

Development and Reliability of a Combined Hamilton Depression, Anxiety, and Atypical Symptoms Scale

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BACKGROUND. In clinical depression trials, investigators are often interested in measuring multiple symptom domains. The widely-used Hamilton Depression and Anxiety Scales have considerable overlap, with probes often being unnecessarily repeated when the scales are administered sequentially. A combined HAMD and HAMA interview was developed, the SIGH-AD (Williams, 1996), which eliminates redundancy yet allows both scales to be rated simultaneously. The HAMD also fails to assess atypical symptoms of depression. In order to provide a comprehensive scale that measures all these symptom domains, we developed a comprehensive scale that combines the HAMD, HAMA, and the atypical HAMD items developed by Williams & Terman (SIGH-ADS; 2003). An interview guide was also developed that includes additional probes and anchor clarifications to improve reliability.

METHOD. Fourteen raters conducted a total of 35 paired interviews using one of two methods: direct observation (n=25) or independent interviews (n=10). In both cases raters scored the interviews blind to the others' ratings. After ratings were logged, raters discussed scoring discrepancies. All raters went through a web tutorial on scoring conventions prior to reliability testing, and had one group practice session. Newer raters were paired with experienced raters to enhance learning, and observed sessions occurred prior to independent sessions. All patients were recruited from a central location, and were administered the scale remotely via teleconference.

RESULTS. The inter-rater reliability (ICC) for total scale score was .95 (p=.0001). Subscale ICC's were .93, .91, and .95 for the 17-item HAMD, HAMA, and atypical HAMD items respectively (p < .0001 for all comparisons). When just the independent interviews were examined, the ICCs were .97 (total-scale), .94 (17-item HAMD), .86 (HAMA), and .87(atypical symptoms).

CONCLUSION. A comprehensive semi-structured interview for assessing a wide range of symptoms of depression and anxiety demonstrated very good to excellent inter-rater reliability, when used in conjunction with prior didactic training. Such a tool can be useful and time-efficient in studies requiring comprehensive assessment of symptomatology.

Table 1. ICC by Subscale

	ICC	95% CI	F value	P value
17-Item HAMD	.93	.8726, .9680	29.5511	.0000
HAMA	.91	.8230, .9522	20.4765	.0000
Atypical Symptoms	.95	.8840, .9760	36.4283	.0000
Total Scale Score	.95	.9087, .9777	42.9779	.0000

Table 2. ICC on Atypical Symptoms

ATYPICAL ITEM	ICC
1. Social Withdrawal	.96
2. Weight Gain	.83
3. Appetite Increase	.96
4. Increased Eating	.82
5. Carbohydrate Craving/Eating	.93
6. Hypersomnia	.95
7. Fatigability	.69
8. Diurnal Variation Type B	.71

Table 3. ICC on HAMD Items

HAMD ITEM	ICC
1. Mood	.57
2. Guilt	.34
3. Suicide	.98
4. Initial Insomnia	.77
5. Middle Insomnia	.89
6. Late Insomnia	.80
7. Work/Interest	.81
8. Retardation	-
9. Agitation	-
10. Psychic Anxiety	.72
11. Somatic Anxiety	.80
12. Appetite	.95
13. Energy (Somatic General)	.81
14. Sex	.91
15. Hypochondriasis	.65
16. Loss of Weight	.75
17. Insight	-
Total Score	.93

Table 4. ICC on HAMA Items

HAMA ITEM	ICC
1. Anxious Mood	.65
2. Tension	.69
3. Fear	.75
4. Insomnia	.57
5. Intellectual	.69
6. Depressed Mood	.63
7. Somatic (Muscular)	.77
8. Somatic (Sensory)	.90
9. Cardiovascular Symptoms	.89
10. Respiratory Symptoms	.91
11. Gastrointestinal Symptoms	.88
12. Genitourinary Symptoms	.77
13. Autonomic Symptoms	.95
14. Behavior at Interview	-
Total Score	.91