916. This also suggested the validity of the T- MDQ. The T- MDQ had alpha Cronbach coefficient = 0.8825 which showed a reliable internal consistency. There was no value of alpha if the item deleted of each item that are more than the overall alpha Cronbach coefficient.

After cutting Part III (severity of the symptoms in Part I) of the T-MDQ off, the sensitivity increased to 0.733 and the specificity felt to 0.940. Moreover, if Part II (whether symptoms in the part1 occurred in the same episode) and 3 were both cut, the sensitivity of the T-MDQ would raise to 0.841 and the specificity slightly decrease to 0.914. Thai MDQ Part I had the highest performance at the cut score of 7 as shown in Figure 3.

Discussion

The purpose of this study is to translate and validate MDQ into Thai by using Mini International Neuropsychiatric Interview (M.I.N.I) and clinical diagnosis by experienced psychiatrists as gold standard to diagnose bipolar disorder, major depressive disorder and adjustment disorder with depressed mood. The validity of the T-MDQ in this study was consistent with the validity reported from other languages of MDQ. The T-MDQ Part I at the cut score of 7 had the sensitivity of 0.64, the specificity of 0.96, PPV =0.98, and the NPV of 0.83.

However, the T-MDQ appears to have lower sensitivity than the original MDQ. [10] As the MDQ is a self rated questionnaire asking for the manic episode of the life time and psychiatric disorders are stigmatized in Thailand so the subject might downplay their