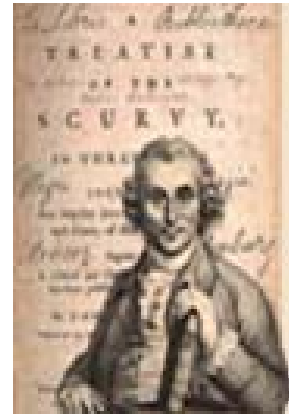


Mark Fenton

Editor – Database of Uncertainties about the Effects of Treatments (DUETs), James Lind Initiative



The Past & Present

In research, it is common to use outcome measuring tools as a method to decide if someone is 'better' or 'not better'.

However, what does better or not better mean when you read research into treatment of schizophrenia?

In a survey of 2000 trials in schizophrenia¹, 640 different instruments were used. These were broadly classified; table 1 lists the most popular. Overall, 369 scales were used only once. Most trials used between one and five instruments, but greater numbers were not uncommon, with one trial using 17 different outcome scales.

The Future?

In rheumatoid arthritis (RA), clinicians and patients meet regularly to review core outcomes that are to be addressed in every RA study (Outcome Measures in Rheumatology OMERACT)².

Is it time that patients, clinicians and researchers did the same for schizophrenia research?

Each outcome needs to pass a filter (below):

1. Truth: is the measure truthful, does it measure what it intends to measure? Is the result unbiased and relevant? This criterion captures the issues of face, content, construct and criterion validity.
2. Discrimination: does the measure discriminate between situations that are of interest? The situations can be states at one time (for classification or prognosis) or states at different times (to measure change). This criterion captures the issues of reliability and sensitivity to change.
3. Feasibility: can the measure be applied easily, given constraints of time, money, and interpretability? This criterion addresses the pragmatic reality of the use of the measure, one that may be decisive in determining a measure's success.

Table 1 – Outcome instruments used in 2000 controlled trials of schizophrenia treatment

Outcome measured* and most commonly used instrument	No (%) of trials
Psychiatric symptoms (n=194)	1250 (63)
Brief psychiatric rating scale	800 (40)
Scale for assessment of negative symptoms	113 (6)
Inpatient multidimensional psychiatric rating scale	68 (3)
Positive and negative syndrome scale for schizophrenia	67 (3)
Cognitive functioning (n=97)	141 (7)
Wechsler adult intelligence scale	24 (1)
Digit symbol test	18 (1)
Continuous performance task	14 (1)
Wechsler memory scale	13 (1)
Behaviour (n=80)	367 (18)
Nurses observation scale for inpatient evaluation	178 (9)
Wing-Ward behaviour scale	41 (2)
MACC behavioural adjustment scale	12 (1)
Baker-Thorpe rating scale	11 (1)
Side effects (n=67)	431 (22)
Simpson-Angus scale	175 (9)
Abnormal involuntary movement scale	114 (6)
Extrapyramidal symptom rating scale	43 (2)
Treatment emergent symptoms scale	36 (2)
Social functioning (n=66)	127 (6)
Katz adjustment scales	23 (1)
Social adjustment scale	20 (1)
Global assessment of function scale	10 (1)
Evaluation of social functioning form	8 (<1)
Neurological and psychomotor functioning (n=41)	92 (5)
Reaction time tests	17 (1)
Finger tapping test	15 (1)
Handwriting tests	13 (1)
Neurological rating scale	12 (1)
Activities of daily living (n=34)	73 (4)
Katz adjustment scales	23 (1)
Hospital adjustment scale	6 (<1)
Activities of daily living	5 (<1)
Level of functioning scale	5 (<1)
Global measures (n=20)	392 (20)
Clinical global impression	331 (17)
Global assessment scale	46 (2)
Global assessment of function scale	10 (1)
Global evaluation scale	3 (<1)
Other (n=115)	188 (9)
No specific instrument used	510 (26)

MACC=motility, affect, cooperation, communication.
*n=total number of scales.

THE FUTURE LIES WITH YOU!

mfenton@lindalliance.org

1. Thornley B, Adams C. Content and quality of 2000 controlled trials in schizophrenia over 50 years. *BMJ*. 1998;317(7167): 1181–84.

2. Tugwell P, Boers M, Brooks P, Simon L, Strand V, Idzerda L. OMERACT: An international initiative to improve outcome measurement in rheumatology. *Trials*. 2007;8:38.