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 ($HDRS_{17}$) 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 ($HDRS_{21}$) 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 $HDRS_{17}$, 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

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:

0 [✓] No weight loss.
1 [ ] Probable weight loss associated with present illness.
2 [ ] Definite (according to patient) weight loss.
3 [ ] Not assessed.

b) According to weekly measurements:

0 [ ] Less than 1 lb weight loss in week.
1 [ ] Greater than 1 lb weight loss in week.
2 [ ] Greater than 2 lb weight loss in week.
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: 19

NURSING SHIFT ASSESSMENT

DATE: 12/3/24

SHIFT: ☑ Day(7A-7P) ☐ Night(7P-7A)

Label
Name: _____
MR#: _____ D.O.B. _____

Orientation
☑ Person
☑ Place
☑ Time
☑ Situation

Affect
☑ Appropriate
☐ Inappropriate
☐ Flat
☐ Guarded
☐ Improved
☐ Blunted

ADL
☑ Independent
☐ Assist
☐ Partial Assist
☐ Total Assist

Motor Activity
☑ Normal
☐ Psychomotor retardation
☐ Psychomotor agitation
☐ Posturing
☐ Repetitive acts
☐ Pacing

Mood
☐ Irritable
☐ Depressed
☑ Anxious
☐ Dysphoric
☐ Agitated
☐ Labile
☐ Euphoric

Behavior
☐ Withdrawn
☐ Suspicious
☐ Tearful
☐ Paranoid
☐ Isolative
☐ Preoccupied
☐ Demanding
☐ Aggressive
☐ Manipulative
☐ Complacent
☐ Sexually acting out
☑ Cooperative
☐ Guarded
☐ Intrusive

Thought Processes
☑ Goal Directed ☐ Tangential ☐ Blocking
☐ Flight of Ideas ☐ Loose association ☐ Indecisive
☐ Illogical ☐ Delusions:) (type)_____

Thought Content
☐ Obsessions ☐ Compulsions ☐ Suicidal thoughts
☐ Hallucinations: ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile ☐ Gustatory
☐ Worthless ☐ Somatic ☐ Assaultive Ideas ☑ Logical
☐ Hopeless ☐ Helpless ☐ Homicidal thoughts

Pain: (Yes) ***No Pain scale score*** 5 ***Locations*** back & head
Is pain causing any physical impairment in functioning today ☑ No ☐ If yes explain _____

Nursing Interventions:
☐ Close Obs. q15
☑ Milieu Therapy
☑ V/S ☐ O2 sat.
☑ Nursing group/session (list topic): _____
☐ ADLs assist
☐ Ind. Support
☐ Monitor Intake
☐ Tx Team
☐ I&O
☐ Reality Orientation
☐ Encourage Disclosure
☐ Wt. Monitoring
☐ Toilet Q2 w/awake
☐ Neuro Checks
☐ Elevate HOB
☐ 1 to 1 Observation _____ reason (specify)
☐ Rounds Q2
☐ MD notified _____
☐ PRN Med per order _____

☐ ***DOCUMENT ABNORMAL OCCURENCES IN MULTIDISCIPLINARY NOTES*** (violence, suicide, elope, fall, physical health) ***DAILY SUICIDE RISK ASSESSMENT* Note – for frequent assessment purposes, Question 1 has been omitted***	***Since Last Contact***	
Ask Question 2*	***YES***	***NO***
2) ***Have you actually had thoughts about killing yourself?***	***LOW***	/
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) ***Have you been thinking about how you might do this?***	***MOD***	
4) ***Have you had these thoughts and had some intention of acting on them?*** ***E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."***	***HIGH***	
5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*** ***As opposed to "I have the thoughts, but I definitely will not do anything about them."***	***HIGH***	
6) ***Have you done anything, started to do anything, or prepared to do anything to end your life?*** ***Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.***	***HIGH***	/

☐ *Low Risk* ☐ *Moderate Risk* ■ *High Risk*

Nurse Signatures) _____ *Date:* 12/3/24 *Time:* _____

REVIEW OF SYSTEMS

Cardio/Pulmonary:
☐ WNL ☐ Elevated B/P ☐ ↓ B/P
☐ Chest Pain
☐ Edema: ☐ upper ☐ lower

Respiratory/Breath sounds:
☐ Clear ☐ Rales ☐ Crackles ☐ Wheezing
☐ Cough ☐ S.O. B ☐ Other: _____
☐ O2 @____ l/min ☐ Cont. ☐ PRN
Via ☐ nasal cannula ☐ face mask

Neurological / L.O.C.:
☐ Unimpaired ☐ Lethargic ☐ Sedated
☐ Dizziness ☐ Headache ☐ Seizures
☐ Tremors ☐ Other _____

Musculoskeletal/Safety:
☐ Ambulatory ☐ MAE ☐ Full ROM
☐ Walker ☐ W/C ☐ Immobile
☐ Pressure ulcer ☐ Unsteady gait
☐ Risk for pressure ulcer
☐ Reddened area(s)

Nutrition/Fluid:
☐ Adequate ☐ Inadequate ☐ Dehydrated
☐ Supplement ☐ Prompting ☐ Other _____
new onset of choking risks assessed

Skin:
☐ Bruises ☐ Tear ☐ No new skin issues
☐ ~~Wound~~(s) (see Wound Care Packet)
☐ Abrasion ☐ Integumentary Assess
☐ Other: _____

Elimination:
☐ Continent ☐ Incontinent ☐ Catheter
☐ Diarrhea ☐ OTHER _____

Hours of Sleep: ____ ☐ Day ☐ Night

At Risk for Falls: ☐ Yes ☐ No

At Risk for FALL Precautions:
☐ Arm Band ☐ Nonskid footwear
☐ BR light ☐ ambulate with assist
☐ Call bell ☐ Clear path
☐ Edu to call for assist ☐ Bed alarm
☐ Chair alarm ☐ 1:1 observation level
☐ Assist with ADLs ☐ Geri Chair
☐ Ensure assistive devices near
☐ Other _____