

5.2 Psychiatric Rating Scales

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- Reliability is good to excellent when raters are experienced but this is difficult to achieve without substantial training
 - semi-structured interview has been developed to increase reliability
- Validity is also good as measured by correlations with other measures of symptom severity, especially those assessing schizophrenia symptomatology
- Given its focus on psychosis and associated symptoms, it is only suitable for patients with fairly significant impairment
- Its use in clinical practice is less well supported, in part because the considerable training is required to achieve the necessary reliability

POSITIVE AND NEGATIVE SYNDROME SCALE (PANSS)

- Developed in the late 1980s to remedy perceived deficits in the BPRS in the assessment of positive & negative symptoms of schizophrenia and other psychotic disorders by adding additional items and providing careful anchors for each
- requires a clinician rater because considerable probing and clinical judgment are required
- A semi-structured interview guide is available
- Reliability for each scale has been shown to be fairly high w/ excellent internal consistency & internater reliability
- Validity also appears good based on correlation with other symptom severity measures and factor analytic validation of the subscales
- has become the standard tool for assessing clinical outcome in treatment studies of schizophrenia and other psychotic disorders and has been shown to be easy to administer reliably & sensitive to change w/ treatment
- Its high reliability & good coverage of both positive and negative symptoms make it excellent for this purpose
- may also be useful for tracking severity in clinical practice, & its clear anchors make it easy to use in this setting

SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS (SAPS) AND SCALE FOR THE ASSESSMENT OF NEGATIVE SYMPTOMS (SANS)

- SAPS and SANS were designed to provide a detailed assessment of positive and negative symptoms of schizophrenia
 - may be used separately or in tandem.
- SAPS: assesses hallucinations, delusions bizarre behavior, and thought disorder
- SANS: assesses affective flattening, poverty of speech, apathy, anhedonia, and inattentiveness.
- Both are mainly used to monitor treatment effects in clinical research

MOOD DISORDERS

HAMILTON RATING SCALE FOR DEPRESSION (HAM-D)

 Was developed in the early 1960s to monitor the severity of major depression with a focus on somatic symptomatology

- 17-item version: most commonly used version, although versions with different numbers of items, including the 24-item version in Table 5.3-5, have been used in many studies as well
 - Was designed for clinician raters but has been used by trained lay administrators as well
 - Ratings are completed by the examiner based on the patient interview and observations
 - A structured interview guide has been developed to improve reliability
 - Ratings can be completed in 15 to 20 minutes.
 - Reliability is good to excellent, particularly when the structured interview version is used
 - Has been used extensively to evaluate change in response to pharmacological and other interventions and, thus, offers the advantage of comparability across a broad range of treatment trials
 - It is more problematic in the elderly and the medically ill, in whom the presence of somatic symptoms may not be indicative of major depression

BECK DEPRESSION INVENTORY (BDI)

- Was developed in the early 1960s to rate depression severity, wi' a focus on behavioral and cognitive dimensions of depression
- Current version, the Beck-III, has added more coverage of somatic symptoms and covers the most recent 2 weeks
- Earlier versions: focused on the past week or even shorter intervals, w/c may be preferable for monitoring treatment response
- Scale can be completed in 5 to 10 minutes
- Test-retest reliability is not consistently high, but this may reflect changes in underlying symptoms
- Validity is supported by correlation with other depression measures
- Principal use: as an outcome measure in clinical trials of interventions for major depression, including psychotherapeutic interventions
- Because it is a self-report instrument, it is sometimes used to screen for major depression

ANXIETY DISORDERS

HAMILTON ANXIETY RATING SCALE (HAM-A)

- was developed in the late 1950s to assess anxiety symptoms, both somatic and cognitive
- provides limited coverage of the "worry" required for a diagnosis of generalized anxiety disorder and does not include the episodic anxiety found in panic disorder
- designed to be administered by a clinician, and forma training or the use of a structured interview guide is required to achieve high reliability
- Reliability is fairly good based on internal consistency internater, and test-retest studies
 - reliability should not be assumed to be high across different users in the absence of formal training
- Validity appears good based on correlation with other anxiety scales but is limited by the relative lack of coverage of domains critical to the modern understanding of anxiety disorders

Handbook Of Psychiatric Rating Scales

M Carnoy

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