

TRANSDIAGNOSTIC STRUCTURE OF **AFFECTIVE** AND **NON-AFFECTIVE** PSYCHOSIS SYMPTOMS

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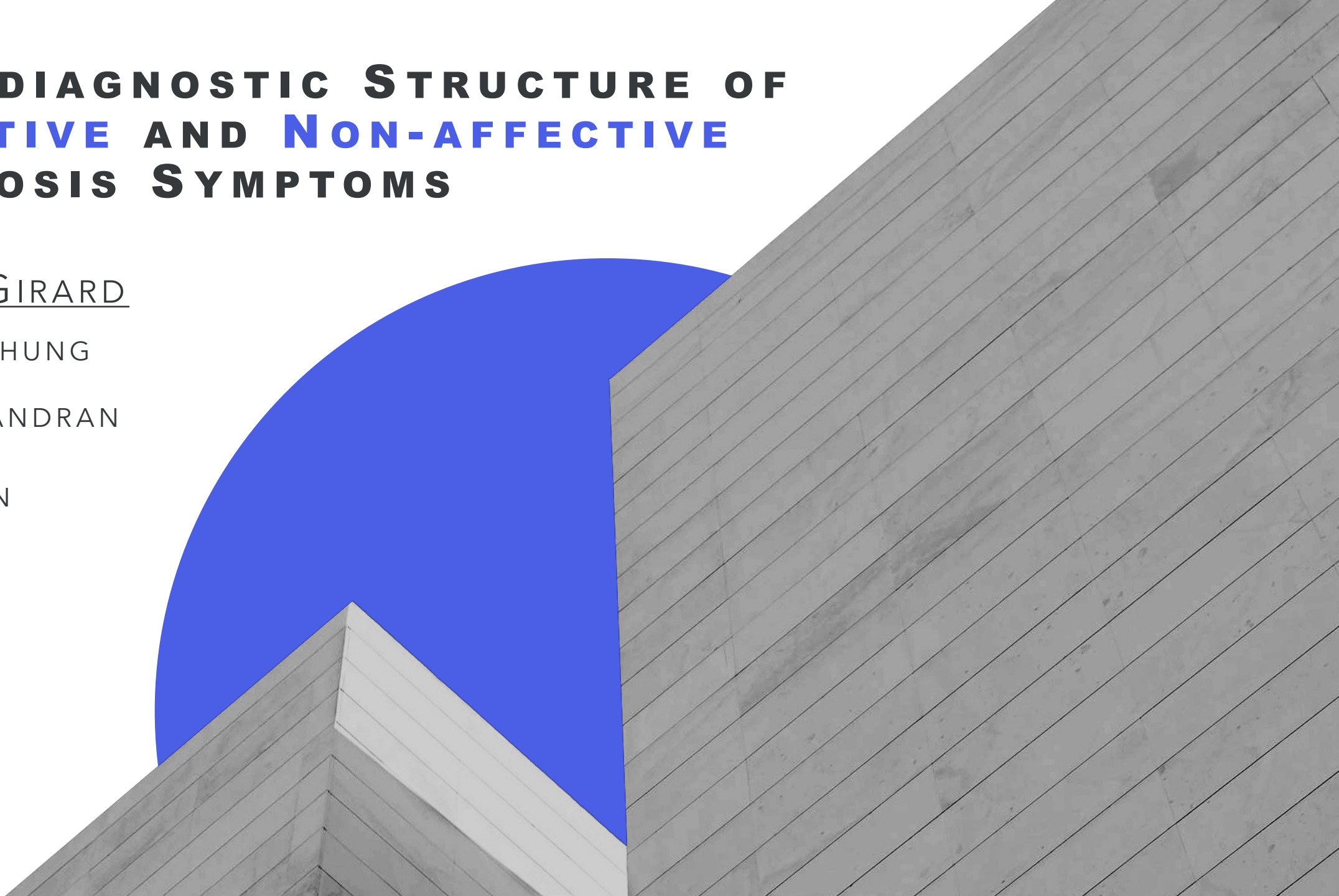
