McKesson Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. Classification ratings of I through V are used. Ratings are applied as clinical content is updated; therefore, a rating may not appear after each reference. Classification ratings appear in parentheses at the end of a reference.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
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<tbody>
<tr>
<td>Class I</td>
<td>Meta-analysis or systematic review</td>
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<tr>
<td>Class II</td>
<td>Well-designed controlled clinical trial or experimental study</td>
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<tr>
<td>Class III</td>
<td>Well-designed observational or epidemiologic study</td>
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<tr>
<td>Class IV</td>
<td>Evidence-based guideline</td>
</tr>
<tr>
<td>Class V</td>
<td>Expert opinion, panel consensus, literature review, text or reference book, descriptive study, case report, or case series</td>
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**Class I**
A meta-analysis is an analysis of data pooled from multiple trials. A systematic review is a qualitative means of summarizing multiple trials on the same intervention. Class I studies can show a statistically significant difference in support of an intervention when smaller studies could not. A meta-analysis or systematic review that finds insufficient evidence to support or refute an intervention (due to a lack of properly designed trials) is inconclusive. A potential weakness of Class I studies is that they may only assess published studies. Since studies demonstrating significant differences are more likely to be published than those that do not, publication bias is of concern.

**Class II**
A randomized controlled trial (RCT) is an experimental study design in which subjects are randomly assigned to an intervention or a control group. A RCT is the gold standard for testing cause and effect relationships. Intention-to-treat analysis should be performed to account for missing data points.

**Class III**
Observational or epidemiologic studies can suggest an association between events or findings. These associations cannot be used to establish causality. Cross-sectional, cohort, and case-control studies are all used to identify possible risk factors. Cross-sectional studies are also used to determine the prevalence of a condition. Cohort studies are used to study incidence, the natural history of a condition, prognosis after a specific exposure, and associated harms.

**Class IV**
Evidence-based guidelines are systematically developed recommendations for clinical practice. Evidence-based guidelines identify the methodology used to gather the evidence on which the recommendations are based. Usually, a grading system for both the quality of the evidence and the strength of the recommendations is provided. Guidelines that are evidence-based may also contain consensus recommendations in areas where evidence is lacking, but these recommendations are clearly identified and appropriately graded.

**Class V**
Class V references may be the best information in the absence of other evidence. Expert opinion, panel consensus, literature reviews, and descriptive studies (case reports or case series) are subject to significant bias. A case series with comparison to historical controls can be plagued with missing data, and data extraction inconsistencies are common. The use of historical controls does not address how the diagnosis of disease or its treatment has evolved over time with newer technologies or medication. Text book information may be out of date by the time the book is published.
Geriatric Psychiatry


Bartels et al. Agitation and depression in frail nursing home elderly patients with dementia: treatment characteristics and service use. Am J Geriatr Psychiatry 2003. 11(2):231-238. (V)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC

Bartels et al. Mental health service use by elderly patients with bipolar disorder and unipolar major depression. Am J Geriatr Psychiatry 2000. 8(2):160-166. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Brook et al. Discharge against medical advice from inpatient psychiatric treatment: a literature review. Psychiatr Serv 2006. 57(8):1192-1198. (V)


Bruce et al. Reducing suicidal ideation and depressive symptoms in depressed older primary care patients: a randomized controlled trial. JAMA 2004. 291(9):1081-1091. (II)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Camidge et al. Hospital admissions and deaths relating to deliberate self-harm and accidents within 5 years of a cancer diagnosis: a national study in Scotland, UK. Br J Cancer 2007. 96(5):752-757. (III)


Charney et al. Depression and Bipolar Support Alliance consensus statement on the unmet needs in diagnosis and treatment of mood disorders in late life. Arch Gen Psychiatry 2003. 60(7):664-672. (V)


Devanand et al. Adverse life events in elderly patients with major depression or dysthymic disorder and in healthy-control subjects. Am J Geriatr Psychiatry 2002. 10(3):265-274. (III)


Donat. Encouraging alternatives to seclusion, restraint, and reliance on PRN drugs in a public psychiatric hospital. Psychiatr Serv 2005. 56(9):1105-1108. (V)


