

# 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 (HDRS<sub>17</sub>) 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 (HDRS<sub>21</sub>) 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 HDRS<sub>17</sub>, 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 HDRS<sub>17</sub>, HDRS<sub>21</sub>, HDRS<sub>29</sub>, HDRS<sub>8</sub>, HDRS<sub>6</sub>, HDRS<sub>24</sub>, and HDRS<sub>7</sub> (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 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)**

- |                                                                                  |                                                                   |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>a) According to the patient:</b>                                              | <b>b) According to weekly measurements:</b>                       |
| 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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