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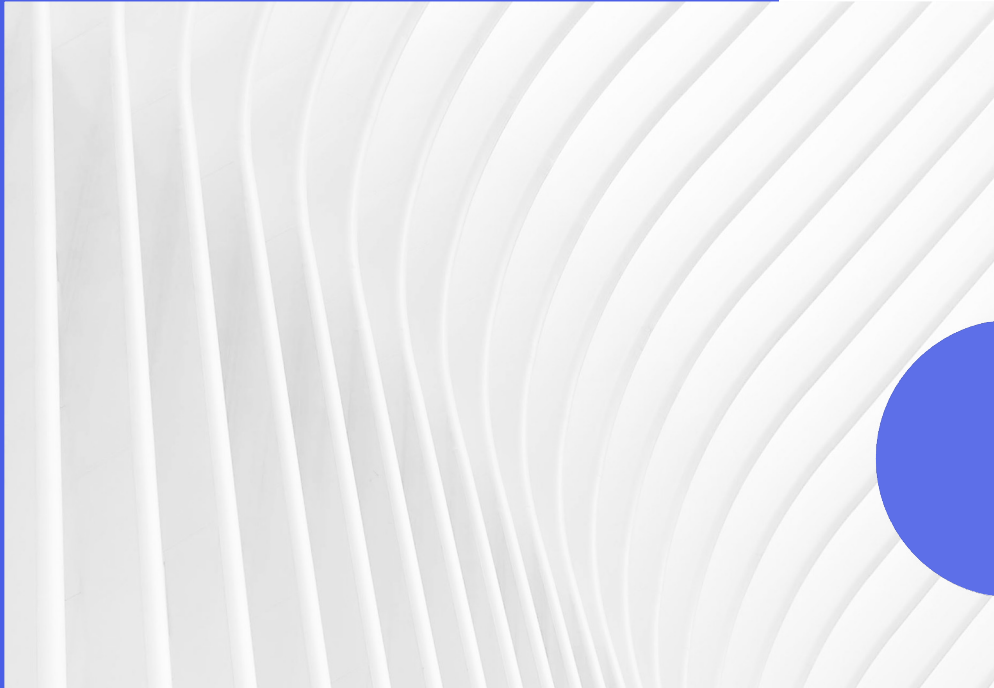
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INTRO



