CHRIS Study

Neuropsychiatry questionnaire – Major Psychiatric Diagnoses

Version 1.1

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1. Introduction

This module stores information related to the psychiatric disorders of the participants, that was collected with the neuropsychiatry questionnaire, part of the self-administered questionnaire.

Participants book a morning appointment at the CHRIS study center, ranging from 7.45 to 8.45 a.m. Each study participant is assigned a workflow at the reception. If there are ten study participants (maximum capacity), there are ten different workflows, marked with the letters from "A" to "K". The current workflow is as follows: A-B-C-D-E-F-G-H-I-K. All the workflows can be found in the documentation of CHRIS Baseline/General information/Administrative data, in the file named "Workflows at baseline assessment". The self-administered questionnaire is filled in always after the blood draw, for most before the interview (workflows B, C, E, F, H, I, L). For the remainder, the self-administered questionnaire is filled in just after the interview (workflows A, G) or after the interview and the ECG measurement (workflow D). The neuropsychiatry questionnaire was printed on paper and could be filled in at the study center, or at home and then returned by mail.

The Major Psychiatric Diagnoses questionnaire was developed by IfB researchers under supervision of Prof. Dr. Marcella Rietschel, Department of Genetic Epidemiology in Psychiatry, Central Institute of Mental Health, Medical Faculty, Mannheim, Univ. of Heidelberg, to assess the most common psychiatric conditions of the participants and their relatives.

The diagnoses investigated are ADHD, alcohol abuse, drug abuse, schizophrenia, depression, bipolar disorder, panic disorder, agoraphobia, specific phobia, social phobia, obsessive-compulsive disorder, posttraumatic stress disorder, generalized anxiety disorder, somatic symptom disorder, psychogenic pain, hypochondriacal disorder, sexual dysfunction, anorexia, bulimia, sleep disorder, personality disorder.

For each psychiatric disorder, the participant was asked whether they were affected by that disorder, if it was diagnosed by a doctor/psychotherapist, at which age the disorder started, and whether it was diagnosed to a first degree relative.

The Major psychiatric diagnosis questionnaire is available at CHRIS Baseline/Self-Assessment/Neuropsychiatry Questionnaire.

2. History version changes

Version 1 of this module was in use since November 25th, 2015.

The cleaning process did not add any variable.

3. Data cleaning

1. The main CHRIS dataset was loaded.
2. All the questionnaire items, x0mp01-x0mp21c, had their missing observations set to:
   a) "Not in use" (-98) if the examination date was before November 25th, 2015,
   b) "Missing by design" (-99) if the exact age (not the rounded one x0_ager, but x0_age) was at least 65,
   c) "Unexpected missing" (-89) otherwise.

3. For every disorder, the first question on whether the participant suffered from that, i.e. x0mp01-x0mp10, x0mp11-x0mp21, was changed into "Yes" if the participant reported an actual diagnosis by a doctor or the reported age was not negative (e.g., for x0mp01, x0mp01a="Yes" or x0mp01b≥0).

4. For every disorder, the variables on the diagnosis and the age at onset had their missing observations set to:
    a) "Unexpected missing" (-89) if the main variable was positive or missing (e.g., for x0mp01a, x0mp01="Yes" or "Unexpected missing"),
    b) "Missing by design" (-99) if the main variable was negative (e.g., for x0mp01a, x0mp01="No" or "Missing by design").

5. For every disorder, the variable on the year of onset was corrected if its values were above 1900, by substituting it with its difference with the birthyear x0_birthy. If the resulting age at onset was higher than the rounded age at examination, then an "Out of range" (-86) was assigned.

6. The baseline dataset was saved.

4. Advices for the analysis

The major psychiatric diagnoses questionnaire does not provide total score, but rather a reporting of the main psychiatric diagnoses of the participants and their first-degree relatives.

Additional information related to psychiatric disorders was measured with the instruments Center for Epidemiologic Studies Depression (CES-D), Mini International Neuropsychiatry Interview (MINI), Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS) brief version, Hypomania Checklist HCL-32, Life Orientation Test Revised (LOT-R), Perceived Stress Scale (PSS), part of the self-administered questionnaire, and it can be found in the modules x0ds, x0np, x0bt, x0hc, x0lo, x0pc.

Furthermore, psychiatric disorders were also reported in the neurology and other diseases modules of the interview, i.e. in the variables x0ne21*, x0ne22*, and x0ot*.

5. References

GBD 2019 Mental Disorders Collaborators. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 2022; 9(2); 137-150. DOI: 10.1016/S2215-0366(21)00395-3