

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).

1 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 ½ 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 <input type="checkbox"/> No weight loss. | 0 <input type="checkbox"/> Less than 1 lb weight loss in week. |
| 1 <input type="checkbox"/> Probable weight loss associated with present illness. | 1 <input type="checkbox"/> Greater than 1 lb weight loss in week. |
| 2 <input type="checkbox"/> Definite (according to patient) weight loss. | 2 <input type="checkbox"/> Greater than 2 lb weight loss in week. |
| 3 <input type="checkbox"/> Not assessed. | 3 <input type="checkbox"/> 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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