Evidence-based guidelines for interpretation of the Panic Disorder Severity Scale.

BACKGROUND: The Panic Disorder Severity Scale (PDSS) is promising to be a standard global rating scale for panic disorder. In order for a clinical scale to be useful, we need a guideline for interpreting its scores and their changes, and for defining clinical change points such as response and remission. METHODOLOGY: We used individual patient data from two large randomized controlled trials of panic disorder (total n=568). Study participants were administered the PDSS and the Clinical Global Impression (CGI)–Severity and –Improvement. We applied equipercentile linking technique to draw correspondences between PDSS and CGI–Severity, numeric changes in PDSS and CGI–Improvement, and percent changes in PDSS and CGI–Improvement. RESULTS: The interpretation of the PDSS total score differed according to the presence or absence of agoraphobia. When the patients were not agoraphobic, score ranges 0-1 corresponded with “Normal,” 2-5 with “Borderline,” 6-9 with “Slightly ill,” 10-13 with “Moderately ill,” and 14 and above with “Markedly ill.” When the patients were agoraphobic, score ranges 3-7 meant “Borderline ill,” 8-10 “Slightly ill,” 11-15 “Moderately ill,” and 16 and above “Markedly ill.” The relationship between PDSS change and CGI–Improvement was more linear when measured as percentile change.
than as numeric changes, and was indistinguishable for those with or without agoraphobia. The decrease by 75-100% was considered "Very much improved," that by 40-74% "Much improved," and that by 10-39% "Minimally improved." CONCLUSION: We propose that "remission" of panic disorder be defined by PDSS scores of five or less and its "response" by 40% or greater reduction.