Duberstein et al. Suicide at 50 years of age and older: perceived physical illness, family discord and financial strain. Psychol Med 2004. 34(1):137-146. (III)
InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Ghose et al. Depression and other mental health diagnoses after stroke increase inpatient and outpatient medical utilization three years poststroke. Med Care 2005. 43(12):1259-1264. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Hudson. Patterns of acute psychiatric hospitalization in Massachusetts. Adm Policy Ment Health 2005. 32(3):221-240. (III)


Joint Commission on Accreditation of Healthcare Organizations. 2009 Standards for behavioral healthcare. Oakbrook Terrace IL: Joint Commission on Accreditation of Healthcare Organizations; 2008. (V)


Kapp. Decisional capacity in theory and practice: legal process versus 'bumbling through'. Aging Ment Health 2002. 6(4):413-417. (V)


Lewis. Recognizing and meeting the needs of patients with mood disorders and comorbid medical illness: a consensus conference of the Depression and Bipolar Support Alliance. Biol Psychiatry 2003. 54(3):181-183. (V)


Lin and Li. Hospital readmission and its correlates among psychiatric patients in Taiwan. Psychiatr Serv 2008. 59(9):1064-1065. (V)


Lopez de Lara et al. STin2 variant and family history of suicide as significant predictors of suicide completion in major depression. Biol Psychiatry 2006. 59(2):114-120. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Marangell et al. Prospective predictors of suicide and suicide attempts in 1,556 patients with bipolar disorders followed for up to 2 years. Bipolar Disord 2006. 8(5 Pt 2):566-575. (III)


McIntosh et al. Compliance therapy for schizophrenia. Cochrane Database Syst Rev 2006. 3:CD003442. (I)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Mota et al. Relationship between mental disorders/suicidality and three sexual behaviors: results from the National Comorbidity Survey Replication. Arch Sex Behav 2009 (III)


Owens et al. Suicide outside the care of mental health services: a case-controlled psychological autopsy study. Crisis 2003. 24(3):113-121. (III)


Perroud et al. Social phobia is associated with suicide attempt history in bipolar inpatients. Bipolar Disord 2007. 9(7):713-721. (III)

InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Ploderl and Fartacek. Suicidality and associated risk factors among lesbian, gay, and bisexual compared to heterosexual Austrian adults. Suicide Life Threat Behav 2005. 35(6):661-670. (III)


Rasic et al. Spirituality, religion and suicidal behavior in a nationally representative sample. J Affect Disord 2008 (III)


Rubenowitz et al. Life events and psychosocial factors in elderly suicides--a case-control study. Psychol Med 2001. 31(7):1193-1202. (III)


Soloff and Fabio. Prospective predictors of suicide attempts in borderline personality disorder at one, two, and two-to-five year follow-up. J Personal Disord 2008. 22(2):123-134. (III)


Stover et al. Depression and comorbid medical illness: the National Institute of Mental Health perspective. Biol Psychiatry 2003. 54(3):184-186. (V)


Thapa et al. P.R.N. (as-needed) orders and exposure of psychiatric inpatients to unnecessary psychotropic medications. Psychiatr Serv 2003. 54(9):1282-1286. (III)


Tremeau et al. Suicide attempts and family history of suicide in three psychiatric populations. Suicide Life Threat Behav 2005. 35(6):702-713. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Yatham et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies. Bipolar Disord 2005. 7(Suppl 3):5-69. (IV)


Electroconvulsive Therapy


Aziz et al. ECT and mental retardation: a review and case reports. J ECT 2001. 17(2):149-152. (V)
InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Chanpattana. Combined ECT and clozapine in treatment-resistant mania. J ECT 2000. 16(2):204-207. (V)


Chanpattana et al. Short-term effect of combined ECT and neuroleptic therapy in treatment-resistant schizophrenia. J ECT 1999. 15(2):129-139. (V)


Dean. Severe self-injurious behavior associated with treatment-resistant schizophrenia: treatment with maintenance electroconvulsive therapy. J ECT 2000. 16(3):302-308. (V)
Fox. Extended continuation and maintenance ECT for long-lasting episodes of major depression. J ECT 2001. 17(1):60-64. (V)
InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Grant and Mohan. Treatment of agitation and aggression in four demented patients using ECT. J ECT 2001. 17(3):205-209. (V)

