Depressive Disorder in Children and Adolescents:
Dysthymic Disorder and the Use of Self-Rating Scales in Assessment

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ABSTRACT: The authors describe a pilot study on depressed children and adolescents, where the DSM-III diagnosis on clinical interviews is compared to the results from two self-rating scales on 35 children and adolescents referred to the researchers. These 35 subjects were seen as depressed by their primary helpers. The value of the self-rating scales is mentioned and the usefulness of the category "dysthymic disorder" is commented upon.

The diagnosis of depression in children and adolescents is well accepted and the criteria used are well delineated.¹ The more controversial diagnosis of dysthymic disorder is more all-encompassing and includes dysphoria and anhedonia, and twelve other criteria including: poor performance in school, lack of ability to concentrate, and irritability and excessive anger towards parents and caretakers.² These last three criteria are present in the separation anxiety disorders, attention deficit disorders, and conduct disorders. Some dysthymics respond to antidepressants and for this, if for no other reason, careful diagnosis is important.

We are interested to see what proportion of 8- to 17-year-olds referred to us as having depressive symptoms would be diagnosed as having dysthymic disorder. Also, we wanted to see whether rating scales distinguished between affective and non-affective disorders and between major affective and dysthymic disorders.

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The importance of different sources of information in making diagnoses in child and adolescent psychiatry is only recently being stressed. We wanted to compare several self-report scales and parent scales and to see how they correlated with the diagnosis on psychiatric interview. Children are often seen as not capable of, or reliable in, reporting depressed feelings, and recent finding show that child and parent reports of depression are discrepant.°

These interests led to the pilot study we report here.

Procedure

Thirty-five subjects ages 8 to 17 years and suspected of being depressed were referred over a one-year period from the psychiatry out-patient, in-patient, and emergency services where about 300 new cases under ages 18 years are seen annually. No patients with signs of mental retardation or organicity were included. These 35 subjects were assessed by a psychiatric interview, three self-report scales, and two questionnaires completed by parents or parent surrogates when available (some will be described elsewhere).

Usually the psychiatric interview was done first. At all times, the interviewers were blind to the results of the other procedures.

On each subject, the interviewing psychiatrist made a DSM-III Axis I diagnosis, based on an interview with the child and referral information. The DSM-III criteria for diagnosing affective disorders were carefully used for each subject and questions for each criterion asked. Regardless of diagnosis, each child was rated on a Dysthymic Check List (DCL) containing the 14 criteria, each rated on a three-point severity scale. The DCL allowed us to derive a measure and the number of the severity of depressive symptoms in all cases referred.

Interrater reliability between the two psychiatrists was conducted on a subsample of the first 11 interviews, of which eight were conducted separately and three together, but the diagnosis and DCL were always completed separately. In four cases there was disagreement, and the final diagnosis was resolved by discussion. (The Kappa coefficient for agreement of diagnosis was 0.79.)

Self-Report Measures

The Children's Depression Inventory (CDI), a 27-item measure, and the Children's Depression Scale (CDS), a 66-item measure, were used. The CDS is arranged into five depression subscales (affect, social, self-esteem, preoccupation with sickness and death, and guilt), a miscellaneous depression subscale, and pleasure subscale. The subject was left to fill in these self-report measures after being instructed how to do so and when the investigator was satisfied that the instructions were understood.