

The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): Description, acceptability, prevalence rates, and performance in the MECA study.

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Special Section

The NIMH Diagnostic Interview Schedule for Children Version 2.3
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ABSTRACT

Objective

To describe the NIMH Diagnostic Interview Schedule for Children (DISC) Version 2.3 and to provide data on its performance characteristics in the Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) Study.

Method

Data were collected on the DISC-2.3 at four sites on 1,285 randomly selected children,

aged 9 through 17 years, and their parents. Two hundred forty-seven of these childâ€‘parent pairs were reassessed on the DISC-2.3 by a clinician interviewer, 1 to 3 weeks later.

Results

Administration time was approximately 1 hour and the interview was acceptable to more than 90% of subjects. The reliability of questions to parents assessing impairment and age of onset was generally good to acceptable for most diagnoses but was less satisfactory for the child interview. Using information from parent and child, the prevalence for any diagnosis ranged from 50.6% if no impairment criteria were required to 5.4% if a Global Assessment Scale score of 50 or less was necessary. The prevalence of anxiety disorders and enuresis was markedly reduced by requiring attributable impairment.

Conclusions

The DISC-2 is a reliable and economical tool for assessing child psychopathology. Reliability of the DISC-P-2.3 is superior to that of the child DISC for most diagnoses but is least good for anxiety disorders. The 2.3 version of the instrument provides a significant improvement over earlier versions.



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Key Words

Diagnostic Interview Schedule for Children; diagnostic interview; scales; measurement; child psychiatric disorders; epidemiology; prevalence of psychiatric disorders

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