Chapter 3  Standardized Instruments for the Evaluation of Affective Disturbances in Spain and Spanish-Speaking Countries

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In Spain, as in other countries, the instruments for the evaluation of psychiatric conditions proliferated first as a consequence of the need to evaluate psychopathological changes after the introduction of psychopharmacological treatments, and later because of the interest in the epidemiology of psychiatric conditions.

Spanish psychiatry over the past decades has had its scientific roots in phenomenological orientations, and has as a common denominator an eclectic attitude to the schools of other countries (German-, French-, and English-speaking). Therefore it has had no difficulty in adopting the basic concepts which underlie the majority of the systems of evaluation. These principles are valid for psychiatry in the rest of the Spanish-speaking countries, although during the last few decades the social, cultural and political situation in them has led to the rise of a social psychiatry, too politically involved and in which the evaluative research has had very low priority. This trend is changing now, owing to the changing political situation in many countries and to the influence of psychiatrists trained abroad (in Spain, the United States, United Kingdom, Federal Republic of Germany, France, and Canada).

There are two approaches, more often complementary than not, for the evaluation of affective disturbances: the specific partial scales and the comprehensive systems. The former are more suitable for the measurement of changes induced by therapy or for epidemiological surveys; the latter can provide information for diagnosis or psychopathological classification, although both approaches have been used for various purposes. In addition, personality measurement instruments are sometimes used for the evaluation of affective disorders. Three of them have been thoroughly investigated for reliability and validity: MMPI (Minnesota Multiphasic Personality Inventory: TEA, [25]), 16PF [24] and CEP (“Control, Extroversión, Paranoidismo,” [21]).

Regarding the specific partial scales and questionnaires, Conde [10] has made a major contribution by translating them into Spanish and in standardizing and validating them in Spain. He has done field reliability studies and proposed some modifications of the original scales. The following scales have been validated and standardized by Conde:

- Hamilton Rating Scale for Depression in different configurations (21 items, 17 items, 24 items, melancholia subscale of 6 items by Beck) and forms of application (individual, for small groups, for large groups) [10]
- Zung’s Self-Rating Depression Scale. The Spanish version, which bears the name Zung-Conde [3], is the most widely used in epidemiological surveys, owing to its validation [6] and standardization [5] in Spanish. There are versions for general application, and Conde has been able to describe a fourth factor besides the three described by Zung (depressive factor, biological factor, and psychosocial factor), the psychosocial factor [4].
Conde has also published studies on the Beck depression inventory and the Beck-Pichot depression and anxiety inventory [7–9] in its different versions, which are correctly validated and standardized. Other instruments have been translated and are more or less widely used, although no validation or standardization studies have yet been carried out. The most common are: the Montgomery-Åsberg depression scale, the Carroll Rating Scale for Depression, the Hamilton Anxiety Rating Scale, Zung’s Anxiety State Inventory, the Taylor Manifest Anxiety Scale or Iowa Manifest Anxiety Scale, the Raskin Depression Screen, the Covi Anxiety Scale, and the Anxiety and Depression Scale (ADS) by Hassanyeh, et al. [10]. Some scales are used for specific measurements in affective patients: López-Ibor Jr. has translated the von Zerssen Scale (unpublished), which measures premorbid personality of depressive patients (typus melancholichus Tellenbach), and Ramos and Irala [22] have developed an original scale for the measurement of obsessive personality traits that can be used for the same purpose. Ledesma’s scale of aggressivity [13] is in the developing stage. Until now the “Test miokinético” of Mira y López [18] has been used for the evaluation of aggressivity in affective disorders [19].

For surveys with nonpsychiatric patients and with the general population, Goldberg’s questionnaire has been widely studied and applied [20].

The use in Spain of the Diagnostic and Statistical Manual of Mental Disorder (DSM-III) has introduced the study of “life events”, translated into Spanish as acontecimientos or sucesos vitales,” validating the original questionnaires [11], using parts of comprehensive systems (AMDP [23]) or developing original item lists [2].

The trend toward the use and development of comprehensive documentation systems of psychopathology has been very significant in Spain. Several of them have been translated and adapted by Barcia, such as Perris’ Multiaspect Classification Model (MACM) and Overall’s Factor Construct Rating Scale (FCRS) [1]. The system of the Arbeitsgemeinschaft für Methodologie und Dokumentation in der Psychiatrie (AMDP) has been translated by J.J. López-Ibor Jr. [14, 17] in Spain and Heinze [12] in Mexico. A section of Spanish-speaking countries of the working group has been created (chairman, J.J. López-Ibor Jr.), and basic studies have been carried out by Sánchez Blanqué [23].

The Computerized Unified Psychiatric Clinical Record (Historia Clinica Unificada, HCU) [15, 16] presents an original approach. It is an attempt to overcome the problem that traditional clinical records and case histories do not contain data suitable for use in research, and that data collected by a specific research method usually do not find their way into present-day management records. The HCU tries to combine both approaches, research and everyday clinical practice. It is a conventional clinical record, with three kinds of data in the same folder: (a) ordinary clinical texts, (b) well-defined items to be processed by computer, and (c) short texts, also to be processed by computer. The definition of the items in (b) is provided in every folder, making the use of complementary booklets unnecessary. These data can be used in research because of their clear definition. The free texts in (c) provide flexibility of the computerized data which is important in everyday practice. Both (b) and (c) are a summary of the ordinary texts in (a), that is, of the case history. In addition, the computer is programmed to provide a summary of the clinical report written in plain language, by combining the items in (b) and the texts in (c). In other words, the computer not only stores information for research purposes, but also