

**NINDS CDE Notice of Copyright
Hamilton Depression Rating Scale (HAM-D) (HDRS)**

Availability:	The instrument is freely available here: Hamilton Depression Rating Scale .
Classification:	<p>Supplemental – Highly Recommended: Parkinson’s Disease (PD)</p> <p>Supplemental: Mitochondrial Diseases (Mito),</p> <p>Exploratory: Amyotrophic Lateral Sclerosis (ALS)</p>
Short Description of Instrument:	<p>Background: This measure is considered the gold standard in depression research and is widely used. It is common in antidepressant drug trials.</p> <p>Construct measured: This rater-administered instrument is the most widely used rating scale in depression research. There are semi-structured versions available. It is in the public domain and available in many languages.</p> <p>Generic vs. disease specific: Generic.</p> <p>Means of administration: Semi-structured interview completed by trained interviewer.</p> <p>Intended respondent: Patient.</p> <p># of items: 21 items.</p> <p># of subscales and names of sub-scales: N/A.</p> <p># of items per sub-scale: N/A.</p> <p>Administration time: 20-30 minutes.</p> <p>Strengths: Widely used, items somewhat consistent with diagnostic criteria for Major Depressive Disorder, considered the gold standard in antidepressant trials for diagnosis of depression.</p> <p>Weaknesses: There are no publications on use of this scale in ALS studies. Several items assess somatic symptoms (psychomotor retardation, anxiety: somatic, somatic: GI, somatic: general, genital symptoms, hypochondriasis, loss of weight) which may result in over-diagnosis of depression.</p>
Rationale/ Justification:	<p>Specific to Mitochondrial Disease:</p> <p>Advantages: Fairly brief, reliable measure of depressive symptomatology. Widely used and reliable</p> <p>Limitations: The instrument has not been specifically used in studies with mitochondrial disorders. Several items tap somatic symptoms which may be elevated as a consequence of mitochondrial disorder rather than specific to depression, and cut scores must therefore be used with caution in populations with co-occurring physical symptoms (Reijnders et al, 2010; Bech et al., 2014)</p>
Scoring:	Scoring: Scores range from 0 – 54, with higher scores indicating increasing severity of depression. Scoring is completed by a trained interviewer.

**NINDS CDE Notice of Copyright
Hamilton Depression Rating Scale (HAM-D) (HDRS)**

<p>Psychometric Properties:</p>	<p>Feasibility: Low feasibility, requires trained interviewer and 20-30 minutes of interview.</p> <p>Reliability: Less than optimal since completed by interviewer which may result in variability.</p> <p>Validity: As sensitive to detecting effect size in clinical trials as Montgomery-Asberg Depression Rating Scale and Clinical Impressions Rating Scale.</p> <p>Sensitivity to Change: Santen found that not all items of the Hamilton Depression (HAM-D) are equally sensitive to detect responding patients in a clinical trial.</p>
<p>References:</p>	<p>Key Reference: Hamilton M. Hamilton Depression Scale. In, ECDEU Assessment Manual for Psychopharmacology, Revised Edition (ed. W Guy), pp. 179-192, 1976. Rockville, Maryland: National Institute of Mental Health.</p> <p>Other References: Hamilton, M. Development of a rating scale for primary depressive illness. <i>British Journal of Social and Clinical Psychology</i> 6:278-96, 1967.</p> <p>Bech, P., Allerup, P., Larsen, E.R., Csillag, C. Licht, R.W. (2014) The Hamilton Depression Rating Scale (HAM-D) and the Montgomery-Asberg Depression Scale (MADRS). A psychometric re-analysis of the European Genome-Based Therapeutic Drugs for Depression Study using Rasch analysis. <i>Psychiatry Research</i> 217: 226-232</p> <p>Reijnders, J.S.A.M., Lousberg, R., and Leentjens, A.F.G. (2010). Assessment of depression I Parkinson's disease: the contribution of somatic symptoms to the clinimetric performance of the Hamilton and Montgomery-Asberg rating scales. <i>Journal of Psychosomatic Research</i> 68: 561-565</p> <p>Santen, G. Sensitivity of the individual items of the Hamilton depression rating scale to response and its consequences for the assessment of efficacy. -<i>J Psychiatr Res</i>, 42(12): 1000-9, 2008.</p>