- Previous work on psychosis symptoms has largely **emphasized schizophrenia** spectrum (i.e., “non-affective” psychosis)
- However, **mood dysregulation** such as depression and mania often has psychotic features (i.e., “affective” psychosis)
- Research is needed to examine the joint **structure of affective and psychotic** symptoms in transdiagnostic samples

PATIENTS WITH PSYCHOSIS



Sample

N = 1,042



Age

M = 36.3 (SD = 12.9)



Sex

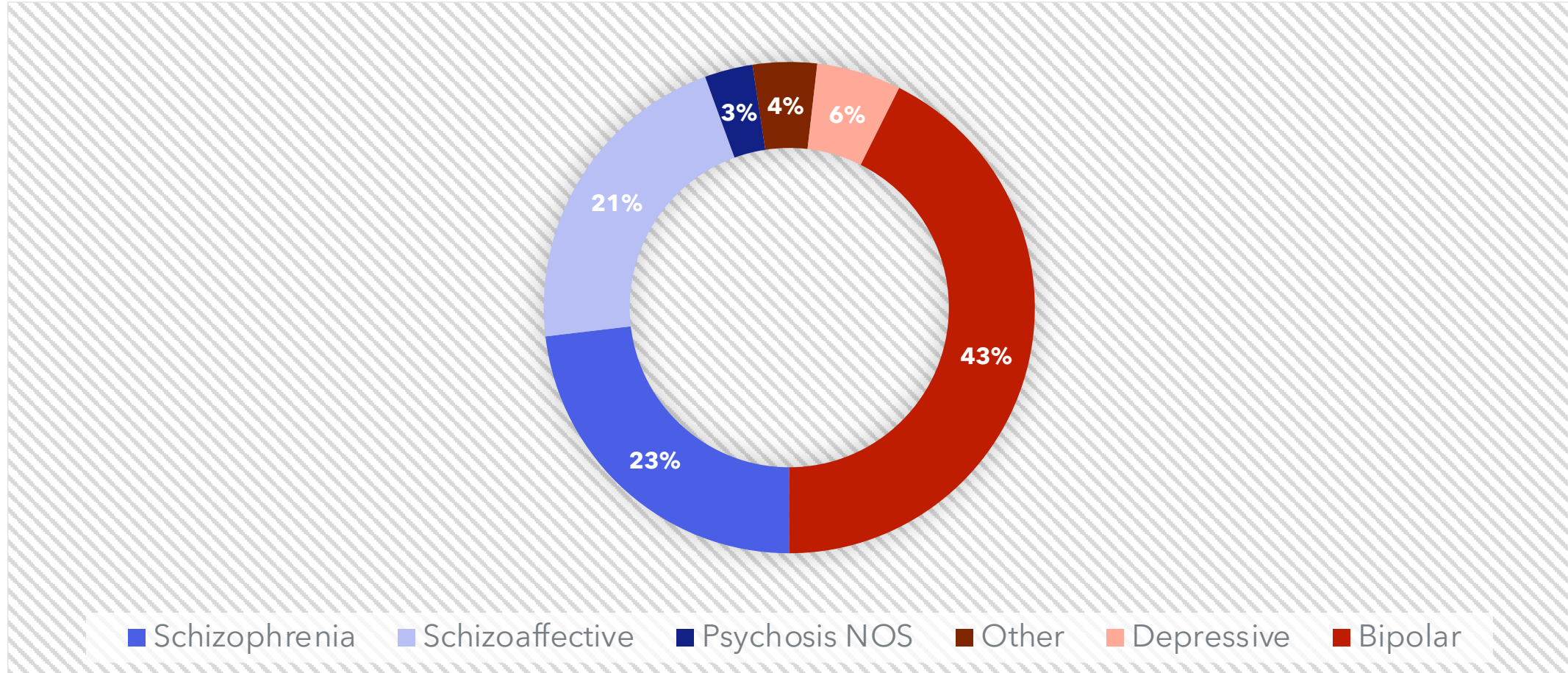
56% Male, 44% Female



Race

61% White, 30% Black

PRIMARY DIAGNOSES



CLINICAL RATING SCALES



POSITIVE

- PANSS Positive (7 Items)
 - Delusions
 - Disorganization
 - Hallucination
 - Grandiosity
 - Suspiciousness



NEGATIVE

- PANSS Negative (7 Items)
 - Blunted Affect
 - Emotional Withdrawal
 - Poor Rapport
 - Lack of Spontaneity
 - Stereotyped Thinking



AFFECTIVE+

- MADRS (10 Items)
 - Depression
- YMRS (11 Items)
 - Mania
- PANSS General (16 Items)
 - Anxiety, Guilt, ...

