

The Bipolar Depression Rating Scale (BDRS)

Rater Manual

General Instructions

The BDRS is designed to measure the severity of depressive symptoms in bipolar depression. The BDRS is validated for clinical use by trained raters. The following conventions are designed to standardise scoring of the BDRS. Based on a clinical interview, the BDRS items rate the severity of depressive and/or mixed symptoms expressed by patients currently and during the past few days. If there is a discordance between symptoms currently and the last few days, the rating should reflect current symptoms. The scale contains 20 questions and the maximum score possible is 60. Higher scores indicate greater severity.

Individual items may be either subjective (patient report), objective (clinician rated) or a combination. In those combined items where there is a discrepancy between subjective and objective criteria, the objective should be more heavily weighted. If the rater believes the patient's score lies between two points of severity, and is unable to clarify with probing where a particular score lies, the more severe rating should be scored. When the operational definitions and suggestions for an item do not fully describe an individual situation, the categories of mild/moderate/severe should guide rating. Do not however ask patients to pick the right answer e.g. mild/moderate/severe.

In individuals with significant symptom lability, for example with ultra rapid or ultradian cycling, the rating should be weighted to the current mental state. When assessing the patient's current state, assessment should be done if possible without any attribution to environmental variables or medication status, e.g. use of hypnotics in assessing sleep. If a clear medical cause for a symptom is present, e.g. lithium tremor, this should not be rated. Some individuals who have chronic depression or alternate between depression and hypomania, may be unable to recall a period of well being, or be confident of what is normal for them. In items which refer to a person's usual self, it may be necessary for the interviewer to refer to hypothetical norms for those items.

Beware of central tendency error i.e. avoid assessing at a mid range as a "safe" response. Where examples are given e.g., 5 (3), the experience of one example satisfies the criteria. It is not necessary for any of the specific listed examples to be experienced if in the rater's judgement this criteria level is met. Do not take these anchor points too literally. The questions listed are a guide rather than a structured interview, and these need to be contextualised to the individual's clinical situation. Do not assume that because an individual does satisfy a particular anchor point that they will not satisfy the following anchor point. Rater's should consider both the frequency, duration and severity of the symptom, and when appropriate, associated features such as distress and impairment.

Following the generally agreed protocol in clinical interviewing, questions should move from general to specific. Patients generally are given as few prompts as possible to elicit the information required to obtain a rating. Within each item, questions should move from more open ended to more structured as needed. Raters should be aware of maintaining a balance between minimizing prompting but ensuring sufficient information is elicited to make the rating accurate and representative of the patient's symptomatology. Particularly unwell patients may generally be expected to need further prompting whereas higher functioning patients may be able to answer questions with less additional input from raters.

Criteria and components of the individual Items:

Before starting. I am going to ask you some questions about some symptoms you may have. When answering please keep in mind that we are focusing only on how you are now and over the *last few of days*.

Item 1. DEPRESSED MOOD

Include self-report **and/or** observed behaviour.
To score 3 depression should be severe but need not be extreme.

*How has your mood been over the last few days?
Have you felt depressed, sad or flat?
Do you experience emotions other than depression?
Have you had feelings of helplessness or hopelessness?
How do you feel about the future?
How intense are these feelings?
How persistent are these feelings?*

1. **Depressed Mood (Self reported and/or observed depression as evidenced by gloom, sadness, pessimism, hopelessness, and helplessness)**
 - 0 Nil
 - 1 Mild [brief or transient periods of depression, or mildly depressed mood]
 - 2 Moderate [depressed mood is clearly but not consistently present and other emotions are expressed, or depression is of moderate intensity]
 - 3 Severe [pervasive or continuous depressed mood of marked intensity]

Item 2. SLEEP DISTURBANCE

Score either **insomnia** 2(a) or **hypersomnia** 2(b), compared to the person's normal sleep pattern. Rate sleep quantity independent of medication. Include daytime sleep and "dozing" as well as intermittent sleep when assessing total sleep time.

*How has your sleep been over the last couple of days?
How many hours would you usually sleep when you are well?
Is your sleep broken?
Do you awake feeling refreshed?
How many hours in total have you been sleeping over the last couple of nights?
Do you nap or doze in the day? For how long?
How many hours more or less than usual are you sleeping?*

2. **Sleep Disturbance: score either A or B (Change in total amount of sleep over a 24 hour cycle, rated independent of the effect of external factors)**
 - A: Insomnia (reduction in total sleep time)**
 - 0 Nil
 - 1 Mild [up to 2 hours]
 - 2 Moderate [2-4 hours]
 - 3 Severe [more than 4 hours]
 - OR**
 - B: Hypersomnia (increase in total sleep time, inclusive of daytime sleep)**
 - 0 Nil
 - 1 Mild [less than 2 hours, or normal amount but non-restorative]
 - 2 Moderate [greater than 2 hours]
 - 3 Severe [greater than 4 hours]

Item 3. APPETITE DISTURBANCE

Score either 3(a) or 3(b) compared to their usual eating and appetite pattern.

