

Rating scales

Psychiatric rating scales

There are many rating scales used to measure the severity of psychiatric disorders.

For depression, the most frequently used scales include:

- Hamilton Depression Rating (HAM-D) Scale
- Montgomery–Åsberg Depression Rating Scale (MADRS)
- Geriatric Depression Scale (GDS)
- Zung Self-Rating Depression Scale (ZSRDS).

For mania, the most frequently used scale is:

- Young Mania Rating Scale (YMRS).

For anxiety the most frequently used scale is:

- Hamilton Anxiety Rating (HAM-A) Scale.

For obsessive–compulsive disorder (OCD) the most frequently used scale is:

- Yale–Brown Obsessive–Compulsive Scale (Y-BOCS).

For schizophrenia, the most frequently used scales are:

- Positive and Negative Syndrome Scale (PANSS)
- Brief Psychiatric Rating Scale (BPRS)
- Calgary Depression Scale for schizophrenia (CDSS).

Other general psychiatry scales include:

- Global Assessment of Functioning (GAF)
- Clinical Global Impression (CGI).

Hamilton Depression Rating (HAM-D) Scale

This scale is used to assess the severity of depression in patients already diagnosed with an affective disorder. There are two versions of the scale using either 21 or 17 items (HAM-D₂₁ and HAM-D₁₇); the 17-item scale uses the first 17 questions on the full scale. Items are scored from 0 to 4, the higher the score, the more severe the depression (Table 1).

Questions are related to symptoms such as depressed mood, guilty feelings, suicide, sleep disturbances, anxiety levels and weight loss.¹

Work and activities

Unknown.

0= No difficulties.

1= Thoughts and feeling of incapacity, fatigue or weakness related to activities, work or hobbies.

2= Loss of interest in activity; hobbies or work — either directly reported by patient, or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).

3= Decrease in actual time spent in activities or decrease in productivity.

4= Stopped working because of present illness.

Table 1. Item 7 of the HAM-D scale

Montgomery–Åsberg Depression Rating Scale (MADRS)

The MADRS was originally a subscale of the Comprehensive Psychopathological Rating Scale, developed by Montgomery and Åsberg in 1979. This scale measures the effect of treatment on depression severity, and as such, requires a baseline assessment (before treatment) with subsequent assessments during the course of treatment. The MADRS measures the severity of a number of symptoms on a scale from 0 to 6 (Table 2), including mood and sadness, tension, sleep, appetite, energy, concentration, suicidal ideation and restlessness.²

Apparent sadness

Unknown.

0= No sadness.

2= Looks dispirited but brightens up occasionally.

4= Appears sad and unhappy all of the time.

6= Extreme and continuous gloom and despondency.

Table 2. Item 1 of the MADRS





Young Mania Rating Scale

This scale is used to assess disease severity in patients already diagnosed with mania. This 11-item scale is intended to be administered by a trained clinician who assigns a severity rating for each item based on a personal interview (Table 3).³

1. Elevated mood
2. Increased motor activity and energy
3. Sexual interest
4. Sleep
5. Irritability
6. Speech (rate and amount)
7. Language and thought disorder
8. Content
9. Disruptive-aggressive behaviour
10. Appearance
11. Insight.

Table 3. Items evaluated in the Young Mania rating scale

Hamilton Anxiety Rating (HAM-A) Scale

This scale consists of 14 items, each defined by a series of symptoms. The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptomatology. The scale was introduced by Max Hamilton in 1959 and measures the severity of symptoms such as anxiety, tension, depressed mood, palpitations, breathing difficulties, sleep disturbances, restlessness and other physical symptoms (Table 4).⁴ This is a widely used scale and an accepted outcome measure in clinical trials.

Depressed Mood

Unknown.

0= Natural mood.

1= When it is doubtful whether the patient is more despondent or sad than usual. Eg the patient vaguely indicates to be more depressed than usual.

2= When the patient is more clearly concerned with unpleasant experiences, although he/she is still without helplessness or hopelessness.

3= The patient shows clear non-verbal signs of depression and/or hopelessness.

4= The patient remarks on despondency and helplessness or the patient cannot be distracted from non-verbal signs of depression that dominate the interview.

Table 4. Item 6 of the HAM-A rating scale

Yale–Brown Obsessive–Compulsive Scale (Y-BOCS)

This is a 10-item balanced scale designed to rate both the severity and type of symptoms in patients with OCD. The scale includes assessments of time occupied, interference with ordinary social activities, degree of distress, resistance and control. This scale was designed to measure symptoms, on a scale from 0 to 4, without being influenced by the type of obsessions or compulsions (Table 5).⁵

Time occupied by obsessive thoughts

Unknown.

0= None.

1= Mild.

