Congruence Between Psychiatrist, Inpatient Child and Parent Regarding Depressive Diagnosis  
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Abstract

Objective: This study on inpatient children reports on the congruence of a clinician’s DSM-IV diagnosis versus a patient-administered scale (CDI) versus the parent’s report of depression.

Methods: The sample comprised 111 children, 5 to 15 years of age admitted to our child psychiatry unit. Sixty-three of the children had a DSM-IV diagnosis of depression and 48 did not. Children completed the CDI.

Results: CDI scores differed significantly ($p < .0001$) between children with depression and children without depression. Positive and negative predictive power were high (79% and 61%). Within the depressed group, percent agreement for depression was 81% for the child psychiatrist and child, and 81% for the psychiatrist and parent.

Conclusion: The CDI is a valuable instrument in the inpatient assessment of children and is a good predictor of depressive diagnosis.

CDI Scores

CDI scores differed significantly ($t = 4.2, p = .0001$) between children with clinical diagnoses of depression ($M = 19.5, SD = 10.4, range 1-46$) and children without depression ($M = 10.7, SD = 7.4, range = 0-29$) (Figure 1).

Diagnostic Accuracy

The CDI cutpoint which maximized diagnostic accuracy was 12. Seventy-nine percent of children with a clinical diagnosis of depression had a CDI score of 12 or higher and, therefore, were correctly classified as depressed (sensitivity). Specificity (percent correctly identified as not depressed) was 73%. Positive and negative predictive power were also high. Seventy-nine percent of children with abnormal CDI scores were depressed, and 61% with normal scores were not depressed, based on their clinical diagnoses (Figure 4).

Percent Agreement

Within the depressed group, percent agreement for depression was 81% for the child psychiatrist and child and 81% for the psychiatrist and parent ($z = 4.4, p < .0001$). However, only psychiatrist-child agreement was close to significant for children without depression, with 68% of these children rating themselves as not depressed on the CDI ($z = 1.9, p = .06$). Psychiatrist-parent agreement in the nondepressed group was only 46% ($z = 0.4, p = .71$). Overall parent-child agreement was 70% ($z = 3.6, p = .0003$). In 52% of the cases, the parent and child agreed that the child was depressed, 18% agreed that the child was not depressed, and 30% disagreed. When parents and children disagreed, parents were more likely than the child to perceive the child as depressed. Overall percent agreement was similar for the parent and child (70%), psychiatrist and child (76%), and psychiatrist and parent (69%), $z = 3.4 - 4.1, p < .001$ (Figure 2).

Diagnostic Accuracy of CDI Items

Nine of the CDI items significantly differentiated between children with and without clinical diagnoses of depression at $0.01 (z^2 = 6.8 – 16.1)$. For this analysis, items were scored as positive or negative (e.g., # 7 “I like myself” = positive and “I do not like myself” and “I hate myself” = negative). The percentages of children with and without depression who endorsed the negative responses are reported in descending order of significance in Figure 3.

Summary:

• The CDI is a valuable instrument in the inpatient assessment of children.

• The CDI is a good predictor of depressive diagnosis.

• The strong agreement between the clinician and parent is in contrast to some previous studies.

• The alternate cut point of 12 may help in clinical assessment of an inpatient population.
Figure 1: Children's Depression Inventory Mean Scores

- Depressed: 19.5
- Not depressed: 10.7
- Normal (Kovacs): 9.3

Figure 2: Overall Parent-Child Agreement

- Agreed child depressed: 18%
- Agreed child not depressed: 52%
- Disagreed: 30%

Figure 3: CDI Questions

- Not like self (p=.0000): 6%
- Sleeping (p=.0000): 16%
- Cries (p=.0001): 19%
- Killing self (p=.0008): 26%
- Bothered (p=.0008): 23%
- Schoolwork (p=.002): 23%
- Not make up mind (p=.003): 42%
- Thinks wrong (p=.003): 13%
- Not good (p=.009): 32%

Figure 4: Diagnostic Accuracy

- Sensitivity (Se): 79
- Specificity (Sp): 73
- Positive Predictive Value: 79
- Negative Predictive Value: 61