ANALYSIS



1

● Split the data into **discovery** and **validation** sets for cross-validation

2

● Explore **item structure** using PA, BA, EFA, and CFA in discovery set

3

● Propose **models** with three types of structure based on discovery set

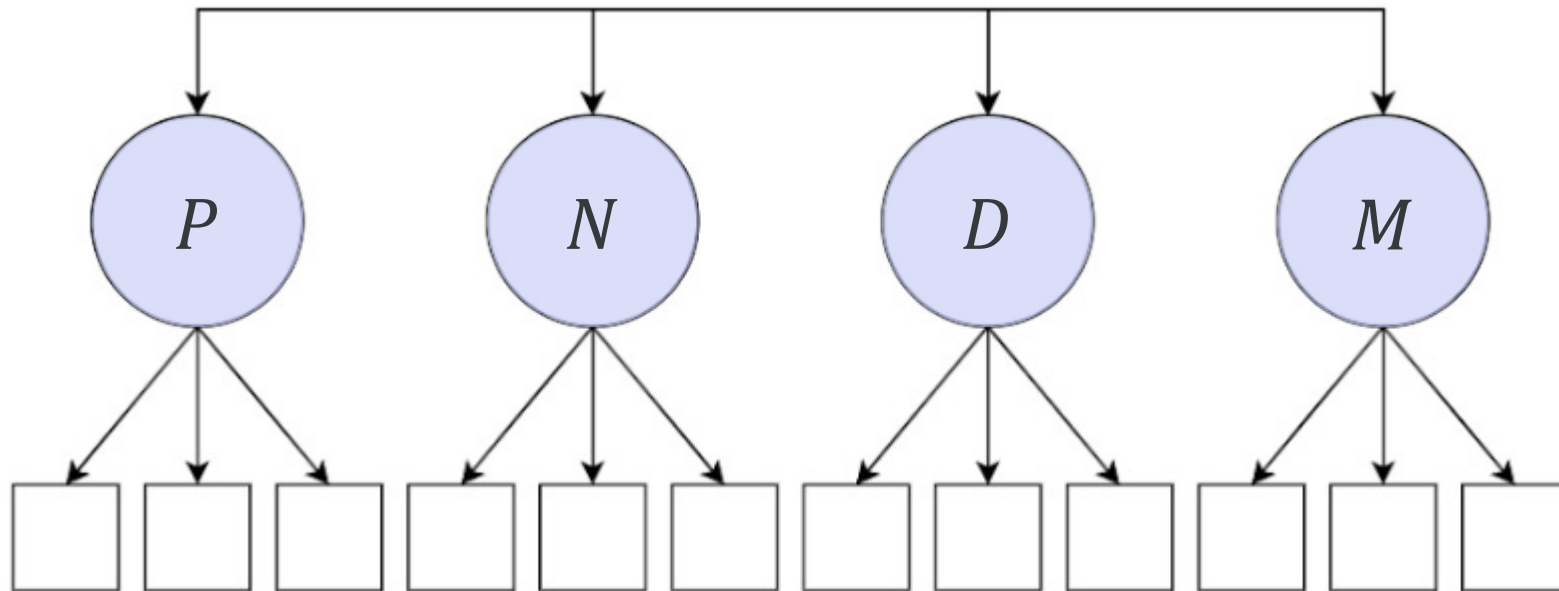
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● Compare **models** on fit and coherence in validation set

