

Screening for social phobia in medical in- and outpatients with the German version of the Social Phobia Inventory (SPIN)

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Abstract

Objective: To evaluate the German version of the Social Phobia Inventory (SPIN) as a screening device and to report corresponding cut-off scores for different populations.

Method: In Study 1, 2043 subjects from a representative sample completed the SPIN. Cut-off values were established on the basis of means and standard deviations. In Study 2, different aspects of validity were examined in a clinical sample comprising 164 subjects, including social phobic individuals, individuals with other anxiety disorders and depression, and non-clinical control subjects. Internal consistency was evaluated. Convergent and divergent validity were explored using several established measures. Finally, the sensitivity and specificity of the German SPIN with regard to social anxiety classification were investigated by means of receiver operating characteristics (ROC) analyses.

Results: In Study 1, mean scores and standard deviations were used to determine cut-off scores for the German SPIN. In Study 2, excellent internal consistency and good convergent and divergent validity were obtained. ROC analyses revealed that the German SPIN performed well in discriminating between social phobic individuals on the one hand and psychiatric and non-psychiatric controls on the other. A cut-off score of 25 represented the best balance between sensitivity and specificity.

Conclusion: Comparable to the original version, the German SPIN demonstrates solid psychometric properties and shows promise as an economic, reliable, and valid screening device.

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1. Introduction

Over the past two decades, social phobia has gradually come to be recognized as one of the most common chronic psychiatric disorders and the most

common anxiety disorder in the population of the western world (Beidel, 1998). Various epidemiological studies have reported that social phobia is one of the most highly prevalent psychological disorders (Kessler et al., 1994). Typical earlier studies, such as the Epidemiological Catchment Area study using the DSM-III system, tend to have lower prevalence rates (2–3%) (Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992) relative to studies using the DSM-III-R system,

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such as the Ontario Health Survey Mental Health Supplement, reporting prevalence rates of 13.0% (Stein & Kean, 2000). Epidemiological studies referring to the DSM-IV system found even higher prevalence rates. In the National Comorbidity Survey (Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996) conducted within the general American community, a rate of prevalence of 13.3% was found. Among the German population a lifetime prevalence of 8.7% within a sample aged between 14 and 24 years was found (Wittchen, Stein, & Kessler, 1999).

Substantial rates of comorbidity between social phobia and other disorders have repeatedly been demonstrated. According to the National Comorbidity Survey the most common comorbid Axis-I disorders were other anxiety disorders (56.9%), affective disorders (41.4%) and substance abuse disorders (39.6%) (Magee et al., 1996). In a German community sample of adolescents and young adults more than two-thirds of generalized social phobics reported a history of at least one other psychiatric disorder, with highest odds-ratios for anxiety disorders (13.7), moderate odds-ratios for eating disorders (4.9), major depressive episodes (3.5) and nicotine dependence (2.9) (Wittchen et al., 1999).

In general, more women than men suffer from social phobia, the female–male ratio being approximately 1.5:1 (Furmark et al., 1999; Magee et al., 1996). The age of onset of social phobia has reported to be between the mid and the late adolescents. New cases of social phobia after the year of 25 are unusual (Wittchen & Fehm, 2001). Social phobia entails significant economic costs in the form of increased rate of suicidal attempts, impaired school and work performance, impaired medical health, poor quality of life in different domains, reduced social interaction and social support (Davidson, Hughes, George, & Blazer, 1993; Stein & Kean, 2000). Data from a German epidemiological study have reported a mean illness duration of 22.9 years with onset in childhood or adolescents (Wittchen et al., 1999). Furthermore, current quality of life – in particular vitality, general health, mental health and social functioning – was significantly reduced. In addition, social phobia affects most areas of life, in particular education, career and romantic relationship. Past week productivity of people suffering of social phobia was significantly diminished as indicated by a three-fold higher rate of unemployed cases, elevated rates of work hours missed due to social phobia problems and a reduced work performance (Wittchen et al., 1999).

Even though interest in social phobia has significantly grown over the past 20 years, its recognition in

primary care is still in need of improvement (Wittchen & Fehm, 2001). For instance, associated symptoms such as depression as well as other anxiety disorders are still more likely to be treated while the actual social phobia symptoms remain unrecognized. Given the low detection rate of social phobia, especially within primary care, these findings underscore the need for reliable and economical screening instruments.

Despite this evident shortage, the majority of instruments available are of limited utility for screening purposes. The Fear of Negative Evaluation Scale and the Social Avoidance and Distress Scale (Watson & Friend, 1969) were developed before social phobia was included in the diagnostic classification system and apply to general symptoms of social anxiety. Other rating scales such as the social phobia and anxiety inventory (SPAI) comprise a large number of items and may be considered too time-consuming for use as a screening instrument (Turner, Beidel, Dancu, & Stanley, 1989). Finally, the Social Phobia Scale (SPS) and the Social Interaction Anxiety Scale (SIAS), usually applied together, are rather comprehensive and focus on social phobic aspects of performance fear and concerns regarding social interaction (Mattick & Clarke, 1998).

Recognizing these limitations, Connor et al. (2000) developed the Social Phobia Inventory (SPIN), a brief self-rating measure which carries important practical advantages due to its economic size and ease of scoring (Connor et al., 2000). At 17 items, it is the briefest of the available self-report instruments for measuring social phobia severity. The SPIN was designed to comprise three factors: fear of social situations, avoidance of social situations, and physiological symptoms of anxiety. The authors found solid psychometric properties within the general adult American community. Results from the original validation study suggest good test–retest reliability over a 2-week period ($r = .78-.89$) and strong internal consistency (Cronbach's $\alpha .82-.94$). Convergent validity has been established by significant correlations between the SPIN and other measures of social phobia or anxiety (i.e., Brief Social phobia Scale, Liebowitz Social Anxiety Scale), whereas lower correlations between the SPIN and measures less related to social phobia (i.e., Sheehan Disability Scale, Medical Outcomes Study Short Form-36, Marks Fear Questionnaire) have demonstrated the scale's divergent validity (Connor et al., 2000). Furthermore, a SPIN score of 19 was found to distinguish excellently between social phobia subjects and psychiatric and non-psychiatric controls. Since the comorbidity rates for social phobia with affective disorders and other

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