

Montgomery and Asberg Depression rating Scale (MADRS)

Subject ID: _____

Date: ____/____/____

The rating should be based on a clinical interview moving from broadly phrased questions about symptoms to more detailed ones which allow a precise rating of severity. The rater must decide whether the rating lies on the defined scale step (0,2,4,6) or between them (1,3,5).

It is important to remember that it is only on rare occasions that a depressed patient is encountered who cannot be rated on times in the scale. If definite answers cannot be elicited from the patient, relevant clues as well as information from other sources should be used as a basis for rating in line with customary clinical practice.

The scale may be used for any time interval between ratings, be it weekly or otherwise but this must be recorded.

1. Apparent Sadness

Representing despondency, gloom and despair reflected in speech, facial expression and posture. Rate by depth and inability to brighten up.

- 0 No sadness.
- 1
- 2 Looks dispirited, but does brighten up without difficulty.
- 3
- 4 Appears sad and happy most of the time.
- 5
- 6 Looks miserable all the time. Extremely despondent.

2. Reported Sadness

Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope. Rate according to intensity, duration and the events to which the mood is reported to be influenced by events.

- 0 Occasional sadness in keeping with the circumstances.
- 1
- 2 Sad or low but brightens up without difficulty.
- 3
- 4 Pervasive feeling of sadness or gloominess. The mood is still influenced by external circumstances.
- 5
- 6 Continuous or unvarying sadness, misery or despondency.

3. Inner Tension

Representing feeling of ill-defined discomfort, edginess, inner turmoil. Mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.

0 Placid. Only fleeting inner tension.

1

2 Occasional feeling of edginess and ill-defined discomfort.

3

4 Continuous feeling of inner tension or intermittent panic which the patient can only master with some difficulty.

5

6 Continuous or unvarying sadness, misery or despondency.

4. Reduced Sleep

Representing the experience of reduced duration or depth of sleep compared to subject's own normal pattern when well.

0 Sleeps as usual.

1

2 Slight difficulty dropping off to sleep or slightly reduced, light of fitul sleep.

3

4 Sleep reduced or broken by at least two hours.

5

6 Less than two or three hours sleep.

5. Reduced Appetite

Representing the feeling of a loss of appetite compared with then well. Rate by loss of derire or food or the need to force oneself to eat.

0 Normal or increased appetite.

1

2 Slightly reduced appetite.

3

4 No appetite. Food is tasteless.

5

6 Needs persuasion to eat at all.

6. Concentration Difficulties

Representing difficulties in collecting one's thoughts mounting to incapacitating lack of concentration. Rate according to intensity, frequency, and degree or incapacity produced.

0 No difficulties in concentrating.

1

2 occasional difficulties in collecting one's thoughts.

3

4 Difficulties in concentrating and sustaining thought which reduces ability to read or hold a conversation.

5

6 Unable to read or converse without great difficulty.

7. Lassitude(Psychomotor Retardation/Avolition)

Representing a difficulty getting started or slowness initiating and performing everyday activities.

0 hardly any difficulty in getting started. No sluggishness.

1

2 Difficulties in starting activities.

3

4 Difficulties in starting simple routine activities which are carried out with effort.

5

6 Complete lassitude. Unable to do anything without help.

8. Inability to feel (loss of interest or pleasure)

Representing the subjective experience of reduced interest in the surrounding, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.

0 Normal interest in the surroundings and in other people.

1

2 Reduced ability to enjoy usual interest.

3

4 Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.

5

6 The experience of emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or painful failure to feel for close relatives and friends.

9. Pessimistic Thoughts.

Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin.

0 No pessimistic thoughts.

1

2 Fluctuating ideas of failure, self-reproach of self-depreciation.

3

4 Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future.

5

6 Delusions of ruin, remorse or unredeemable sin. Self-accusations which are absurd and unshakable.

10. Suicidal Thoughts

Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicidal attempts should not influence the rating.

0 Enjoys life or takes it as it comes.

1

2 Weary of life. Only fleeting suicidal thoughts.

3

4 Probable better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention.

5

6 Explicit plans or suicide when there is an opportunity. Active preparations for suicide.