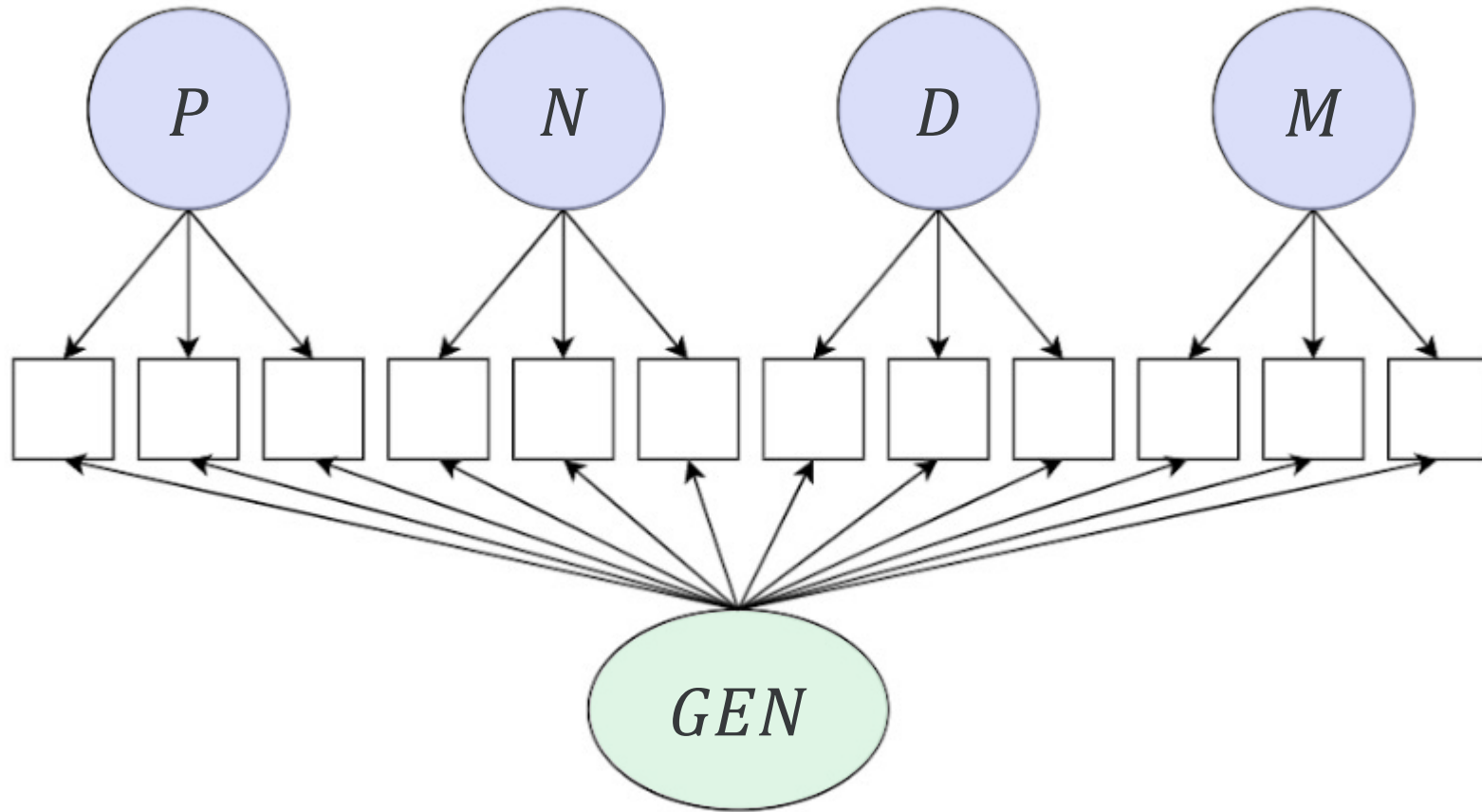
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● Test **criterion validity** of our favorite model in validation set

