

# Assessing Clinician's subjective experience with psychometric tools for suicide assessment.

Dallabrida S<sup>1</sup> & Yavorsky C<sup>2</sup>  
ERT, Boston, MA<sup>1</sup>, Cronos CCS, Berkeley, CA<sup>2</sup>,

## Introduction

**Background:** While many clinical trials, beyond CNS, are now including a suicide ideation and behavior (SIB) scale, little study has been devoted to the clinician's subjective experience with the patient and with commonly used SIB measures, which is highly valued by the phenomenological traditions. Additionally, with the development of self-reported, clinician reported and 'dual' reported tools for SIB, the algorithm for the decision making process for which psychometric evaluation to use, whether it is dependent on indication, and the levels of complexity of scales remain unclear.

**Methodological Question:** For drug products where it has been deemed necessary to assess patients for their risk of suicide, sponsors assess a number of factors known to be relevant to suicidal ideation and behavior, however the individuals completing the assessments are left to use existing assessments with limited to no say in applicability of these assessments to their subject population.

## Objectives

- (1) To assess clinician's views on self-reported, clinician reported, dual reported SIB measures
- (2) To assess clinician's experience with currently used measures,
- (3) To establish models for the decision making process for evaluating suicide risk.

## Methods

**Population:** We used a qualitative research approach, interviewing psychiatrists, psychologists or clinicians in the field of schizophrenia, bipolar, depression/anxiety or related disorders, who have experience using SIB measures.

**Sample Size:** 112 general practice, pharmaceutical, academic and government-based clinicians in the United States participated.

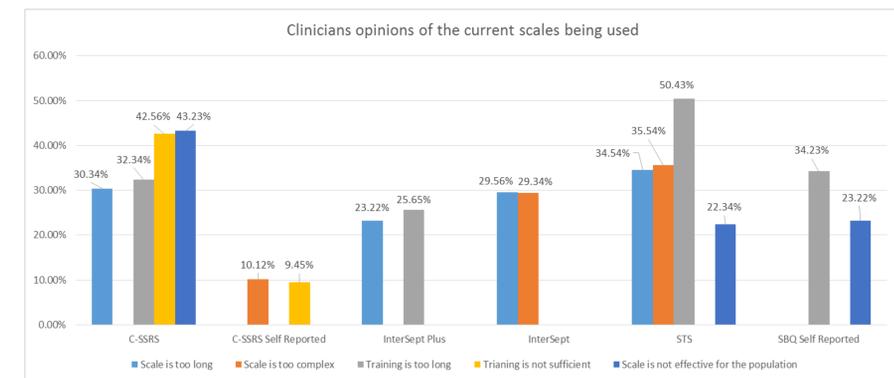
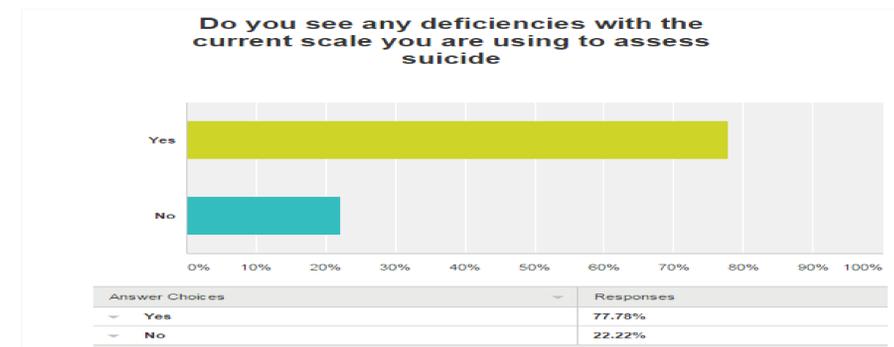
**Survey Tool:** Surveys were deployed in English via Survey Monkey™ and consisted of 18 questions assessing:

- clinician demographics,
- current SIB measure utilized,
- views on complexity of SIB measure,
- views on SIB reporting in clinician-reported and self-reported measures,
- collateral information,
- cognitive impairment and reporting,
- acceptability of self-reported measure per disease indication.

## Results

- A majority of the clinicians who completed the survey were psychologists (33.33%; clinical/hospital practice/research). There were 22.22% psychiatrists (clinical/hospital practice/research) and 11.11% psychiatrists from the pharmaceutical and biotechnology industry.
- More than 50% of the sample had > 10 years' experience. 55.56% use the C-SSRS and 33.33% each used the InterSept and Sheehan-STS scales. 22.23% reported using the electronic C-SSRS.
- 77.78% of clinicians reported deficiencies in the current scale they are using. Of these, 35.54%, 29.34% indicate the scale is too complex for the STS and InterSept, respectively.
- The largest percentage of clinicians (43.23%) reported the C-SSRS was "not effective for the population they serve."

## Results



For each of the following indications, please select whether or not you think a self-reported suicide measure is acceptable to use on its own (i.e., without an accompanying clinician administered assessment)?

	Yes	No
Paranoid Schizophrenia	33.33%	66.67%
Stable Schizophrenia	62.50%	37.50%
First Episode Schizophrenia	37.50%	62.50%
Major Depressive Disorder	75.00%	25.00%
Treatment Resistant MDD	62.50%	37.50%
Bipolar Disorder (any type)	87.50%	12.50%
Schizoaffective Disorder	76.00%	25.00%
Oncology Related Diseases	100.00%	0.00%
Multiple Sclerosis	100.00%	0.00%
Parkinson's Disease	85.71%	14.29%
Alzheimer's Disease	50.00%	50.00%
Alcohol or Drug Addiction	50.00%	50.00%
Organic Brain Syndromes (excluding alcohol/drug conditions)	25.00%	75.00%
Personality Disorders	100.00%	0.00%
Psychophysiological Disorders	87.50%	12.50%
Dermatology Related Disorders	100.00%	0.00%
Metabolic Abnormalities (e.g., Diabetes, Hypertension)	100.00%	0.00%
Psychosis (NOS)	50.00%	50.00%

## Conclusion

- Clinicians report many shortcomings with currently existing measures, questioning the use of 1 scale for all indications.
- Self-reported questionnaires may reveal higher frequency and severity of SIB than clinician-reported in specific disease areas.
- For most disease areas, clinicians suggest a combination of self-reported and clinician-reported SIB assessment would be beneficial.
- Results confirm that currently existing measures and algorithms for SIB can benefit from refinement and more rigorous training.

