Mood Disorder Questionnaire

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The **Mood Disorder Questionnaire (MDQ)**[1] is a self-report psychological questionnaire designed to identify mood symptoms often found in bipolar disorder and degree of impairment in adolescents and adults ages 12 and above. It has 5 main questions, and the first question has 13 parts. Most recommendations about scoring focus only on the first "question" (adding up the 13 symptoms), and some algorithms also include the "episode" question (#2) and "impairment" question (#3). None of the research supports adding the family history question (#4) or the "diagnosed previously" question (#5) as part of the scoring. These are helpful as questions to start a discussion with the respondent, though. It takes approximately 5–10 minutes to complete.

Versions

In 2006, a 3-item parent-report version was created to allow for assessment of adolescent bipolar symptoms from a caregiver perspective.[2]

The MDQ has been translated for use in other countries; there is a Polish version,[3] a Thai version, [4] a Chinese version,[5] a Brazilian version, [6] a French version [7]

Development[edit]

The MDQ was developed as a screening tool for bipolar disorder, and assesses symptoms of mania and hypomania.[3] It was developed in the hopes that it would reduce the mis-diagnosis and delayed diagnosis of bipolar disorder.[3] The first main question on the measure screens for any manic/hypomanic symptoms that may have occurred during one's lifetime. **(reference)** These symptoms are derived from the DSM-5 criteria for bipolar disorder and from clinical experience. **(reference)** Additional questions determine if these symptoms have happened during the same period of time and how severely they have affected functional impairment. **(reference).** Questions were revised based on initial trials with a group of bipolar patients **(reference).** Researchers have found that the measure possesses adequate internal consistency (reference: **Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. The mood disorder questionnaire improves recognition of bipolar disorder in psychiatric care). In several studies, the measure has demonstrated fair sensitivity (reference: Development and Validation of a Screening Instrument for Bipolar Spectrum Disorder: The *Mood Disorder Questionnaire*, Sensitivity and specificity of the *Mood Disorder Questionnaire* as a screening tool for bipolar disorder during pregnancy and the postpartum period) although it may be greater in inpatient versus community settings. (reference: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847794/, Validity of the *Mood Disorder Questionnaire*: A general population study, Reliability of the *Mood Disorder***

***Questionnaire*: Comparison with the Structured Clinical Interview for the DSM-IV-TR in a population sample)**

The MDQ has been translated into many languages and tested in a range of different settings. First developed for adults, researchers also have studied whether it could be used as a parent-report to assess mood symptoms in children and adolescents. [? what did they find?]

Meta-analyses have found that the MDQ is one of the best self-report tools for assessing hypomania or mania in adults,[4][5][6] and the parent report version is one of the three best options available for parents to use about their children.[7]

Scoring and interpretation[edit]

The first question identifies 13 common mood and behavior symptoms and asks if the child has experienced any of them. Question #2 asks if these symptoms have ever occurred at the same time. Question #3 asks to what degree the child is impaired by these symptoms, on a scale of "no problem," "minor problem," "moderate problem," to "serious problem." Question #4 address family history of bipolar disorder, and question #5 assesses whether a bipolar disorder has already been determined.

Only responses to the first three are factored in the total score. The questionnaire suggests a higher risk for bipolar disorder if the child reports the presence of 7 or more symptoms, reports the co-occurrence of multiple symptoms, and reports degree of impairment as a "moderate" to "serious problem."

Psychometrics[edit]

A meta-review of 21 articles analyzed the accuracy of the MDQ among patients with mood disorders. The overall sensitivity was .62. The overall specificity of the MDQ was .85. The meta-review also compared the diagnostic accuracy of the MDQ in Eastern and Western cultures and did not reveal significant differences between the two regions.[6]

The MDQ has previously been used to assess the presence of bipolar disorder in children using parent, teacher, and child-report. All three raters showed discriminant validity using the MDQ, with parents showing the highest level of discrimination between those with and without pediatric bipolar disorder.[7]

Criterion	Rating (adequate, good, excellent, too good*)	Explanation with references

Norms	Adequate	Multiple convenience samples and research studies, including both clinical and nonclinical samples
Internal consistency (Cronbach's alpha, split half, etc.)	Adequate to Good	Alphas between 0.79 and 0.88 reported across studies[8] [9][10] [11] [12]
Inter-rater reliability	Not applicable	Designed originally as a self-report scale; parent and youth report correlate about the same as cross-informant scores correlate in general[1]
Test-retest reliability (stability	Good	r = .73 over 15 weeks. Evaluated in initial studies,[2] with data also show high stability in clinical trials[*citation needed*]
Repeatability	Not published	No published studies formally checking repeatability

Use in other populations

It is recommended that clinicians caution when administering the MDQ with individuals with substance use problems because the effects of certain substances, such as stimulants, can cause effects that resemble symptoms of mania.[8]

10.1016/j.eurpsy.2011.07.004
10.1097/01.psy.0000151489.36347.18

The MDQ is a helpful tool to identify individuals who are at risk for bipolar disorder in Thai clinical settings.
doi: 10.2147/NDT.S67842

The MDQ has good reliability and validity for the identification of bipolar disorder I in UK patients enrolled in a tertiary clinic. Research indicates that MDQ might be helpful in identifying bipolar II in UK patients presenting with depressive symptoms, but not manic symptoms.
10.1016/j.jad.2007.12.235

Limitations[edit]

One limitation of the MDQ is that it has shown higher sensitivity when detecting bipolar I in comparison to other bipolar spectrum disorders. Additionally, the sensitivity and specificity of the MDQ has been shown to differ by the use of a standard vs. modified cutoff (i.e., simplifies the cutoff to be based only on symptom endorsement, rather than impairment). Sensitivity and specificity of the measure is also dependent on study inclusion and exclusion criteria. The exclusion of individuals previously diagnosed with bipolar disorder reduced measure sensitivity.

Additionally, self-report measures have some disadvantages, including bias that can stem from social desirability and demand characteristics.

See also[edit]

Links from psychological organizations[edit]

For adults[edit]

- Cognitive Therapy (CT) for Bipolar Disorder
- Family Focused Therapy (FFT) for Bipolar Disorder
- Psychoeducation for Bipolar
- Systematic Care for Bipolar Disorder
- Interpersonal and Social Rhythm Therapy (ISRT) for Bipolar Disorder
- SAMHSA Stable Resource Toolkit: Mood Disorder Questionnaire

For children and youths[edit]

- EffectiveChildTherapy.org guidelines on bipolar disorder

Practice parameters[edit]

For adults[edit]

- AACAP practice parameter for bipolar disorder

Wikilinks[edit]

- Bipolar disorder
- Bipolar disorder research
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