Mini International Neuropsychiatric Interview

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MINI screening for mood, anxiety or psychotic disorder - FULL INTERVIEW

Diagnostic Screening Interview

Administering a Mini-Mental Status Exam MINI screening for mood, anxiety or psychotic disorder - SCREENING ONLY excerpt mini interview! Mini Interview *Mini interview ??*

Mini InterviewMini Interview ? Mini interview Mini Interview!!! *Mini Interview* 1960s Psychiatric Interview. Hysterical Personality *18 year old girl with Catatonic Schizophrenia. Psychiatric interview. Subtitled in English* Disorganized (Hebephrenic) Schizophrenia Interview from 1980s. Psychiatric teaching film. *Psychiatric Interview with Paranoid Schizophrenic. 1983* 1980s Paranoid Schizoprenic Interview. Psychiatric Teaching FIlm. Case 10 *1980s Psychiatric Interview: Manic phase of bipolar disorder* Mania in Bipolar Disorder Psychiatric Interview from 1980s. Pat's Schizophrenia Interview

1980s Psychiatric interview with manic patient. Medical teaching film.*Patient with Schizophrenia 1971 psychiatric interview. Subtitled in English Mini Interview* Mini Interview *Mini Interview* **Mini Interview** Mini Interview MINI INTERVIEW Mini Interview *1980s Psychiatric interview with bipolar patient in depressive phase. Medical teaching film.*

Mini International Neuropsychiatric Interview

The MINI International Neuropsychiatric Interview (M.I.N.I.) A Short Diagnostic Structured Interview: Reliability and Validity According to the CIDI. European Psychiatry. 1997; 12: 224-231.

MINI - Mini-International Neuropsychiatric Interview

The Mini-International Neuropsychiatric Interview (M.I.N.I.) is a short structured diagnostic interview, developed jointly by psychiatrists and clinicians in the United States and Europe, for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, it was designed to meet the need for a short but accurate structured psychiatric interview for multicenter clinical trials and epidemiology studies and to be used as a first step in outcome tracking in ...

The Mini-International Neuropsychiatric Interview (M.I.N.I ...

Often, the Mini International Neuropsychiatric Interview (MINI) is used to assess and track psychiatric diagnoses. The MINI is a structured interview in which patients are asked to answer questions “Yes” or “No” (eg, “Were you ever depressed or down, or felt sad, empty or hopeless most of the day, nearly every day, for two weeks?”).

Mini-International Neuropsychiatric Interview - an ...
The Mini International Neuropsychiatric Interview (MINI) was designed as a brief structured diagnostic interview for the major psychiatric disorders in DSM-III-R, DSM-IV and DSM-5 and ICD-10. Validation and reliability studies have been done comparing the MINI to the SCID-P for DSM-III-R and the CIDI (a structured interview developed by the World Health Organization).

MINI – Harm Research
The M.I.N.I. was designed as a brief structured interview for the major Axis I psychiatric disorders in DSM-IV and ICD-10. Validation and reliability studies have been done comparing the M.I.N.I. to the SCID-P for DSM-III-R and the CIDI (a structured interview developed by the World Health Organization for lay interviewers for ICD-10).

M.I.N.I.
One exception was the Mini-International Neuropsychiatric Interview (MINI) instrument, which is a structured interview; at the time of the study, the MINI 6.0, based on the DSM-IV, was available. The MINI comprises modules for 17 psychiatric diagnoses. Questions are phrased to allow only “yes” or “no” answers.

The Mini-International Neuropsychiatric Interview is ...
The MINI is a short structured diagnostic interview, developed jointly by psychiatrists and clinicians in the US and Europe, for Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) and International Classification of Diseases (ICD) 10th revision psychiatric disorders.

The Mini-International Neuropsychiatric Interview (M.I.N.I ...
The MINI is a widely used psychiatric structured diagnostic interview instrument. To keep the interview brief, tell the patient the interview is structured and requires only “yes” or “no” answers. The MINI is divided into modules identified by letters corresponding to diagnostic categories. Click here for the MINI website.