2= Moderate.

3= Severe.

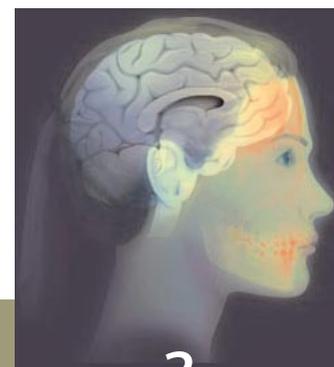
4= Extreme.

Table 5. Item 1 of the Y-BOCS

Positive and Negative Syndrome Scale (PANSS)

The PANSS was developed as a more rigorously and objective method for evaluating positive, negative and other symptom dimensions in schizophrenia. The PANSS assessment is derived from behavioural information collected from a number of sources including: observations during the interview; a clinical interview; and reports by primary care or hospital staff or family members.⁶

The ratings provide summary scores on a 7-item positive scale (Table 6), a 7-item negative scale and a 16-item general psychopathology scale. The PANSS ratings should be based on all the information relating to a specified period, normally identified as the previous week. If the item is absent it is scored as 1, increased levels of psychopathology are assigned scores from 2 (minimal) to 7 (extreme). The rater must determine the symptom severity by reference to the particular criteria for the anchoring points and assign the highest applicable rating point.





- P1 Delusions.
- P2 Conceptual disorganisation.
- P3 Hallucinatory behaviour.
- P4 Excitement.
- P5 Grandiosity.
- P6 Suspiciousness/persecution.
- P7 Hostility.

Table 6. Postive scale (P) items evaluated in the PANSS

Brief Psychiatric Rating Scale (BPRS)

The BPRS is probably the most widely used rating scale in psychiatry. It comprises 16 items rated from 0 (not present) to 6 (extremely severe) and includes symptoms such as somatic concern, anxiety, depressive mood, hostility and hallucinations (Table 7).⁷ The scale was developed essentially for schizophrenia states but also includes symptoms of depression. Interpretation of the total scores is: 0–9, not a schizoaffective case; 10–20, possible schizoaffective case; 21 or more, definite schizoaffective case. For schizophrenia states, the 10 schizophrenia items on the BPRS should be summed.

The scale is quantitative; it was constructed for the sole purpose of rating the current clinical picture. It is not a diagnostic tool. When the scale is used in repeated (weekly) ratings, each assessment must be made independently, without reference to previous interviews.

1. Somatic concern.
2. Anxiety: psychic.
3. Emotional withdrawal.
4. Conceptual disorganisation (incoherence).
5. Self-depreciation and guilt feelings.
6. Anxiety: somatic.
7. Specific movement disturbances.
8. Exaggerated self-esteem.
9. Depressive mood.
10. Hostility.
11. Suspiciousness.
12. Hallucinations.
13. Motor retardation.
14. Uncooperativeness.
15. Unusual thought content.
16. Blunted or inappropriate affect.

Table 7. Items evaluated on the BPRS

Calgary Depression Scale for Schizophrenia (CDSS)

Many of the frequently used depression scales were designed to assess depression in nonpsychotic patients. These scales contain items which do not distinguish depressed from nondepressed psychotic patients. The CDSS was designed to assess symptoms of depression in the presence of schizophrenia. It measures the severity of symptoms such as depressed mood, hopelessness, guilt, insomnia and suicide (Table 8).⁸

Hopelessness

- Unknown.
- 0= Absent.
- 1= Mild.
- 2= Moderate.
- 3= Severe.

Table 8. Item 2 of the CDSS

Global Assessment of Functioning (GAF) Scale

The GAF, a modified version of the Global Assessment Scale (GAS), first appeared in DSM-III-R in 1994.⁹ Overall function on Axis V of the DSM-IV is assessed using the GAF scale. This scale may be particularly useful when the clinical progress of a patient needs to be assessed in global terms, using a single measure. The GAF scale is rated with respect to psychological and occupational functioning only. Interpretation of total scores is as follows:

Total score 91–100

Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

Total score 81–90

Absent or minimal symptoms (eg, mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied





with life, no more than everyday problems or concerns (eg, an occasional argument with family members).

Total score 71–80

If symptoms are present, they are transient and expectable reactions to psychosocial stressors (eg, difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (eg, temporarily falling behind in schoolwork).

Clinical Global Impression (CGI) Scale

The CGI scale refers to the global impression of the patient and requires clinical experience with the syndrome under assessment.¹⁰ The CGI improvement scale can be completed only following or during treatment. The concept of improvement refers to the clinical distance between the individual's current condition and that prior to the start of treatment. The scale has a single item measured on a 7 point scale from 1 ('normal', not ill) to 7 (extremely ill).

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Further reading

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