



Diagnosing Premenstrual Dysphoric Disorder: The Reliability of a Structured Clinical Interview



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Abstract

The reliability of a structured clinical interview for Premenstrual Dysphoric Disorder (PMDD) was assessed with 96 participants spanning the full range of premenstrual problems. The interview had high item-level inter-rater agreement and overall diagnostic reliability ($\kappa = 0.96$), thus providing a sensitive and reliable measure of symptoms and impairment criteria for PMDD.

Introduction

- PMDD is included as a diagnosis for further study in the DSM-IV-TR.
- PMDD is a complex, chronic, psychoneuroendocrine disorder that affects functioning and well-being and continues throughout the reproductive years.
- Prevalence of PMDD is 6%, with an additional 19% identified as ‘near-threshold’ cases (Witthen, 2002).
- The criteria for a diagnosis of PMDD as described in the DSM-IV-TR include at least five of 11 symptoms, including at least one of the mood symptoms, that are severe pre-menstrually and abate post-menstrually. Symptoms:
 - markedly impaired functioning
 - are not an exacerbation of another physical or mental disorder; and
 - are confirmed by daily ratings for at least two consecutive menstrual cycles.
- The 11 PMDD symptoms comprise depressed mood, anxiety/tension, mood swings, irritability/marked anger, decreased interest, difficulty concentrating, fatigue, appetite changes, sleep difficulties, feeling out of control and physical symptoms (APA, 2000).

Interview Rationale

The Structured Clinical Interview for DSM-IV-TR Premenstrual Dysphoric Disorder (SCID-PMDD) was developed to aid researchers and clinicians in the assessment of the DSM-IV criteria for PMDD.

Self-report measures, the Daily Record of Severity of Problems (DRSP; Endicott, Nee, & Harrison, 2006) and the Premenstrual Symptoms Screening Tool (PSST; Steiner, Macdougall & Brown, 2003) are useful for daily diary tracking and screening of symptom severity, respectively. The utility of a consistent clinician-administered structured interview motivated the present investigation.

To facilitate the assessment of the specific DSM-IV-TR criteria for PMDD, the eleven psychological and physical symptoms of criterion A (DSM-IV-TR, 2000, p. 771) were phrased in a detailed layperson format similar to items on the Structured Clinical Interview for DSM-IV (SCID, First, Spitzer, Gibbon & Williams, 1994).

Specific questions were added after each of the eleven symptoms to assess for timing during cycle, number of cycles symptoms were experienced, number of days the symptoms persisted, and whether symptoms resolved by the time the menstrual period had ended.

Methods

All clinical diagnostic interviewing occurred during face-to-face clinical assessments by one of two trained Master’s level interviewers using the module for Major Depressive Disorder (MDD) from Structured Clinical Interviews for the DSM-IV-TR Axis I (SCID-I; First et al., 1994) and the SCID-PMDD created for this study.

A third Master’s level interviewer listened to the recorded interviews and made independent ratings of both MDD and PMDD based on the interviews. These ratings were then used to assess both symptom-level and diagnostic level inter-rater agreement.

A total of 96 participants were interviewed. They varied greatly in their constellation and severity of premenstrual changes.

Results

Question: Did the raters agree on each item of the PMDD-SCID?

Answer: Yes. The inter-rater agreements by item (ICC) were, with the exception of A11 (Physical Symptom Item, ICC = 0.86), all over 0.90.

Interview Item	ICC	% Endorsement
A1: Feels depressed, hopeless, critical of self	1.00	6.7
A2: Feels anxious, tense, keyed up, on edge	1.00	15.4
A3: Feels sad, tearful, more sensitive	0.97	21.1
A4: Feels angry, irritable, have increased conflicts	0.91	17.2
A5: Loss of interest or pleasure	0.93	5.2
A6: Trouble thinking or concentrating	1.00	1.2
A7: Low energy	0.97	22.9
A8: Unusual appetite/cravings	0.95	27.1
A9: Sleeping Problems	1.00	7.5
A10: Feels overwhelmed or out of control	0.93	5.5
A11: Physical symptoms (e.g., breast tenderness/cramps)	0.86	34.1
A12: At least 5 of A1-A11 are + and at least one A1-A4 is +	0.97	15.2
A13: Interferes with functioning	0.96	13.9
A16: Criteria for PMDD are met	0.97	12.4

Note: For all interview items A1 to A11, an item is scored as present only if criterion is met during the late luteal phase, but not at other times of the menstrual cycle.

Question: Was the overall diagnosis of PMDD reliable?

Answer: Yes. The two clinicians had almost perfect agreement regarding the diagnosis of the 96 women ($\kappa = 0.96$).

Discussion

The inter-rater reliability values reported are high and quite satisfactory for the purposes for which the SCID-PMDD was designed: differential diagnosis and evaluation of severity of PMDD related symptomatology and impairment.

□ This screening interview:

- is not confirmatory, as a prospective daily diary report of two months duration is required to unequivocally substantiate the diagnosis (DSM-IV-TR, 2000).
- renders a provisional diagnosis and be used to identify a sample worth following more closely, or to exclude from further consideration a sample not likely to have PMDD.
- reduces burden on patients by reducing the number who must complete a daily diary for two months, and can reduce burden on practitioners or researchers that would need to monitor the completion of the daily diary.
- is also not a replacement for the DRSP (Endicott et al., 2006), but the SCID-PMDD may have both clinical and research utility and be a useful tool after the PSST and in combination with the DRSP or other daily diary assessment tool.

□ Future investigations could profitably compare the SCID-PMDD to the DRSP and PSST in terms of diagnostic agreement, sensitivity and specificity.

The clinical utility of this interview is in its **ease of use, structure, and high reliability.**

The authors wish to thank Tamara Schneider, Andrew Bismark, and myriad research assistants for their efforts in recruiting and testing participants. Reprints and copies of the interview available from www.psychofizz.org