Greenberg. ECT in the elderly. New Dir Ment Health Serv 1997(76):85-96. (V)


Gruber et al. ECT in mixed affective states: a case series. J ECT 2000. 16(2):183-188. (V)


Kellner et al. Continuation electroconvulsive therapy vs pharmacotherapy for relapse prevention in major depression: a multisite study from the Consortium for Research in Electroconvulsive Therapy (CORE). Arch Gen Psychiatry 2006. 63(12):1337-1344. (II)


McCall et al. Health-related quality of life following ECT in a large community sample. J Affect Disord 2006. 90(2-3):269-274. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC

InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Suzuki et al. Adjusting the frequency of continuation and maintenance electroconvulsive therapy to prevent relapse of catatonic schizophrenia in middle-aged and elderly patients who are relapse-prone. Psychiatry Clin Neurosci 2006. 60(4):486-492. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Yatham et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies. Bipolar Disord 2005. 7(Suppl 3):5-69. (IV)


Neuropsychological Testing


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Bowden et al. Age-related invariance of abilities measured with the Wechsler Adult Intelligence Scale--III. Psychol Assess 2006. 18(3):334-339. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Fayers et al. Which Mini-Mental State Exam items can be used to screen for delirium and cognitive impairment? J Pain Symptom Manage 2005. 30(1):41-50. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Tranel et al. Does the Clock Drawing Test have focal neuroanatomical correlates? Neuropsychology 2008. 22(5):553-562. (III)


Van der Elst et al. A large-scale cross-sectional and longitudinal study into the ecological validity of neuropsychological test measures in neurologically intact people. Arch Clin Neuropsychol 2008. 23(7-8):787-800. (III)


Yantz and McCaffrey. Social facilitation effect of examiner attention or inattention to computer-administered neuropsychological tests: first sign that the examiner may affect results. Clin Neuropsychol 2007. 21(4):663-671. (III)


**Psychological Testing**


Bianchini et al. Classification accuracy of MMPI-2 validity scales in the detection of pain-related malingering: a known-groups study. Assessment 2008 (III)


Boccaccini et al. Screening for malingering in a criminal-forensic sample with the Personality Assessment Inventory. Psychol Assess 2006. 18(4):415-423. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Fayers et al. Which Mini-Mental State Exam items can be used to screen for delirium and cognitive impairment? J Pain Symptom Manage 2005. 30(1):41-50. (III)


InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Kopelowicz et al. Consistency of Brief Psychiatric Rating Scale factor structure across a broad spectrum of schizophrenia patients. Psychopathology 2008. 41(2):77-84. (III)
Lung and Lee. The five-item Brief-Symptom Rating Scale as a suicide ideation screening instrument for psychiatric inpatients and community residents. BMC Psychiatry 2008. 8:53. (III)
Lykke et al. Validity of the BPRS, the BDI and the BAI in dual diagnosis patients. Addict Behav 2008. 33(2):292-300. (III)
Meulen et al. The seven minute screen: a neurocognitive screening test highly sensitive to various types of dementia. J Neurol Neurosurg Psychiatry 2004. 75(5):700-705. (III)
InterQual® Behavioral Health Criteria Bibliography: GERIATRIC


Neumann et al. Screening trauma patients with the Alcohol Use Disorders Identification Test and biomarkers of alcohol use. Alcohol Clin Exp Res 2009 (III)


Olden et al. Measuring depression at the end of life: is the Hamilton Depression Rating Scale a valid instrument? Assessment 2009. 16(1):43-54. (III)


Smalbrugge et al. Screening for depression and assessing change in severity of depression. Is the Geriatric Depression Scale (30-, 15- and 8-item versions) useful for both purposes in nursing home patients? Aging Ment Health 2008. 12(2):244-248. (III)


Tsushima and Tsushima. Comparison of MMPI-2 validity scales among compensation-seeking Caucasian and Asian American medical patients. Assessment 2009. 16(2):159-164. (III)
Yates and Taub. Assessing the costs, benefits, cost-effectiveness, and cost-benefit of psychological assessment: we should, we can, and here's how. Psychol Assess 2003. 15(4):478-495. (V)