

Hamilton Depression Rating Scale (HDRS)

Reference: Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry* 1960; 23:56–62

Rating Clinician-rated

Administration time 20–30 minutes

Main purpose To assess severity of, and change in, depressive symptoms

Population Adults

Commentary

The HDRS (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS₁₇) pertaining to symptoms of depression experienced over the past week. Although the scale was designed for completion after an unstructured clinical interview, there are now semi-structured interview guides available. The HDRS was originally developed for hospital inpatients, thus the emphasis on melancholic and physical symptoms of depression. A later 21-item version (HDRS₂₁) included 4 items intended to subtype the depression, but which are sometimes, incorrectly, used to rate severity. A limitation of the HDRS is that atypical symptoms of depression (e.g., hypersomnia, hyperphagia) are not assessed (see SIGH-SAD, page 55).

Scoring

Method for scoring varies by version. For the HDRS₁₇, a score of 0–7 is generally accepted to be within the normal

range (or in clinical remission), while a score of 20 or higher (indicating at least moderate severity) is usually required for entry into a clinical trial.

Versions

The scale has been translated into a number of languages including French, German, Italian, Thai, and Turkish. As well, there is an Interactive Voice Response version (IVR), a Seasonal Affective Disorder version (SIGH-SAD, see page 55), and a Structured Interview Version (HDS-SIV). Numerous versions with varying lengths include the HDRS17, HDRS21, HDRS29, HDRS8, HDRS6, HDRS24, and HDRS7 (see page 30).

Additional references

Hamilton M. Development of a rating scale for primary depressive illness. *Br J Soc Clin Psychol* 1967; 6(4):278–96.

Williams JB. A structured interview guide for the Hamilton Depression Rating Scale. *Arch Gen Psychiatry* 1988; 45(8):742–7.

Address for correspondence

The HDRS is in the public domain.

Hamilton Depression Rating Scale (HDRS)

PLEASE COMPLETE THE SCALE BASED ON A STRUCTURED INTERVIEW

Instructions: for each item select the one “cue” which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

I DEPRESSED MOOD (sadness, hopeless, helpless, worthless)

- 0 Absent.
- 1 These feeling states indicated only on questioning.
- 2 These feeling states spontaneously reported verbally.
- 3 Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.
- 4 Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.

2 FEELINGS OF GUILT

- 0 Absent.
- 1 Self reproach, feels he/she has let people down.
- 2 Ideas of guilt or rumination over past errors or sinful deeds.
- 3 Present illness is a punishment. Delusions of guilt.
- 4 Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

3 SUICIDE

0 Absent.
 1 Feels life is not worth living.
 2 Wishes he/she were dead or any thoughts of possible death to self.
 3 Ideas or gestures of suicide.
 4 Attempts at suicide (any serious attempt rate 4).

4 INSOMNIA: EARLY IN THE NIGHT

0 No difficulty falling asleep.
 1 Complains of occasional difficulty falling asleep, i.e. more than $\frac{1}{2}$ hour.
 2 Complains of nightly difficulty falling asleep.

5 INSOMNIA: MIDDLE OF THE NIGHT

0 No difficulty.
 1 Patient complains of being restless and disturbed during the night.
 2 Waking during the night – any getting out of bed rates 2 (except for purposes of voiding).

6 INSOMNIA: EARLY HOURS OF THE MORNING

0 No difficulty.
 1 Waking in early hours of the morning but goes back to sleep.
 2 Unable to fall asleep again if he/she gets out of bed.

7 WORK AND ACTIVITIES

0 No difficulty.
 1 Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
 2 Loss of interest in activity, hobbies or work – either directly reported by the 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. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

8 RETARDATION (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)

0 Normal speech and thought.
 1 Slight retardation during the interview.
 2 Obvious retardation during the interview.
 3 Interview difficult.
 4 Complete stupor.

9 AGITATION

0 None.
 1 Fidgetiness.
 2 Playing with hands, hair, etc.
 3 Moving about, can't sit still.
 4 Hand wringing, nail biting, hair-pulling, biting of lips.

10 ANXIETY PSYCHIC

0 No difficulty.
 1 Subjective tension and irritability.
 2 Worrying about minor matters.
 3 Apprehensive attitude apparent in face or speech.
 4 Fears expressed without questioning.

11 ANXIETY SOMATIC (physiological concomitants of anxiety) such as:

gastro-intestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching

cardio-vascular – palpitations, headaches

respiratory – hyperventilation, sighing

urinary frequency

sweating

0 Absent.
 1 Mild.
 2 Moderate.
 3 Severe.
 4 Incapacitating.

12 SOMATIC SYMPTOMS GASTRO-INTESTINAL

0 None.
 1 Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.

13 GENERAL SOMATIC SYMPTOMS

0 None.
 1 Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
 2 Any clear-cut symptom rates 2.

14 GENITAL SYMPTOMS (symptoms such as loss of libido, menstrual disturbances)

0 Absent.
 1 Mild.
 2 Severe.

15 HYPOCHONDRIASIS

0 Not present.
 1 Self-absorption (bodily).
 2 Preoccupation with health.
 3 Frequent complaints, requests for help, etc.
 4 Hypochondriacal delusions.

16 LOSS OF WEIGHT (RATE EITHER a OR b)

a) According to the patient: b) According to weekly measurements:

0 No weight loss. 0 Less than 1 lb weight loss in week.
 1 Probable weight loss associated with present illness. 1 Greater than 1 lb weight loss in week.
 2 Definite (according to patient) weight loss. 2 Greater than 2 lb weight loss in week.
 3 Not assessed. 3 Not assessed.

17 INSIGHT

0 Acknowledges being depressed and ill.
 1 Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
 2 Denies being ill at all.

Total score:

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