



**STRUCTURED CLINICAL INTERVIEW – CLINICAL TRIALS VERSION FOR DSM-5
COMMENTARY FOR
YOUTHFUL MURDERER SCID-5-CT**

Demonstration Edition for Schizophrenia/ Schizoaffective Disorder

Note this demonstration edition of the SCID-5-CT includes an assessment of lifetime Major Depressive Episodes, lifetime Manic Episodes, and lifetime Psychotic and Associated Symptoms, which is needed to make a differential diagnosis between Schizophrenia and Schizoaffective Disorder. This SCID-5-CT also includes exclusions for Alcohol and Other Substance Use Disorder in the past 12 months, as well as screening questions for other mental disorders that were the focus of treatment for the past 6 months.

The section where a differential diagnosis is made among the DSM-5 psychotic disorders, which is typically found at the end of the psychotic symptoms assessment to verify whether a subject's presentation meets study inclusion criteria has been intentionally omitted. This was done so that this SCID-5-CT demonstration edition will be more readily applicable to various psychotic disorder protocols. Further, the interviewer featured in the recording was using a preliminary draft SCID-5-CT version with different pagination. Therefore the viewer should disregard the interview pagination, and instead follow along with the interview questions on the accompanying SCID-5-CT document.

Overview

This is the section of the SCID that is the most unstructured. The interviewer has a great deal of leeway regarding how to collect the information about history of present illness, as demonstrated here. In this case, the history came out naturally as an outgrowth of the question about the subject's work and school, during which he reported having to leave college during his freshman year.

Lifetime Major Depressive Episode

The interviewer begins by determining from the subject which depressive episode was the worst, which turned out to be the one that developed during his first hospitalization. The interviewer then picks a target two-week period for the assessment of the other depressive symptoms that the subject perceives to be the worst, which in this case was the first two weeks of the depressive period. Note that even if the subject had reported that the year-long depression was the worst, it would have made sense for the interviewer to first focus on one of the depressive periods that co-occurred with the psychotic symptoms, to determine if it actually met criteria for a Major Depressive Episode. This is because the presence of a Major Depressive Episode overlapping with psychotic symptoms is a critical requirement of the diagnosis of Schizoaffective Disorder, one of the key diagnoses in the differential diagnosis of a psychotic disorder.

Even though the subject's psychomotor agitation was visible to others as required by the criterion, the item was rated "-" because it was not present nearly every day, but instead only "every couple of days."

Lifetime Manic Episode

The assessment of possible presence of a past Manic Episode illustrates the advantages of the DSM-5 decision to add the requirement for increased activity or energy to rule out false positives. This subject reported periods of irritability lasting two weeks, during the time he was depressed in his sophomore year. The absence of accompanying increased activity or energy allowed the interviewer to rule out a manic episode without having to go through the seven associated symptoms.

Psychotic and Associated Symptoms

The subject did take off from school and work after his first hospitalization and did not work for a couple of years; however, it appears to have been a decision made by him and his therapist to avoid stressors rather than being due to an inability to function because of negative symptoms.

Psychotic Differential Diagnosis

In a typical modification of the SCID-5-CT, the next section would determine whether the diagnostic criteria are met for the primary psychiatric inclusion diagnosis, typically Schizophrenia (although some studies might also include subjects with Schizophreniform Disorder or Schizoaffective Disorder). This section was omitted from this SCID-5-CT version to make this demonstration video more applicable across various clinical trials of psychotic disorders. This subject's presentation in fact meets diagnostic criteria for Schizoaffective Disorder and not Schizophrenia, so that depending on the particular trial, he may or may not have qualified for diagnostic inclusion in the study. In this case, during each episode that required hospitalization, the subject had symptoms of a Major Depressive Episode (lasting 4-6 weeks) concurrent with his delusions and hallucinations (criterion A). He also had delusions or hallucinations for 2 or more weeks in the absence of a Major Depressive Episode (criterion B), and the symptoms that meet criteria for a Major Depressive Episode were present for a majority of the total duration of the illness (i.e., 3 psychotic episodes lasting roughly 23 weeks: 6-7 weeks for the first, 6-7 weeks for the second, and 9-10 weeks for the third during which symptoms of a Major Depressive Episode were present for roughly 14 weeks in total) (criterion C).

The subject did not meet the typical exclusion criteria for a current Alcohol or Substance Use Disorder, nor was there any suggestion that he was suffering from another mental disorder that would have required treatment during the past 6 months; however, since most such studies do not include subjects who are currently taking clozapine, the subject would likely have been excluded prior to being given the SCID-5-CT.

Diagnostic Summary

Subject is eligible for the study. Schizoaffective Disorder is present. Alcohol Use Disorder or Substance Use Disorder (other than nicotine) have not been present in the past 12 months. Panic, Agoraphobia, Social Anxiety Disorder, GAD, OCD, Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder or PTSD requiring treatment or predominant focus of treatment have not been present in the past 6 months.