



## Social anxiety and obsessive-compulsive spectra: Validation of the SHY-SR and the OBS-SR among the Spanish population

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### Abstract

The study focuses on the adaptation into Spanish and on the validation of the Social Phobia Spectrum Self-Report (SHY-SR) and the Obsessive-Compulsive Spectrum Self-Report (OBS-SR). The questionnaires were designed to measure a broad range of subtle and atypical features related to social anxiety and obsessive-compulsive phenomenology, respectively. Sixty-two outpatients who met DSM-IV criteria for social phobia (SP,  $n=20$ ), obsessive-compulsive disorder (OCD,  $n=22$ ) and major depression (MD,  $n=20$ ), and 25 non-clinical subjects participated. The spectra questionnaires were administered along with the Liebowitz Social Anxiety Scale and the Maudsley Obsessional Compulsive Inventory. The instruments proved to have satisfactory internal consistency and test–retest reliability. Convergent validity with other instruments was excellent for the SHY-SR and moderate for the OBS-SR. Both questionnaires were able to detect differences between patients with the disorder of interest (SP in the case of the SHY-SR scores and OCD in the case of the OBS-SR scores) and either normal controls or patients with MD. Receiver-Operating Characteristic Curve analyses were conducted to determine cut-off values in the Spanish versions of the questionnaires denoting the presence of significant SP and OCD symptomatology. Are the questionnaires available on the website?

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### 1. Introduction

Atypical and subthreshold manifestations of psychopathology tend to be overlooked in clinical and

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research settings, despite the fact that such conditions occur with considerable frequency and are associated with a significant degree of distress and psychosocial impairment (Von Korff et al., 1987; Klerman et al., 1991; Davidson et al., 1994; Angst et al., 1997; Pincus et al., 1999; Helmchen and Linden, 2000; Mendlowicz and Stein, 2000). The Collaborative Spectrum Project was developed to define and better characterize subtle and atypical manifestations associated with several DSM disorders (for reviews of the spectrum conceptualization, see Cassano et al., 1997, 2002; Shear et al., 2002).

To address this challenge, several spectrum-based instruments have been developed, such as the Social Anxiety Spectrum Self-report (SHY-SR) and the Obsessive-Compulsive Spectrum Self-report (OBS-SR) (Dell'Osso et al., 1999, 2002a). These spectra questionnaires cover not only the prototypic symptoms of Social Phobia and Obsessive-Compulsive disorders—widely characterized by DSM (American Psychiatric Association, 2000) or ICD (World Health Organization, 1992)—but also atypical presentations, temperamental traits and other significant clinical characteristics associated with primary symptoms. The spectrum perspective assumes that such features may occur either as prodromal, residual, or chronic forms of the corresponding disease or as co-occurring symptomatology of other Axis I disorders.

The SHY-SR and the OBS-SR were derived from the Structured Clinical Interview for Social Phobia Spectrum (SCI-SHY) and the Structured Clinical Interview for Obsessive-Compulsive Spectrum (SCI-OBS), respectively. The domains of the original spectra interviews were derived theoretically. Both interviews demonstrated moderate to substantial internal consistency, good inter-rater reliability and excellent discriminant validity (Dell'Osso et al., 1999). Recently, Dell'Osso et al. (2002a) reported on the agreement between the interview and the self-report versions of the instruments on a sample of psychiatric patients and normal controls. Intraclass correlation coefficients were high for the seven SCI-OBS domains ( $>0.80$ ) and the four SCI-SHY domains ( $>0.70$ ). Lastly, additional findings about the validity of the social phobia spectrum have been reported among Italian high school students (Dell'Osso et al., 2002b, 2003).

Given the sound psychometric properties of the spectrum interviews and the high agreement between

scores in the two formats of the instruments, the present study focuses on the adaptation into Spanish and on the validation of the corresponding self-report questionnaires, the SHY-SR and the OBS-SR. The self-report format has the particular advantage of being time-efficient and easier to complete compared with the interview.

## 2. Methods

### 2.1. Participants

The sample included three groups of patients and a group of non-clinical subjects. Participants in the clinical groups were 62 outpatients who met DSM-IV-TR criteria for (a) obsessive-compulsive disorder (OCD,  $n=22$ ), without current or lifetime history of major depression; (b) social phobia (SP,  $n=20$ ), without current or lifetime history of major depression; and (c) major depression (MD,  $n=20$ ), without current or lifetime history of OCD or SP. Current diagnosis of organic mental disorder, psychoactive substance abuse and dependence, or psychosis were also exclusion criteria.

Participants in the non-clinical group were 25 subjects who reported neither a current nor lifetime psychiatric diagnosis, nor a history of psychological or psychiatric treatment. Table 1 presents the demographic characteristics of the overall sample and of the diagnostic and normal control groups.

### 2.2. Procedure

The present study was reviewed and approved by an ethical committee at the University of Malaga, and it was carried out in accordance with the Declaration of Helsinki. First, linguistic equivalence of the spectra questionnaires was assessed using a standard “forward–backward” translation procedure. Forward and backward translations of the questionnaires were performed by independent translators. The first Spanish versions of the instruments were hence the result of corrections for the inconsistencies detected between the original versions and the resulting drafts. The Spanish versions were then assessed by three mental health experts who agreed on the accuracy of the translations and on the good face

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