

Family Report Compared to Clinician-Documented Diagnoses for Psychiatric Conditions Among Hospitalized Children

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BACKGROUND: Psychiatric comorbidity is common in pediatric medical and surgical hospitalizations and is associated with worse hospital outcomes. Integrating medical or surgical and psychiatric hospital care depends on accurate estimates of which hospitalized children have psychiatric comorbidity.

OBJECTIVE: We conducted a study to determine agreement of family report (FR) and clinician documentation (CD) identification of psychiatric diagnoses in hospitalized children.

DESIGN AND SETTING: This was a cross-sectional study at a tertiary-care children's hospital.

PATIENTS: The patients were children and adolescents (age, 4-21 years) who were hospitalized for medical or surgical indications.

MEASUREMENTS: Psychiatric diagnoses were identified from structured interviews (FR) and from inpatient notes and International Classification of Diseases codes in medical records (CD). We compared estimates of point prevalence of any comorbid psychiatric diagnosis using each method, and estimated FR-CD agreement in identifying psychiatric comorbidity in hospitalized children.

RESULTS: Of 119 study patients, 26 (22%; 95% confidence interval [CI], 14%-29%) had a psychiatric comorbidity identified by FR, 30 (25%; 95% CI, 17%-34%) had it identified by CD, and 37 (23%-40%) had it identified by FR or CD. Agreement between FR and CD was low overall ($\kappa = .46$; 95% CI, .27-.66), highest for attention-deficit/hyperactivity disorder ($\kappa = .78$; 95% CI, .59-.97), and lowest for anxiety disorders ($\kappa = .11$; 95% CI, -.16 to .56).

CONCLUSIONS: Current methods may underestimate the prevalence of psychiatric conditions in hospitalized children. Information from multiple sources may be needed to develop accurate estimates of the scope of the population in need of services so that mental health resources can be appropriately allocated.

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