The Use of Common Psychological and Psychiatric Screening Instruments in Persons with Chronic Fatigue Syndrome and/or Fibromyalgia Syndrome

Eleanor Stein, MD, FRCP (C)
Quest 2003

Chronic Fatigue Syndrome (CFS) and Fibromyalgia Syndrome (FM) are two disabling, multi-systemic and multi-factorial disorders for which there are not yet gold standard objective diagnostic tests. Never the less for purposes of disability compensation, objective evidence of illness and disability is sought to confirm a patient's subjective experience. In order to defend against patients who may fake or exaggerate symptoms which can't be proven to exist or not exist, assessment of such patients for insurance purposes often includes the use of common psychological screening instruments which allow quantification of symptoms and indication of prevarication.

The problem with the instruments most commonly used is that they have been designed to detect psychological disorder in physically healthy people and the items have been designed and/or normed with physically healthy populations. As a result somatic items such as fatigue, nausea, sleep disorder, gastrointestinal symptoms or concentration problems are scored as an indication of psychological disorder.

Researchers have pointed out the over diagnosis of psychological disorders in patients with medical problems such as Rheumatoid Arthritis (RA), CFS and FM when instruments such as the Minnesota Multiphasic Personality Inventory (MMPI), Beck Depression Inventory (BDI), General Health Questionnaire (GHQ) and the Diagnostic Interview Schedule (DIS) are used. These are among the most commonly used and best validated screening tests in physically healthy people.

Pincus et al reported that patients with RA have elevated scores on the hypochondriasis, depression and hysteria scales of the MMPI not because they are psychologically distressed but because their physical symptoms load to these scales (Pincus *et al*, 1986). Goldenburg adds that the use of the MMPI is inappropriate for any patients with chronic pain because of the high false positive rate (Goldenberg, 1989). This hypothesis has been proven in two studies that demonstrated normalization of abnormal MMPI scores after treatment of chronic pain (Mongini *et al*, 1994;Sternbach & Timmermans, 1975).

Farmer et al have reported that the use of the BDQ (the most common self report depression inventory) and the GHQ (screen for psychological distress) are

inappropriate in patients with CFS because the items which load for depression and psychological distress overlap with the diagnostic criteria for CFS. Similarly, Taylor et al have reported that the DIS, a structured interview over diagnoses DSM IV psychiatric disorders in patients with CFS because of symptom overlap (Taylor, 1998). Johnson et al have shown that if somatic items on the DIS are scored as having a psychological origin the prevalence of somatization disorder in CFS is over 90% whereas if these items are attributed to the physical illness the prevalence of somatization disorder in CFS is 0% (Johnson *et al*, 1996).

These studies suggest that attribution of somatic symptoms is the most important aspect of scoring screening instruments and that if a tester does not attribute the cause of symptoms correctly the test conclusions will be incorrect. When tests are scored by computer or using an inflexible algorithm correction of attribution is not possible.

The Hospital Anxiety and Depression scale (HAD) is a suitable self report instrument to screen for depression or anxiety in patients with CFS or FM because it was designed and normed on medically ill patients (Morriss & Wearden, 1998). The Semi-Structured Clinical Interview for DSM IV (SCID IV) is considered the gold standard for psychiatric diagnosis in medically ill patients (Taylor, 1998). This interview is laborious, requires a trained interviewer and is not generally used in clinical practice.

Finally, the impact of the attitudes of health professionals, insurers and society towards people with serious, chronic disorders for which no objective evidence is available with current medical technology should not be underestimated. Many patients appear highly anxious, distrustful and defensive in an interview especially when they have not developed a therapeutic relationship with the interviewer and/or when they suspect the interviewer does not believe the validity of their complaints. This is especially likely when previous experiences with health professionals have been traumatic.

Anxiety and mistrust on the part of patients will affect the subjective impressions of interviewers and the scores on such instruments as the MMPI, BDI, GHQ and DIS. Therefore, the use of these instruments is only appropriate when they are hand scored, somatic items are accurately attributed, and contextual issues are taken into account. Over the course of a supportive, ongoing therapeutic relationship, iatrogenically (resulting from treatment by physicians) induced attitudes on the part of patients will wane and the health professional will be able to more accurately assess a patient's psychological health. Use of the HAD and/or the SCID are appropriate when a standardized appraisal is required for assessment and/or research purposes.

References

Goldenberg D.L. Psychological symptoms and psychiatric diagnosis in patients with fibromyalgia. *J.Rheumatol.Suppl*, 19:127-130, 1989.

Johnson S.K., DeLuca J., & Natelson B.H. Assessing somatization disorder in the chronic fatigue syndrome. *Psychosomatic Medicine*, 58:50-57, 1996.

Mongini F., Ibertis F., & Ferla E. Personality characteristics before and after treatment of different head pain syndromes. *Cephalalgia*, 14:368-373, 1994.

Morriss R.K. & Wearden A.J. Screening instruments for psychiatric morbidity in chronic fatigue syndrome. *Journal of the Royal Society of Medicine*, 91:365-368, 1998.

Pincus T., Callahan L.F., Bradley L.A., Vaughn W.K., & Wolfe F. Elevated MMPI scores for hypochondriasis, depression, and hysteria in patients with rheumatoid arthritis reflect disease rather than psychological status. *Arthritis Rheum.*, 29:1456-1466, 1986.

Sternbach R.A. & Timmermans G. Personality changes associated with reduction of pain. *Pain*, 1:177-181, 1975.

Taylor R.R. & J.L.A. Comparing the DIS with the SCID: Chronic fatigue syndrome and psychiatric comorbidity. *Psychology and Health: The International Review of Health Psychology*, 13:1087-1104, 1998.

Dr. Stein. (Psychiatry) 2523 - 16 A St. SW, Calgary, AB T2% 4L8 Phone: 403-287-9941