

CONVERT Info Sheet

CONVERT is a Python application which implements the conversions between the psychometric diagnostic instruments used to interview help-seeking subjects for a clinical high risk for psychosis (HR), according to the algorithm and equipercntile linking table proposed by Fusar-Poli et al. in *Schizophr Bull* 2015 (under review).

When using CONVERT please cite: Fusar-Poli P, Cappucciati M, Beverly Q, Rutigliano G, Bonoldi I, Lelli J, Kaar SJ, Gago E, Rocchetti M, Rashmi P, Bhavsar V, Tognin S, Badger S, Calem M, Perez J, McGuire P. TOWARDS A STANDARD PSYCHOMETRIC DIAGNOSTIC INTERVIEW FOR PEOPLE AT HIGH CLINICAL RISK FOR PSYCHOSIS: CAARMS vs SIPS. *Schizophrenia Bulletin* 2015 (under review).

To start the software execute the `caarms_sips_converter.py` in the command prompt.

The software takes as input a *.xlsx file (attached Input_Template) and produces as output a *.xlsx file.

Clicking on File menu/Open, the user can browse the directories and open the selected input file.

Functions included in the software are:

- CAARMS to SIPS
- SIPS to CAARMS

For each of them the software provides the conversion of the diagnostic subgroup (columns “CAARMS Main Diagnosis” and “SIPS Main Diagnosis”) across the two instruments, and of the individual scores of the severity or frequency subscales. The latter were provided for analytical purposes only (e.g., to correlate severity/frequency with other external variables). We do not recommend to use the converted severity or frequency to assign the diagnostic subgroup as a first step. The functions are accessible via the Run pull-down menu.

The supported input diagnostic subgroups are:

1. HR –
2. GRD
3. GRD/APS
4. APS
5. BLIPS
6. GRD/BLIPS
7. Psychosis

This file is part of CONVERT package.

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The supported output diagnostic subgroups are:

8. HR –
9. GRD
10. APS
11. BLIPS
12. psychosis

The GRD+APS and GRD+BLIPS group have been combined with the APS and BLIPS group respectively, as suggested by Nelson et al. 2011¹.

Besides the main diagnosis and the individual ratings, in order to proceed to the conversion of cases, the software requires the following clinical information, which should be part of the routine psychometric assessment, namely:

1. Comorbidities which can better explain the symptoms (column “Symptoms B/E Comorbidities”, values: yes/no), required to convert APS from CAARMS to SIPS and HR – from SIPS to CAARMS ^{2,3};
2. Disorganising and dangerous symptoms (column “DD Symptoms”, values: yes/no), required to convert BLIPS from CAARMS to SIPS and psychosis from SIPS to CAARMS ^{2,3};
3. GAF drop > 30% (column “GAF drop > 30%”, values: yes/no), required to convert APS from SIPS to CAARMS. Although the presence of a GAF drop greater than 30% is a CAARMS requirement also for the BLIPS category, we considered it redundant, i.e. we assume that the presence of a BLIPS itself leads to a GAF drop > 30% ^{2,3}.

When these data are missing, the user will be given warning messages. The user can then decide to interrupt the program, enter the data in the input *.xlsx file and rerun the program, or if the data are not available, to proceed and exclude the cases. In both cases the subjects with missing info will be listed in the main screen.

The Save as item in the File menu allows to save the output *.xlsx file in the selected directory.

The Help pull-down menu displays a basic guide about the software use.

References

1. Nelson B, Yuen K, Yung AR. Ultra high risk (UHR) for psychosis criteria: are there different levels of risk for transition to psychosis? *Schizophrenia research* Jan 2011;125(1):62-68.
2. Yung AR, Phillips LJ, Simmons MB, Ward J, Thompson P, French P, McGorry P. *CAARMS. Comprehensive Assessment of at Risk Mental States*. Parkville Victoria, The PACE Clinic, ORYGEN Research Centre, University of Melbourne, Department of Psychiatry; 2006.
3. McGlashan T, Walsh B, Woods S. *The Psychosis-Risk Syndrome. Handbook for Diagnosis and Follow-Up*. New York: Oxford University Press; 2010.

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