The Mini International Neuropsychiatric Interview ...
The Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI Kid) is a short, structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders in children and adolescents. Therapeutic area. Mental Disorders. Behavior and Behavior Mechanisms. Chemically-Induced Disorders. Therapeutic indication.

MINI Kid - Mini-International Neuropsychiatric Interview ...
MINI Neuropsychiatric Interview: There are several versions of the MINI, each for different populations (the DSM-5 version for adults is $10). More diagnostic scales, including disability and suicidality, are available through Dr. Sheehan’s group, the Harm Research Institute. SCID Structured Interview: DSM-5 version, Free DSM-IV Mania Section

Measurement ? Mood Treatment Center
???The Mini-International Neuropsychiatric Interview????M.I.N.I.?7,8??????????? ?????????? ?????? 1????? ??????2011?4??2013?3????2?? ?A?????????????????????

???????????the M.I.N.I-International Neuropsychiatric ...
Considering these points, Sheehan and his colleagues developed MINI (Mini International Neuropsychiatric Interview) to meet the need for a brief, reliable, and valid structured diagnostic interview for psychiatric disorders. The MINI has been translated into many languages and used in many countries.

??? Mini International Neuropsychiatric Interview ??? ??
The Mini International Neuropsychiatric Interview (MINI) is a short, structured diagnostic interview developed initially in 1990 by psychiatrists and clinicians in the United States and Europe for DSM-III-R and ICD-10 psychiatric disorders.

Mini International Neuropsychiatric Interview (MINI) 7.0.2 ...
The Mini International Neuropsychiatric Interview (MINI). A short diagnostic structured interview: reliability and validity according to the CIDI

(PDF) The Mini International Neuropsychiatric Interview ...
The Mini International Neuropsychiatric Interview (MINI) is a short diagnostic structured interview (DSI) developed in France and the United States to explore 17 disorders according to Diagnostic and Statistical Manual (DSM)-III-R diagnostic criteria. It is fully structured to allow administration by non-specialized interviewers.

The Mini International Neuropsychiatric Interview (MINI ...
The Mini-International Neuropsychiatric Interview is useful and well accepted as part of. of the paper-and-pen version of MINI version 6.0 among patients and staff in primary care centers in...

Mini International Neuropsychiatric Interview 7.0 Pdf ...
Abstract Objective: To investigate the concurrent validity and reliability of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), a short structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders in children and adolescents.

Reliability and validity of the Mini International ...
The Mini International Neuropsychiatric Interview (MINI)1is a tool to assist clinicians to conduct psychiatric diagnoses most often encountered, by using DSM* criteria. This particular questionnaire was developed to evaluate the DSM-5 specifier2“with depressive features” for (hypo-)manic episodes.

MINI

The Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) is a short standardized diagnostic interview and covers a rather broad range of diagnoses applicable to children and adolescents.

This book presents the largest international study of psychological disorders seen in primary health care. Centres in fourteen countries participated in this investigation, including Brazil, Chile, China, India, Nigeria and the USA as well as several European countries. The study has shown how people with mental disorders present their problems to doctors and how likely their disorders are to be detected and treated.

