

Lifetime prevalence, demographic risk

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factors, and diagnostic validity of
nonaffective psychosis as assessed in a US
community sample: the National
Comorbidity.

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Lifetime Prevalence, Demographic Risk Factors, and Diagnostic Validity of Nonaffective Psychosis as Assessed in a US Community Sample The National Comorbidity Survey

Kenneth S. Kendler, MD; Timothy J. Gallagher, PhD; Jamie M. Abelson, MSW; [et al](#)

Arch Gen Psychiatry. 1996;53(11):1022-1031. doi:10.1001/archpsyc.1996.01830110060007

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Abstract

Background: We seek to estimate lifetime prevalence and demographic correlates of nonaffective psychosis in the US population assessed by a computer-analyzed

structured interview and a senior clinician.

Methods: In the National Comorbidity Survey, a probability subsample of 5877 respondents were administered a screen for psychotic symptoms. Based on the response to this screening, detailed follow-up interviews were conducted by mental health professionals (n=454). The initial screen and clinical reinterview were reviewed by a senior clinician. Results are presented for narrowly (schizophrenia or schizophreniform disorder) and broadly (all nonaffective psychoses) defined psychotic illness.

Results: One or more psychosis screening questions were endorsed by 28.4% of individuals. By computer algorithm, lifetime prevalences of narrowly and broadly defined psychotic illness were 1.3% and 2.2%, respectively. Of those assigned a narrow diagnosis by the computer, the senior clinician assigned narrow and broad diagnoses to 10% and 37%, respectively. By clinician diagnosis, lifetime prevalence rates of narrowly and broadly defined psychosis were 0.2% and 0.7%, respectively. A clinician diagnosis of nonaffective psychosis was significantly associated with low income; unemployment; a marital status of single, divorced, or separated; and urban residence. Clinician confirmation of a computer diagnosis was predicted by hospitalization, neuroleptic treatment, duration of illness, enduring impairment, and thought disorder.

Conclusions: Lifetime prevalence estimates of psychosis in community samples are strongly influenced by methods of assessment and diagnosis. Although results using computer algorithms were similar in the National Comorbidity Survey and Epidemiologic Catchment Area studies, diagnoses so obtained agreed poorly with clinical diagnoses. Accurate assessment of psychotic illness in epidemiologic samples may require collection of extensive contextual information for clinician review.

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ORIGINAL ARTICLE

Lifetime Prevalence, Demographic Risk Factors,

and Diagnostic Validity of Nonaffective Psychosis as Assessed in a US Community Sample

The National Comorbidity Survey

Kenneth S. Kendler, MD; Timothy J. Gallagher, PhD; Jamie M. Abelson, MSW; Ronald C. Kessler, PhD

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ALTHOUGH epidemiologic investigations of psychotic illness have been conducted for many years,¹⁻⁵ the interpretation of results continues to be beset by methodological problems.⁶ In the general population, psychotic symptoms are rare and their evaluation is problematic, requiring the elimination of respondent misunderstanding, schizotypal traits, drug-induced states, and culturally sanctioned magical or religious beliefs. These epidemiologic studies have relied largely on 2 sources of diagnostic information: psychiatric hospital records and interviews. While hospital records contain information about contemporaneously recorded psychotic symptoms and signs, unless specifically designed for research, they usually vary so widely in detail and

accuracy that applying diagnostic criteria to them is problematic. Depending on the organization of psychiatric care, maintenance of medical records, and consent requirements, such records may be difficult to obtain. Furthermore, hospital records produce estimates of *treated* prevalence. In western countries, 15% to 20% of subjects with schizophrenia in the general population (and probably more with milder psychotic illnesses) have had no prior contact with mental health professionals.⁷

With personal interviews, it is possible to estimate total rather than treated

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