



Dimensional indicators of generalized anxiety disorder severity for DSM-V

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ABSTRACT

For DSM-V, simple dimensional measures of disorder severity will accompany diagnostic criteria. The current studies examine convergent validity and test–retest reliability of two potential dimensional indicators of worry severity for generalized anxiety disorder (GAD): percent of the day worried and number of worry domains. In study 1, archival data from diagnostic interviews from a community sample of individuals diagnosed with one or more anxiety disorders ($n = 233$) were used to assess correlations between percent of the day worried and number of worry domains with other measures of worry severity (clinical severity rating (CSR), age of onset, number of comorbid disorders, Penn state worry questionnaire (PSWQ)) and DSM-IV criteria (excessiveness, uncontrollability and number of physical symptoms). Both measures were significantly correlated with CSR and number of comorbid disorders, and with all three DSM-IV criteria. In study 2, test–retest reliability of percent of the day worried and number of worry domains were compared to test–retest reliability of DSM-IV diagnostic criteria in a non-clinical sample of undergraduate students ($n = 97$) at a large west coast university. All measures had low test–retest reliability except percent of the day worried, which had moderate test–retest reliability. Findings suggest that these two indicators capture worry severity, and percent of the day worried may be the most reliable existing indicator. These measures may be useful as dimensional measures for DSM-V.

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1. Introduction

DSM-IV (American Psychiatric Association, 2000) significantly revised diagnostic criteria for generalized anxiety disorder (GAD) as it was written in DSM-III-R (American Psychiatric Association, 1987). Although diagnostic reliability has improved since these revisions, GAD has one of the lowest rates of inter-rater reliability of any disorder listed in the DSM-IV, at least within clinical samples (Wittchen, Lachner, Wunderlich, & Pfister, 1998). Worry is the defining feature of GAD, and is characterized as “excessive” and “difficult to control”. The vagueness of these descriptors may explain the reliability issues with GAD. For example, a determination of what level of worry is excessive likely differs substantially among patients as well as raters. A more concrete and specific indicator of GAD severity may improve inter-rater reliability. Due to the likely inclusion of dimensional measures of disorder severity alongside diagnostic criteria in DSM-V, it will be useful to identify simple, brief measures of GAD severity that can be easily reported by patients (Helzer, 2008). The goal of this report is to evaluate two potential indicators of GAD severity that are more specific than the

current criteria and are amenable to self report: percent of the day spent worrying and number of worry domains.

Several studies have shown that inter-rater reliability for the diagnosis of GAD is poor. Brown, Di Nardo, Lehman, and Campbell (2001) assessed inter-rater reliability of all anxiety disorders within a treatment-seeking sample. Two separate interviewers assessed symptoms, using the Anxiety Disorders Interview Schedule-IV (Brown, Di Nardo, & Barlow, 1994) approximately two weeks apart. Of all the anxiety disorders, GAD had the lowest inter-rater reliability, with a kappa of .67 compared to .72 for panic disorder, .86 for specific phobia, .77 for social phobia and .85 for obsessive–compulsive disorder. The primary source of unreliability between the two interviewers was identified for each participant using a rating system, and the most frequent source of discrepancy from one interview to the next was a difference in patient reports of their symptoms. The authors suggest that vagueness of the diagnostic criteria (i.e., “excessive worry”) may make it difficult for patients to reliably report on their symptoms.

In a study of test–retest reliability of the computerized DSM-IV version of the Munich-Composite International Diagnostic Interview (M-CIDI), the reliability of diagnoses for a wide variety of disorders (e.g., mood, anxiety, substance, eating, somatoform, cognitive) was assessed (Wittchen et al., 1998). Two separate interviewers assessed symptoms on two occasions ranging from 7 to 112 days apart (average 38.5). 60 participants were selected for re-test from a sample of 3000 adolescents and young adults (ages 14–28). GAD was the least reliable diagnosis of all disorders assessed (kappa

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.45). Discrepancies from one interview to the next were identified as differences in patient reports, particularly different reports of the number of months of worry. Again, if excessive worry is not clearly operationally defined, patients may have difficulty identifying how long worry has been “excessive”, and therefore may have difficulty reporting on the number of months they have been worried.

Ruscio et al. (2005) notes that there are no guidelines regarding what makes worry excessive and that it is not clear who (i.e., interviewer or patient) should determine whether worry is excessive or not. Thus, vagueness of the descriptor “excessive” and lack of information about who determines that worry is excessive may contribute to unreliability, especially if combined with variation from interview to interview in patient reports of excessiveness of their own worry. Furthermore, evidence regarding the significance of the excessiveness criterion is mixed. On the one hand, Ruscio (2002) compared high worriers (those with a score greater than 56 on the Penn state worry questionnaire) with and without a GAD diagnosis and found that the two groups were equally likely to endorse the excessiveness criterion. This suggests that excessiveness may not be a differentiating factor between those with the disorder and those without (Ruscio, 2002). Improvement to the operationalization of the excessive nature of worry is warranted therefore if only to further evaluate its significance to the validity of the GAD diagnosis.