"Background: The Patient Health Questionnaire-9 (PHQ-9) has been recommended for screening to identify patients with depression. Conventional meta-analyses on PHQ-9 diagnostic accuracy have been limited by selective cutoff reporting in primary studies and have not examined accuracy for different diagnostic interview types used as reference standards or different participant subgroups.Objectives: To use an individual participant data (IPD) meta-analysis approach to (1) evaluate the association between diagnostic interview method and odds of major depression classification; (2) determine PHQ-9 diagnostic accuracy for different reference standards and participant subgroups; and (3) conduct a simulation to demonstrate variability in optimal cutoffs and the resulting exaggeration of accuracy estimates when small samples are used to select an optimal cutoff and determine its accuracy.Methods: Electronic databases were searched from January 2000 until February 2015 for datasets that compared PHQ-9 scores to major depression classification from validated diagnostic interviews. Primary study data and study-level data extracted from primary reports were synthesized into a large IPD database. To evaluate the association between diagnostic interview method and odds of major depression classification, binomial generalized linear mixed models were fit. To estimate PHQ-9 diagnostic accuracy, bivariate random-effects meta-analyses were used to estimate pooled sensitivity and specificity for cutoffs 5-15. To demonstrate variability in sample-specific optimal cutoffs and resulting exaggeration of accuracy estimates, samples of size 100, 200, 500, and 1000 were drawn with replacement from the IPD database, and optimal cutoffs and their accuracy estimates were compared to those from the full database.Results: Data from 58 of 72 eligible studies were obtained and synthesized (17,436 participants; 2,322 cases). Among fully structured interviews intended for lay administration, odds of major depression were higher for the brief Mini International Neuropsychiatric Interview (MINI) compared to the more in-depth Composite International Diagnostic Interview (CIDI). Compared to semi-structured interviews designed for clinician administration, fully structured interviews (MINI excluded) were less likely to classify major depression among participants with high-level depressive symptoms. PHQ-9 sensitivity estimates compared to semi-structured interviews were greater than compared to fully structured interviews and greater than reported in previous meta-analyses that combined reference standards. A cutoff of >= 10 maximized combined sensitivity and specificity overall and for subgroups. When samples of size 100 were drawn from the IPD database, sample-specific optimal cutoffs ranged from 3-19. Compared to estimates based on the full database, sample-specific optimal cutoffs overestimated sensitivity by 10% and underestimated specificity by 4%. When sample size increased to 1000, the range of optimal cutoffs narrowed to 6-12, and sample-specific optimal cutoffs overestimated sensitivity by only 5%; specificity was again underestimated by 4%.Conclusions: Semi- and fully structured diagnostic interviews should not be considered equivalent reference standards

for major depression. PHQ-9 diagnostic accuracy compared to semi-structured interviews is greater than previously reported, and a cutoff of >= 10 can be used regardless of participant characteristics. Using data-driven methods to select an optimal cutoff in small samples leads to exaggerated accuracy estimates, although the extent of sensitivity exaggeration reduces as sample size increases. This thesis demonstrated and overcame shortcomings in existing research and generated accurate, unbiased estimates of PHQ-9 diagnostic accuracy. Results can be used to improve our ability to conduct trials that will determine whether screening for depression could be effective"--

Background: Functional gastrointestinal disorder (FGID) is known as a difficult-to-treat disorder and significantly impacts on quality of life. The objective of the present study is 1) to examine the prevalence of psychiatric comorbidities and 2) to compare the quality of life between FGID patients with and without psychiatric disorders. Methods: This was a cross-sectional study that focused on patients with FGID who attended a Motility Clinic. The participants were interviewed by a brief structured diagnostic interview of Mini-International Neuropsychiatric Interview (M.I.N.I.) and completed self-rated questionnaires (PHQ-9, EQ-5D-5L, SF-36) to evaluate depression and quality of life. Then, we compared data between participants with and without psychiatric disorders.Results: Of the 175 patients, 12% had psychiatric disorders comorbid with FGID. Depressive and anxiety disorders were the most common psychiatric disorders. Assessed quality of life using EQ-5D-5L, participants rated themselves about 76.01+13.45 out of 100. There was significant difference in mood dimension compared between psychiatric and non-psychiatric FGID participants, but not in mobility, self-care, activities and pain dimensions. Mean scores of quality of life assessed by SF-36 were 59.28+20.87 in physical components and 66.10+19.12 in mental components. Patients with psychiatric comorbidities were significantly much poorer quality of life than of patient without psychiatric comorbidities. Conclusions: Psychiatric illness had significant impact on FGID patientsu2019 quality of life. Depression is associated with poor quality of life. FGID patients should be evaluated their moods and psychiatric symptoms during following up for appropriate psychological management and better quality of life.

