



Eliminating Unspecific Psychiatric Diagnoses Using a Structured Clinical Interview

Gabriela Mimbela MSN, APRN, PMHNP-BC

Introduction

The initial assessment of a psychiatric evaluation should provide sufficient information for an accurate diagnosis. The collection of quality data provides the PMHNP with a strong foundation to support treatment recommendations and leads to improvements in patient outcomes.

Problem

The Structured Clinical Interview for DSM-V is the "gold standard" for guiding the assessment of psychiatric illness in individuals. However, time constraints and training requirements have limited its use in clinical practice. The lack of a consistent interview process leads to discrepancies when evaluating prior diagnosis, severity of illness and level of functioning.

Context

Reflective Practice

After reviewing a ten-day reflective log of current clinical practices, a significant number of non-specific psychiatric disorders were documented at the end of visit. Eleven of sixteen adult initial assessments provided inadequate data in the interview process to form a formal diagnosis.

Literature Review

- Supporting SCID-5 as Evidence Based Practice
- Clinical Journal of Epidemiology (2020)
- International Journal of Methods in Psychiatric Research (2021)
- Journal of Psychopharmacology (2016)
- Nordic Journal of Psychiatry (2015)
- The Canadian Journal of Psychiatry (2017)

Methods

PICOT Question

In adults ages 18 to 35 requesting an initial evaluation, how does use of the SCID-5-CV compare to the use of the PHQ 9, GAD 7 and MDQ by the PMHNP in the interview process affect the result of non-specific psychiatric disorders being diagnosed within an hour?

Intervention

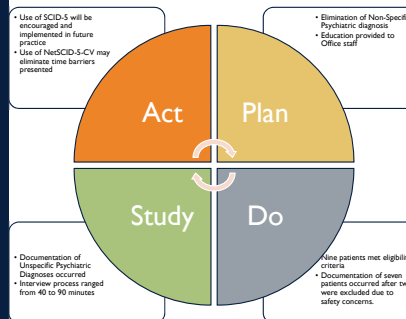
The SCID-5-CV and User's Manual were purchased following project approval. The paper version of the SCID-5-CV was scanned and made electronically available for the PMHNP to duplicate. An individual PDF was created for each participant who met criteria and saved into their electronic health record.

Quality Measures

Process Measure: All documented diagnoses will address DSM-5 criteria. This will decrease the risk of clinician bias and the opportunity for mistaken and/or underdiagnosis.

Outcomes Measure: Empirically supported treatment will be provided by the PMHNP to address the specific diagnosis.

Study of Intervention



Findings

Results

- Nine patients met eligibility criteria, two were excluded
- SCID-5-CV was used in the evaluation of
 - Five women; two men
 - Ages 18 to 60
 - Four via telehealth; three in person
- All seven evaluations resulted in the documentation of specified psychiatric diagnoses at the end of the initial evaluation

Mood Disorders
Major Depressive Disorder, single episode, mild F32.0
Major Depressive Disorder, single episode, moderate F32.1
Major Depressive Disorder, single episode, severe without psychotic features, F32.2
Major Depressive Disorder, recurrent, moderate F33.1
Major Depressive Disorder, recurrent severe, without psychotic features, F33.2
Dysthymic Disorder, F34.1
Anxiety Disorders
Generalized anxiety disorder, F41.1
Post-traumatic stress disorder, chronic F41.12
Panic Disorder (episodic paroxysmal anxiety) F41.0
Substance Use Disorders
Alcohol dependence with withdrawal, with perceptual disturbance F10.232
Cocaine use disorder, moderate in early remission F14.11

Barriers

- The administration of the SCID-5-CV ranged from 40 to 90 minutes. Time allotted for initial evaluations in current practice is one hour.
- Documentation of PHQ-9, GAD-7, and MDQ questionnaires results are required in the initial assessment.
- A Spanish version of the SCID-5-CV is not available.

Summary

Discussion

The use of highly reliable and quality diagnostic tools is necessary in routine practice. The use of varying assessment methods can increase the risk of misdiagnoses, and failure to recognize the severity of illness. Furthermore, guiding medication and treatment recommendations based on low quality information can harm to the patient and delay appropriate treatment methods.

Future Practice

Use of the SCID-5-CV will continue to be used in clinical practice. Its use has demonstrated a significant benefit to the patient's current and future well-being. Increased use will further demonstrate a benefit in improving patient's outcomes and qualifying for supportive services.

References

Brodey, B., Purcell, S. E., Rhea, K., Maier, P., First, M., Zweek, L., Sinistera, M., Nunn, M. B., Austin, M., & Brodey, I. S. (2018). Rapid and accurate behavioral health diagnostic screening: initial validation study of a web-based, self-report tool (the SAGE-SR). *Journal of Medical Internet Research*, 20(3), e9428. <https://doi.org/10.2196/jmir.9428>

Davis, K. A., Sudlow, C. L., & Hotopf, M. (2016). Can mental health diagnoses in administrative data be used for research? A systematic review of the accuracy of routinely collected diagnoses. *BMC Psychiatry*, 16, 263. <https://doi.org/10.1186/s12888-016-0963-x>

Newton, J. J., Hunter, D., & Thiagarajan, T. C. (2020). The heterogeneity of mental health assessment. *Frontiers in Psychiatry*, 11, 76. <https://doi.org/10.3389/fpsyg.2020.00076>

Osório, F. L., Loureiro, S. R., Hallak, J. E. C., Machado-de-Sousa, J. P., Ushirohira, J. M., Baes, C. V. W., Apolinario, T. D., Donadon, M. F., Bolsani, L. M., Guimarães, T., Fraccon, V. S., Silva-Rodrigues, A., Pizeta, F. A., Souza, R. M., Sanchez, R. F., dos Santos, R. G., Martin-Santos, R., & Crispa, J. A. S. (2019). Clinical validity and intrarater and test-retest reliability of the Structured Clinical Interview for DSM-5 – Clinician Version (SCID-5-CV). *Psychiatry and Clinical Neurosciences*, 73(12), 754–760. <https://doi.org/10.1111/pcn.12931>