PREVALENCE

About 26% of people in the US have an anxiety, mood, impulse control, or substance disorder


Q What is the 12 month prevalence, severity, and comorbidity of DSM-IV mental disorders as found in the US National Comorbidity Survey Replication?

METHODS

Design: Cross sectional study.

Setting: Mainland USA (not Alaska); February 2001 to April 2003.

Population: 9282 English speaking adults (≥18 years old), selected from a multistage clustered area probability sample of households.

Assessment: Participants were assessed in face to face interviews for core DSM-IV diagnoses using the World Health Organisation World Mental Health Survey Initiative version of the Composite International Diagnostic Interview (CIDI). Cases were classified as serious (presence of ≥1 of the following: positive non-affective psychosis screen; bipolar disorder; impulse control disorder with serious repeated violence; serious role impairment resulting from substance abuse disorder; severe work limitation or disability; suicide attempt or 30 or more days out of role in previous 12 months); moderate (presence of ≥1 of the following: moderate to severe work limitation; at least moderate role limitation on ≥2 domains of Sheehan Disability Scale; substance abuse but no serious role limitation; or suicide ideation, plan or gesture), or mild (all other cases).

Outcomes: Diagnosis of DSM-IV anxiety, mood, impulse control, and substance disorder; severity of disorder.

Follow up period: Twelve months.

MAIN RESULTS

Overall, 26.2% of people had at least one DSM-IV disorder; 14.4% of respondents had a single disorder, 5.8% had two disorders, and 6.0% had three or more disorders. Anxiety disorders were most common (18.1%), followed by mood disorders (9.5%), impulse control disorders (8.9%), and substance abuse disorders (3.8%). The presence of more than one DSM-IV diagnosis was associated with greater case severity (serious cases: 9.6% of people with one diagnosis; 25.5% of people with two diagnoses; and 49.9% of people with three or more diagnoses).

CONCLUSIONS

DSM-IV disorders are common, and those with more than one diagnosis are likely to have more serious illness.

NOTES

Few people who were homeless or institutionalised would have been included in this study because of the sampling methods used. This is likely to result in an underestimation of the prevalence of disorders. Nearly a third of people approached for inclusion did not take part.

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Commentary

Kessler et al report results from the National Comorbidity Survey – Replication (NCS-R), a US psychiatric epidemiology survey of mental and substance use disorders. Similar to the 1980–84 Epidemiologic Catchment Area (ECA) Study and the 1990–92 National Comorbidity Survey (NCS), the NCS-R found that mental and substance use disorders are prevalent in the US and highly comorbid. Also consistent with the ECA and NCS, there are no reliability data to support the NCS-R diagnoses. Similarly, validity data are scarce, consisting of a single, small clinical reappraisal study using a structured clinical interview as the standard. Many disorders were not assessed in this validation study and diagnostic concordance was generally poor to fair for those disorders that were assessed. The NCS-R (n = 3199 for some diagnoses) also shared the limitation of small sample size with the NCS, substantially contributing in both surveys to the lack of precision in the estimates, especially for rare disorders. Further, the rates of alcohol and drug dependence were critically underestimated in the NCS-R, especially among women and minorities, due to an error in the diagnostic instrument that skipped all respondents’ past questions on dependence if they did not respond positively to the corresponding abuse questions. Thus, as many as 50% of individuals with dependence and no abuse were missed in the NCS-R.

The clinical implications of the newly presented NCS-R data remain unclear. While 40.4% of individuals with mental or substance use disorders were classified with mild disorders, no data are presented to support the authors’ contention that these disorders are self-limiting, unlikely to require treatment, or less disabling than serious or moderate disorders. Data on multivariate comorbidity expressed as latent class analysis (LCA) profiles across all disorders were not clearly relevant to current clinical practice. Reporting sociodemographic risk factors for each observed latent class, rather than for specific psychiatric disorders also holds little clinical relevance.

In brief, these NCS-R results should be interpreted very cautiously due to the lack of psychometric data, small sample sizes, and errors in diagnosing substance dependence. What little that is new—classification by severity and LCA disorder profiles—appears to be of little or no clinical relevance as presented.

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5 Hasin DS, Grant BF. The co-occurrence of DSM-IV alcohol abuse in DSM-IV alcohol dependence: results of the National Epidemiologic Survey on Alcohol and Related Conditions on heterogeneity that differ by population subgroup. Arch Gen Psychiatry 2004;61:1891–6.
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