

SDQ-5

The 5-item SDQ-5 was derived from the SDQ-20, and includes the items 4, 8, 13, 15, and 18. The 5-items as a group discriminated best between patients with dissociative disorders and non-dissociative psychiatric comparison patients (Nijenhuis et al., 1997b, 1998b). The scores range from 5 to 25.

Sensitivity and specificity were high, positive predictive value corrected for prevalence of dissociative disorders, rated at 10% among psychiatric patients, was satisfactory, and prevalence-corrected negative predictive value was excellent. Studying three independent samples we found that a score of ≥ 8 yielded the optimal balance between sensitivity and specificity. Among all patients of these samples, only one patient who did not have dissociative disorder obtained a score ≥ 11 .

Compared with the DES as a screening instrument for dissociative disorder (Draijer & Boon, 1993), the SDQ-5 did at least equally well.

According to the results of three samples we studied, 43% - 84% of the respondents who obtain a score of ≥ 8 would have dissociative disorder. When one would assume that the prevalence of dissociative disorders among psychiatric outpatients is 5%, one in two patients with above cut-off scores would have one of the DSM-IV dissociative disorders.

The SDQ-5 was more sensitive than the DES to assess dissociative pathology among patients with somatoform disorders. About two thirds of them passed the SDQ-5 cut-off, while a quarter passed the DES cut-off. Many somatoform disorder patients thus seem to experience substantial somatoform dissociation, while a minority experiences considerable psychological dissociation.

A third of the 50 eating disorder patients we studied obtained above cut-off SDQ-5 scores. None of the bipolar mood disorder patients passed this value, as did very few of a mixed comparison group which mainly included anxiety disorders, depression, and adjustment disorder.

Patients who obtain SDQ-5 scores ≥ 8 should be interviewed using the SCID-D (Steinberg et al., 1993) or DDIS (Ross et al., 1990) in order to assess or exclude dissociative disorder.

The SDQ-5 performed less well in a sample of Turkish psychiatric patients (Sar et al., 2000). In this sample, the sensitivity and specificity of the SDQ-20 were more satisfactory. At the optimal cut-off of 35, and corrected for a prevalence of dissociative disorders estimated at 10%, the sensitivity was 0.45, and the specificity 0.98. The sensitivity and specificity of the DES at a cut-off of 25 were very similar. In Dutch/Flamish samples, the discriminating power of the SDQ-20 was slightly less, compared to this power of the SDQ-5 (Nijenhuis et al., 1997b).