symptom report of severity of their lifetime illness which could lead to lower sensitivity. Moreover, some of the bipolar patients might have the limitation to recall the symptoms when they suffered from the illness which caused lower rating of the items in Part I. Insight
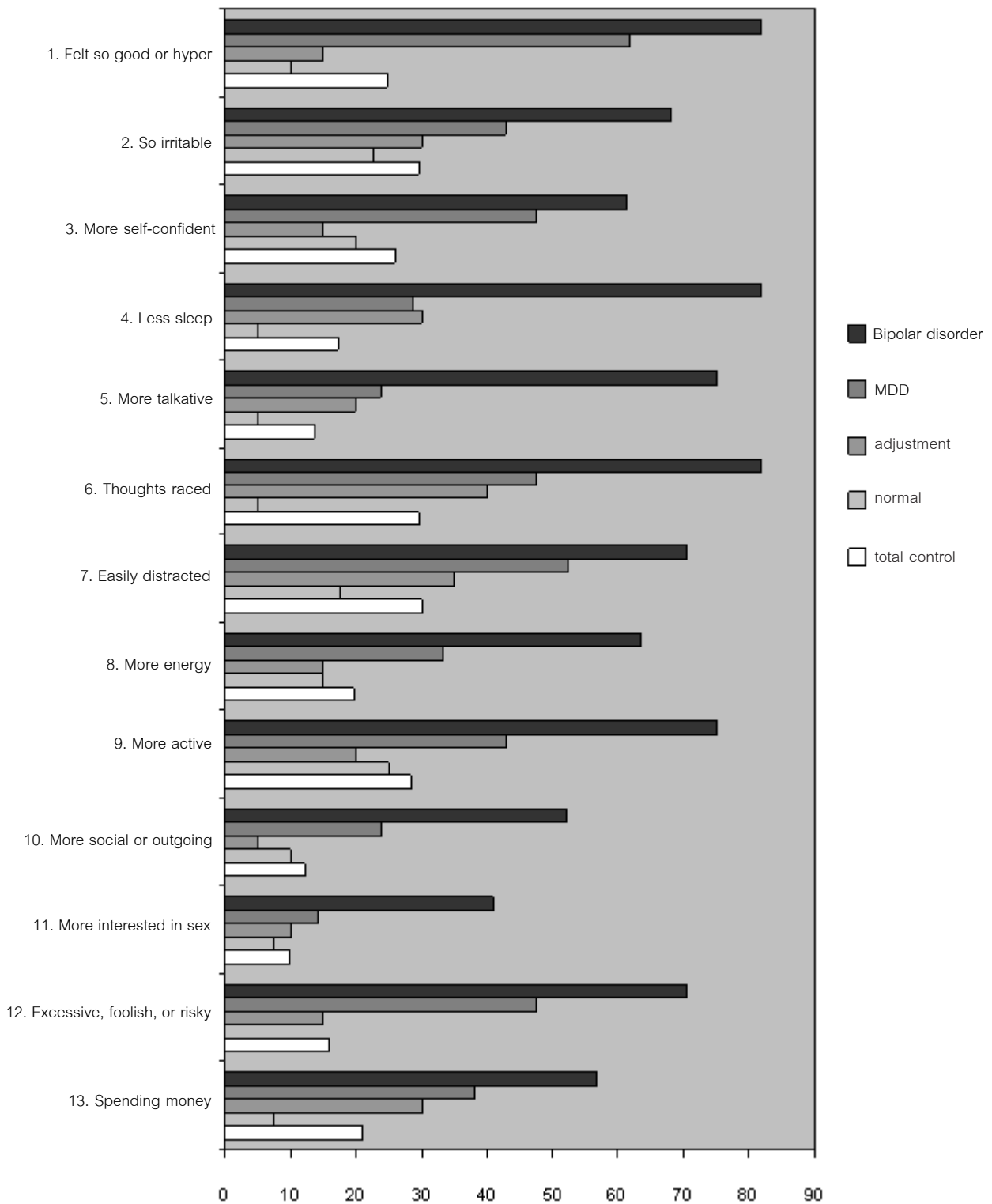
Figure 1. Comparison of Thai MDQ item frequencies between Bipolar disorder and control group.
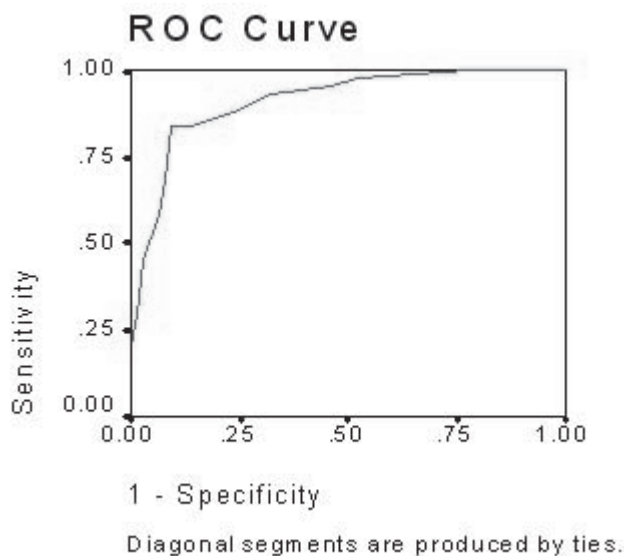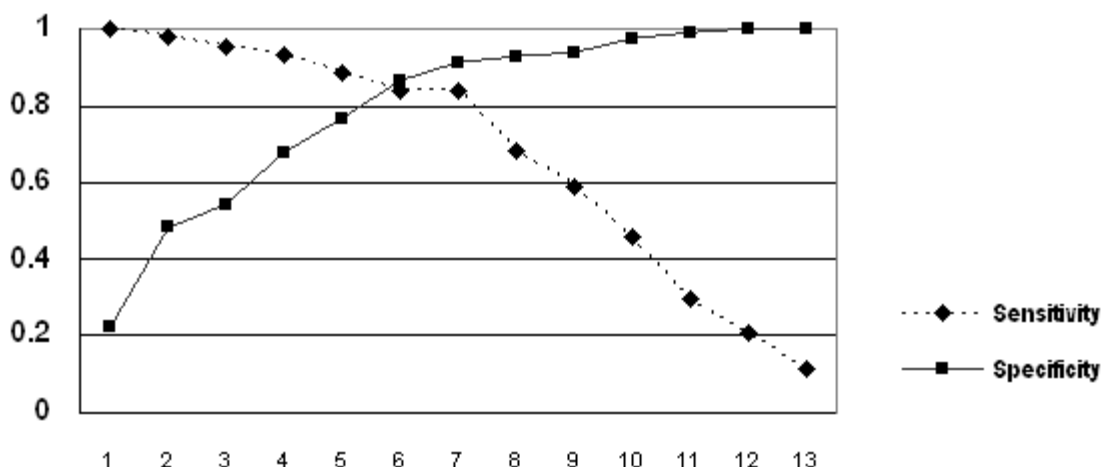
Figure 2. ROC Curve of Thai MDQ.

Figure 3. Performance of Thai MDQ part 1 for various threshold numbers of manic symptoms.

of the illness may also play a role in rating of the questionnaire. The specificity in this research was slightly higher than the original one and maybe concluded to the same reason as sensitivity.

In 2005, Beatrice Weber Rouget *et al.*[12] translated MDQ into French. The sensitivity was 0.74 (Bipolar I = 0.90, Bipolar II disorder/ NOS = 0.54) and specificity was 0.90. They also examined the test – retest reliability and found Kappa coefficient

= 0.79, alpha Cronbach coefficient = 0.89. In our study showed reliability of the the T-MDQ with the alpha Cronbach coefficient of 0.8825 which was similar to the French MDQ.

In 2000 Christopher J. Miller *et al.* [16] examined the effect of insight to the sensitivity of MDQ. Of the 73 patients, overall sensitivity of MDQ was 0.58 and those with bipolar I disorder had sensitivity of 0.69, bipolar II disorder / NOS = 0.30 and specificity 0.67.