The exponential growth of clinical psychology since the late 1960s can be measured in part by the extensive-perhaps exhaustive-literature on the subject. This proliferation of writing has continued into the new century, and the field has come to be defined as much by its many topics as its many voices. The Oxford Handbook of Clinical Psychology synthesizes these decades of literature in one extraordinary volume. Comprising chapters from the foremost scholars in clinical psychology, the handbook provides even and authoritative coverage of the research, practice, and policy factors that combine to form today's clinical psychology landscape. In addition to core sections on topics such as training, assessment, diagnosis, and intervention, the handbook includes valuable chapters devoted to new and emerging issues in the clinical field, including heath care reforms, cultural factors, and technological innovations and challenges. Each chapter offers a review of the most pertinent literature, outlining current issues and identifying possibilities for future research. Featuring two chapters by Editor David H. Barlow -- one on changes during his own 40-year odyssey in the field, the other projecting ten themes for the future of clinical psychology -- The Oxford Handbook of Clinical Psychology is a landmark publication that is sure to serve as the field's benchmark reference publication for years to come. It is an essential resource for students, clinicians, and researchers across the

ever-growing clinical psychology community.

This Clinical Handbook for the Management of Mood Disorders will equip clinicians with the knowledge to refine their diagnostic skills and implement treatment plans for mood disorders based on the most up-to-date evidence on interventions that work. Covering the widest range of treatments and techniques, it provides clear guidance for the management of all types and subtypes of both minor and major depression. Chapters cover the latest and most innovative treatments, including use of ketamine, deep brain stimulation and transcranial magnetic stimulation, effective integration of pharmacological and psychotherapeutic approaches, as well as providing a thought-provoking look at the future research agenda and the potential for reliable biomarkers. This is the most comprehensive review of depression available today. Written and edited by leading experts mostly from Columbia University, this is an essential resource for anyone involved in the care and treatment of patients with mood disorders.

Fully updated for DSM-5. Provides clinical psychology trainees with a practical template for incorporating the scientist-practitioner model into clinical practice.

Adult ADHD: Diagnostic Assessment and Treatment, Third Edition covers not only diagnostic assessment, but also comorbidity patterns as well as differential diagnosis of ADHD with for example bipolar disorder and borderline personality disorder. The symptom overlap and misdiagnosis of chronic fatigue syndrome in girls and women with the inattentive subtype of ADHD, ADD is explored. The chronic delayed sleep phase syndrome associated with ADHD based on disturbances in the circadian rhythm, and the possible consequences for general health (obesity, diabetes, cardiovascular diseases and cancer) are discussed. There are sections on ADHD and intelligence, criminality, sexuality, dyslexia and autism. Adult ADHD can be treated effectively but as yet the disorder is not always recognised by professionals and this book aims to help correct this. Diagnostic tools are included, such as the structured Diagnostic Interview for Adult ADHD (DIVA), and an ultra-short and somewhat longer screening tool, all based on the DSM-IV criteria for ADHD. Treatment options cover psychoeducation and motivation and individual and group coaching; long-acting stimulants and other new drugs for treating ADHD; use of melatonin to treat the delayed sleep-phase disorder. Useful information is included on the setting up and organisation of a department for adult ADHD with a multidisciplinary team. References, websites and useful international addresses have all been updated. Adult ADHD: Diagnostic Assessment and Treatment, Third Edition is intended for students, junior doctors/residents, psychologists, psychiatrists, other mental healthcare professionals and interested parties and provides a quick overview of the current state of the science and of the methods used in diagnosis and treatment. Adult ADHD: Diagnostic Assessment and Treatment, Third Edition was originally published by Pearson Assessment and Information BV, The Netherlands.