The importance of Criterion B (difficulty controlling worry) in differentiating those with GAD from those without has not been extensively studied (Andrews et al., 2010). This criterion was in part derived from evidence for those who rate their worry as uncontrollable to report more anxiety symptoms than those who do not (Rapee, Craske, Brown, & Barlow, 1996), and for self-rated uncontrollability of worry to differentiate persons with GAD from non-anxious controls (Craske, Rapee, Jackel, & Barlow, 1989). Furthermore, Wells (1995, 2005) suggests that the fundamental difference between worry in GAD versus other anxiety disorders is that those with GAD perceive their worry as more harmful and less controllable. That is, negative beliefs about worry set those with GAD apart from those with other disorders.

However, it is unclear whether uncontrollability of worry helps provide a categorical distinction between those with GAD and those without the disorder. Ruscio and Borkovec (2004) suggested that negative beliefs about worry are better conceptualized as falling along a continuum rather than defining a categorical distinction between those with GAD and those without. A GAD group reported that their worry was more dangerous and uncontrollable than a non-GAD high worry group, who in turn rated their worry as more dangerous and uncontrollable than a healthy control group. Finally, the potential overlap between “uncontrollability” and “excessiveness” seems problematic. It has been suggested that if worry is excessive, by definition it cannot be controllable, and that these two criteria may be measuring inextricable constructs (Andrews et al., 2010).

In addition to improving the reliability of the GAD diagnosis, the DSM-V taskforce and workgroups are attempting to develop dimensional measures of disorder severity (Helzer, 2008). The task force has identified a number of reasons for adding dimensional measures of worry. A dimensional measure of disorder severity will provide clinicians and researchers with a better understanding of the clinical presentation of the individual. Second, dimensional measures will help researchers identify individuals who are sub clinical, but suffer from some symptoms of the disorder. Third, such measures will help researchers and clinicians track change over time. Measures that are simple, brief and linked to the diagnostic criteria will be most useful (Helzer, 2008).

Although measures of disorder severity exist, they can be inconsistent (e.g., rating the excessiveness or uncontrollability of worry) or they include multiple items and therefore are too long for the

purposes of DSM-IV (e.g., Penn state worry questionnaire, Brief Measure of Worry Severity). The Penn state worry questionnaire (Meyer, Miller, Metzger, & Borkovec, 1990), the most frequently used measure of worry severity, has a number of limitations in addition to the length. There are conflicting findings regarding whether the scale contains a single factor or multiple factors, and the reverse coded items make the scale difficult to score without a key and make it more cumbersome for the patient to complete (Berle et al., 2011). In light of the need for better measures of severity of GAD, the goal of the current study was to assess the utility of two measures of severity that have been briefly assessed in previous research: percent of the day worried and number of worry domains.

Percent of the day worried and number of worry domains are ways of assessing worry severity that are not currently part of the DSM diagnostic criteria. These indicators are assessed in the Anxiety Disorder Interview Schedule IV (Brown et al., 1994) for research purposes but have not yet been assessed as indicators of severity of GAD. These measures identify the breadth of worry both in frequency and pervasiveness in life domains, and are potentially easier for patients and clinicians to conceptualize than excessiveness or uncontrollability of worry given that they are clearly defined and specific. In addition, existing research suggests that number of worry domains and percent of the day worried may be useful indicators of GAD severity and may display better test–retest reliability than excessiveness and uncontrollability of worry.

Some evidence exists for the role of number of worry domains and percent of the day worried in GAD. A number of studies have found that individuals with GAD worry about more topics than non-anxious controls (Hoyer, Becker, & Roth, 2001; Roemer, Molina, & Borkovec, 1997) and individuals with social phobia (Hoyer et al., 2001). This suggests that worry in GAD spans a wider range of topics than normal worry. In addition, individuals with GAD report worrying for more minutes of the day than non-anxious controls (Dupuy, Beaudoin, Rhéaume, Ladouceur, & Dugas, 2001) and individuals with social phobia (Hoyer et al., 2001), and a greater percentage of the day than non-anxious controls (Craske et al., 1989). Campbell, Brown, and Grisham (2004) examined the relevance of age of onset to the severity of GAD and used percent of the day worried as their measure of worry excessiveness. They found that earlier age of onset of GAD was associated with greater percentage of the day spent worrying. Finally, Brown, Antony, & Barlow (1992) assessed the test–retest reliability of percent of the day worried and found a correlation of .64 ($p < .001$). This indicates that percent of the day worried has adequate test–retest reliability.

One important way to assess the validity of a measure is to examine how well the measure correlates with indicators of similar constructs (i.e., tests of convergent validity). Therefore, to identify the utility of percent of the day worried and number of worry domains as valid indicators of worry severity in GAD, it is necessary to compare these measures to other correlates of GAD severity. Age of onset, number of comorbid disorders, and the Penn state worry questionnaire have been linked to disorder severity or used to differentiate individuals with GAD from those with other anxiety disorders. Earlier age of onset is associated with greater GAD severity, comorbidity and negative affect (Campbell et al., 2004). People with comorbid diagnoses report more symptom interference (Wittchen, Zhao, Kessler, & Eaton, 1994) and greater severity of symptoms (Newman et al., 2002). The Penn state worry questionnaire was developed to assess worry severity and can differentiate GAD from other anxiety disorders (Behar, Alcaine, Zuellig, & Borkovec, 2003; Meyer et al., 1990).

1.1. Current studies

The aim of Study 1 was to identify whether percent of the day worried and number of worry domains are useful indicators of

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