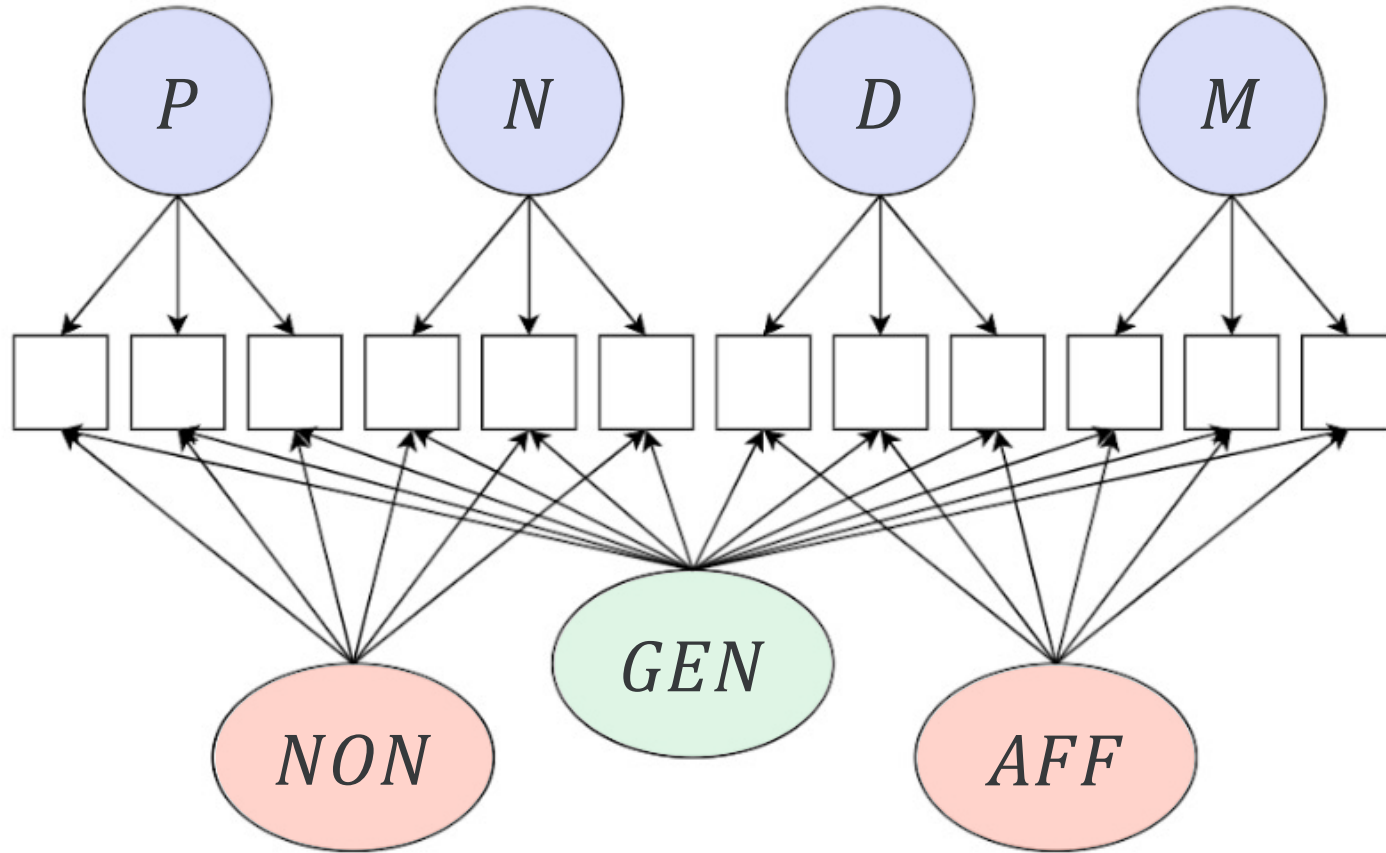
1: CORRELATED



2: BIFACTOR



3: TRIFACTOR



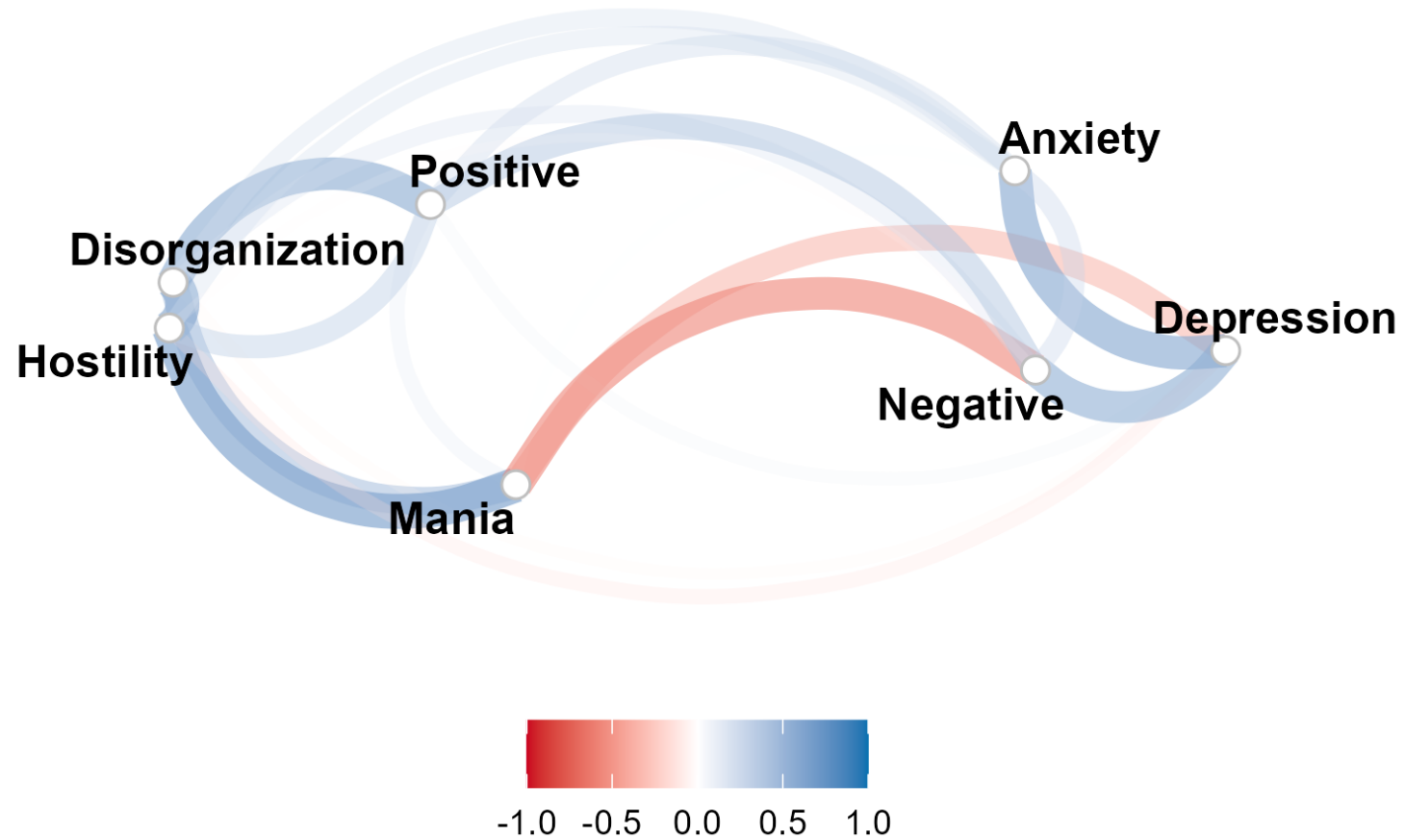
EFA MODELS IN DISCOVERY

Factors	PA Observed	PA Simulated	RMSEA [↓]	CFI [↑]
5	.606	.424	.056	.894
6	.486	.387	.049	.923
7	.377	.359	.044	.941
8	.231	.329	---	---

SEVEN-FACTOR MODEL

Positive	Delusions, Suspiciousness, Thought content, Hallucinations
Negative	Emotional & Social withdrawal, Blunted affect, Speech flow, ...
Depression	Sadness, Inability to feel, Lassitude, Suicidal thoughts, ...
Mania	Elevated mood, Speech, Activity, Excitement, Grandiosity, ...
Disorganization	Conceptual disorganization, Poor attention, Language
Hostility	Hostility, Irritability, Impulse Control, Uncooperativeness
Anxiety	Inner tension, Anxiety, Tension

FACTOR CORRELATIONS



CFA MODELS IN VALIDATION

Model	BIC [↓]	RMSEA [↓]	CFI [↑]	Coherence [↑]
Correlated (7)	27452	.061	.956	High
Bifactor (1+7)	28022	.081	.923	Low
Trifactor (1+2+7)	27824	.059	.964	Low

