

## Parent reports on externalizing difficulties in child-adolescent psychiatric outpatient setting using SDQ and their relation to clinical diagnosis

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**Background.** Externalizing symptoms in child-adolescent psychiatry include various impulsive, hyperactive, disruptive, and aggressive behaviours. Externalizing problems is the most common reason leading children and adolescents to be referred for mental health treatment (Frick, Thornton et al, 2017). In Latvia, there are no official screening instruments that have been validated and regularly used in child-adolescent psychiatry setting. The Strengths and Difficulties Questionnaire (SDQ) is currently one of the most widely used screening instruments in child-adolescent psychiatry (Goodman et al, 1997).

**Aim.** The aim of this study was to examine the prevalence of parent-reported externalizing difficulties in outpatient child-adolescent psychiatry setting using SDQ and to explore the relation between parent-reported results and clinical diagnosis set by a child-adolescent psychiatry specialist.

**Methods.** The study was conducted in two outpatient centres in Latvia. The study group was 370 patients, 2–17 years old, who received outpatient child-adolescent psychiatry care, and their parents. Parent-reported externalizing difficulties were assessed using SDQ parent version – hyperactivity/inattention and conduct problems subscale (combined – externalizing difficulties scale). Externalizing disorders in this study were F1x, F90, F91 – according to ICD-10. When analysing the score, 4-band categorization was used, 3<sup>rd</sup> and 4<sup>th</sup> band were defined as “high”.

**Results.** 344 valid parent reports were analysed. At least one externalizing disorder was diagnosed in 27.3% (N=94) of patients. The levels of parent reported externalizing difficulties by SDQ were high, with 47.7% of parents reporting high level of conduct problems and 31.7% of parents reporting high level of hyperactivity/inattention problems. Patients with externalizing disorder diagnosis had higher parent reported results in conduct subscale (mean – 4.49 points vs. 3.23),  $p < 0.001$ , hyperactivity scale (7.76 vs. 5.30),  $p < 0.001$ , externalizing disorder scale (mean – 12.27 points vs. 8.5),  $p < 0.001$ , and total disorder scale (20.26 vs. 17.31),  $p < 0.001$ . Patients with an externalizing disorder diagnosis showed lower results in emotional disorder subscale (3.89 vs. 4.8) than those who did not have the diagnosis,  $p = 0.004$ .

**Conclusion.** Parents reported high levels of externalizing difficulties, higher than the prevalence of diagnosed disorders. Patients with externalizing diagnosis had higher parent reported results in concordant scales – conduct, hyperactivity/inattention, and external difficulties scale. This suggests SDQ could be a useful instrument for screening patients in child and adolescent psychiatry in Latvian population. In further research, SDQ validity and reliability should be explored, and for implementing this instrument in clinical practice, cut-off values for Latvian population should be explored.