

## Screening for Bipolar Disorders using a French version of the Mood Disorder Questionnaire (MDQ)

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**Background:** Working in an evaluation and treatment program for bipolar disorders at the Psychiatric Department of Geneva University Hospital, we are concerned with the need to improve the recognition, and subsequently the treatment, of this illness as bipolar disorder is a serious and recurrent illness, with a high risk of chronicity, premature death or disability. Mainly because of the wide range of symptoms presented and of their frequent attribution to problems other than bipolar disorder, this illness is often unrecognised, resulting in substantial delays, both in diagnosis and in appropriate treatment. To address the crucial issue of timely and accurately recognizing bipolar spectrum disorders, a screening instrument, the MDQ, was developed. Both in a clinical (Hirschfeld & al 2000) and in a general population (Hirschfeld & al 2003), it shows very high specificity, which means that the MDQ will screen out effectively nearly all true negatives. In the clinical sample, the MDQ shows a good sensitivity (identifies 7 out of 10 positive cases) whereas in the general population, its sensitivity drops (only 3 out of 10 successfully screened out). So far, only a Finnish version of this instrument has been validated (Isometsa et al 2003).

This paper presents the translation into French and validation of the MDQ, a screening instrument for bipolar spectrum disorders, in an adult psychiatric sample. Its test-retest reliability is also addressed.

**Methods:** A sample of 96 patients, attending outpatient treatment programs and suffering from mood disorders, completed the MDQ before being interviewed according to the mood module of the structured clinical interview for DSM-IV (SCID). They completed the MDQ a second time one month later, in order to examine its stability over time.

**Results:** According to the SCID interview, 54 patients were suffering from bipolar disorder and 42 from unipolar disorder. Among the bipolar sample, the MDQ identified 74.1% of them, with a higher sensitivity in bipolar I (90.3%) than in bipolar II (52.4%). This instrument screened as not bipolar (specificity) 90.5% of the SCID individuals without the illness. The French MDQ demonstrated adequate internal consistency (Cronbach alpha = .89). Its test-retest reliability proved to be satisfactory, with a kappa coefficient of .79. Similar stability over a one month interval in time was obtained for bipolar type I and type II ( $k = 0.75$  and  $0.77$  respectively).

**Conclusions:** The performance of the French MDQ is comparable to the one reported in the original American study conducted with a similar patient population. It also shows lower sensitivity for bipolar II disorders. In a psychiatric outpatient sample, the French MDQ proves to be a feasible and reliable screening instrument