Comparing to our research, it was better in sensitivity and specificity. With limited sample size for bipolar groups (most of them are bipolar I disorder), we could not perform the subanalysis for sensitivity of bipolar I disorder and bipolar II disorder/NOS separately. Christopher J. Miller *et al.* suggested that part III of MDQ should reduce the severity criteria or may cut this part out in order to increase the sensitivity of the instrument without decreasing the specificity. This finding agrees with our result, when we cut part III of Thai MDQ out, the sensitivity increased to 0.773 and the specificity slightly fall down to 0.940.

Robert M.A. Hirschfeld *et al.* [17] had studied the validity of MDQ in 711 community populations and found the sensitivity = 0.281, specificity = 0.972. Meanwhile the purpose of this research was to examine the validity of the T-MDQ, the sample population was limited only to the outpatient setting. Therefore, the upcoming study should be done in a larger population.

In order to differentiate the validity between bipolar I disorder, bipolar II disorder and bipolar NOS in Thai population, The T- MDQ should be studied in a greater sample size. As for practical and applicable screening purposes, a further study should be carried out in the community to detect bipolar spectrums disorder in normal population.

Conclusion

The T-Mood Disorder Questionnaire is a valid and reliable screening instrument for bipolar disorder in a psychiatric outpatient population. The performance of The T- MDQ is comparable to the original study in America.

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Appendix:

Mood Disorder Questionnaire

คำแนะนำในการตอบแบบสอบถาม: กรุณาตอบคำถามตามความรู้สึกที่เป็นจริงในช่วงชีวิตที่ผ่านมา

		ใช่	ไม่ใช่
1.	เคยมีช่วงระยะเวลาใดเวลาหนึ่งในชีวิตที่ผ่านมาที่คุณรู้สึกไม่เป็นตัวของตัวเองตามปกติ และ....		
	....คุณรู้สึกอารมณ์ดีมากๆ หรือ กระตือรือร้นมากๆ จนผู้อื่นคิดว่าคุณไม่ปกติ หรือคุณทำอะไรมากเกินไปจนทำให้ตัวคุณเองเดือดร้อน?		
	....คุณหงุดหงิดง่ายจนคุณพูดเสียงดังใส่คนอื่น หรือ ก่อเหตุทะเลาะวิวาท หรือ ชกต่อยกัน?		
	....คุณรู้สึกมั่นใจในตนเองมากกว่าปกติ?		
	....คุณนอนน้อยลงกว่าปกติมาก และ รู้สึกเหมือนไม่ได้อดนอน?		
	....คุณพูดมากขึ้น หรือพูดเร็วมากกว่าปกติ?		
	....คุณมีความคิดพลุ่งพล่าน หรือ คุณไม่สามารถสงบจิตใจได้?		
	....คุณวอกแวกกับสิ่งต่าง ๆ รอบตัวคุณได้ง่าย จนคุณไม่มีสมาธิ หรือไม่สามารถจดจ่อในเรื่องใดเรื่องหนึ่ง?		
	....คุณมีเรี่ยวแรงมากกว่าปกติ?		
	....คุณกระฉับกระเฉงมากขึ้น หรือทำสิ่งต่างๆ มากกว่าปกติ?		
	....คุณชอบเข้าสังคม หรือ พบปะผู้คนมากกว่าปกติ เช่น คุณโทรศัพท์หาเพื่อนกลางดึก?		
	....คุณมีความสนใจในเรื่องทางเพศมากกว่าปกติ?		
	....คุณทำสิ่งต่างๆ ที่ผิดวิสัยของคุณ หรือ ทำสิ่งที่ผู้อื่นอาจคิดว่ามันมากเกินควร หรือมีความเสี่ยง?		
	....คุณใช้จ่ายเงินจนทำให้ตัวเอง หรือ ครอบครัวของคุณเดือดร้อน?		
2.	ถ้าคุณตอบ "ใช่" มากกว่าหนึ่งข้อในคำถามข้างต้น เหตุการณ์ต่างๆ เหล่านี้ส่วนใหญ่เกิดขึ้นในช่วงระยะเวลาใกล้เคียงกันใช่หรือไม่ กรุณาเลือกวงเพียงหนึ่งคำตอบเท่านั้น ใช่ ไม่ใช่		
3.	เหตุการณ์ต่างๆ เหล่านี้ส่งผลกระทบต่อคุณในขณะนั้นมากเพียงใด-เช่น มีผลให้คุณทำงานไม่ได้; มีปัญหาในครอบครัว, ด้านการเงิน, หรือ ด้านกฎหมาย; ทำให้คุณเข้าไปมีส่วนในการโต้เถียง หรือ ทะเลาะวิวาท? กรุณาเลือกวงเพียงหนึ่งคำตอบเท่านั้น ไม่ก่อปัญหา ก่อปัญหาเล็กน้อย ก่อปัญหาปานกลาง ก่อปัญหารุนแรง		