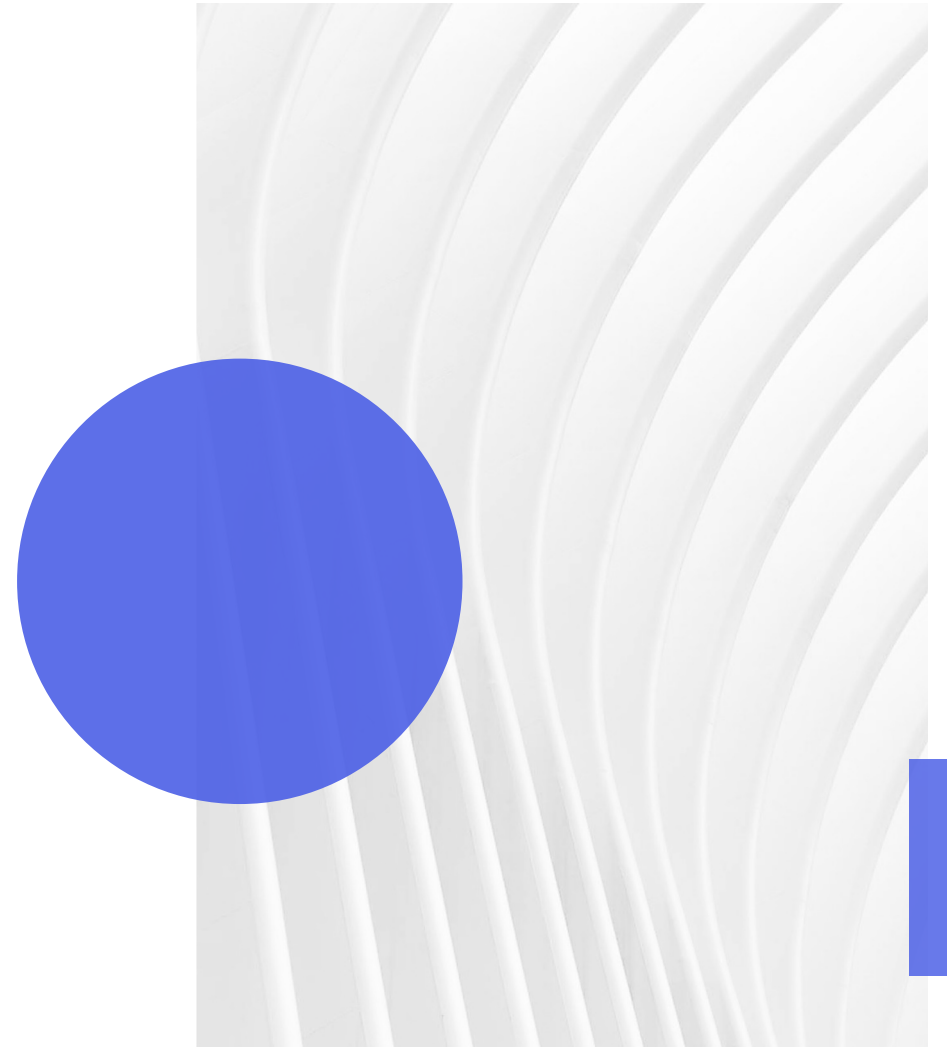
EXTERNAL VALIDATION

Factor	BAI ↓	BDI ↓	MCAS ↑	NAART ↑
Anxiety	.56 ***	.46 ***	-.19 **	.08
Depression	.39 ***	.74 ***	-.17 **	.05
Disorganization	-.05	-.19 **	-.48 ***	-.13 *
Hostility	.11	-.05	-.33 ***	-.05
Mania	.11	-.26 ***	.11	-.01
Negative Symptoms	-.02	.21 *	-.55 ***	.01
Positive Symptoms	.03	-.01	-.45 ***	-.04

Note. BAI = Beck Anxiety Inventory, BDI = Beck Depression Inventory, MCAS = Multnomah Community Ability Scale, NAART = FSIQ Estimate.

CONCLUSIONS

- A CFA model with **seven correlated factors** had high coherence and fit in previously unseen data
- There was **not strong support for a general factor** of psychosis in this sample and collection of items
- Factor correlations **did not cluster into affective and non-affective groups** but rather clustered into:
 - positive sx, disorganization, hostility, mania
 - negative sx, depression, anxiety
- **Separating state and trait** effects will be important
- Psychosis research and practice would likely benefit from assessment across **multiple HiTOP spectra**





THANK YOU!

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