How is your appetite?

Currently, do you want to eat more or less than usual?

Has your change in appetite altered the amount you actually have been eating?

Has food lost taste?

Do you have to push yourself to eat?

Are you comfortable eating or snacking more than usual?

Do you have cravings, which lead to binges?

3. Appetite Disturbance: score either A or B (*Change in appetite and food consumption, rated independent of the effect of external factors*)

A: Loss of Appetite

- | | |
|---|--|
| 0 | Nil |
| 1 | Mild [no change in food intake, but has to push self to eat or reports that food has lost taste] |
| 2 | Moderate [some decrease in food intake] |
| 3 | Severe [marked decrease in food intake, hardly eating] |

OR

B: Increase in Appetite

- | | |
|---|---|
| 0 | Nil |
| 1 | Mild [no change in food intake, but increased hunger] |
| 2 | Moderate [some increase in food intake, e.g., comfort eating] |
| 3 | Severe [marked increase in food intake or cravings] |

Item 4. REDUCED SOCIAL ENGAGEMENT

Assess any reduction of social and interpersonal interaction the participant experiences due to their avoidance or reluctance to engage in social contact. Rate in the context of what is normal for the individual.

Are you meeting or interacting with other people as usual?

Do you find it easy to be around other people at present?

Are you meeting or seeing the people you would normally meet?

Are you avoiding meeting or making contact with people?

To what extent are you avoiding contact with other people?

Do you avoid answering the phone or seeing visitors?

4. Reduced Social Engagement (*Reports reduced social and interpersonal engagement or interactions*)

- | | |
|---|--|
| 0 | Nil [normal] |
| 1 | Mild [slight reduction in social engagement with no impairment in social or interpersonal function] |
| 2 | Moderate [clear reduction in social engagement with some functional sequelae, e.g., avoids some social engagements or conversations] |
| 3 | Severe [marked reduction in social interaction or avoidance of almost all forms of social contact, e.g., refuses to answer the phone or see friends or family] |

Item 5. REDUCED ENERGY AND ACTIVITY

Reduced energy and activity should be rated on the basis of subjective reports and consequent reduction in goal directed activity.

Do you find you have as much energy and drive as usual?

Do you feel more tired than usual?

Do you find it takes more energy than usual to do things?

***Do your limbs feel very tired or heavy?
Has this led to you reducing your usual activities?
Are there things you no longer do at all because of reduced energy?
Are you spending much more time in bed?***

- 5. Reduced Energy and Activity (*Reduced energy, drive and goal directed behaviour*)**
- 0 Nil
 - 1 Mild [able to engage in usual activities but with increased effort]
 - 2 Moderate [significant reduction in energy leading to reduction of some role-specific activities]
 - 3 Severe [leaden paralysis or cessation of almost all role specific activities, e.g., spends excessive time in bed, avoids answering the phone, poor personal hygiene]

Item 6. REDUCED MOTIVATION

Reduced motivation and drive should be rated on the basis of subjective reports and consequent reduction in goal directed activity.

***Is your motivation or drive reduced?
Are you less interested in your usual activities?
Do you need to push yourself to do the things you usually do?
Are you doing the things you would usually do?
Have you stopped doing any things you would usually do? Which things?***

- 6. Reduced Motivation (*Reports of subjective reduction in drive, motivation, and consequent goal directed activity*)**
- 0 Nil [normal motivation]
 - 1 Mild [slight reduction in motivation with no reduction in function]
 - 2 Moderate [reduced motivation or drive with significantly reduced volitional activity or requires substantial effort to maintain usual level of function]
 - 3 Severe [reduced motivation or drive such that goal directed behaviour or function is markedly reduced]

Item 7. IMPAIRED CONCENTRATION AND MEMORY

This item examines an individual's concentration, their ability to sustain attention and short-term memory difficulties.

***Do you find it hard to concentrate?
Does your attention wander more easily?
Are you more forgetful than usual?
How severe is this?
Do you have any difficulty with reading, driving or watching TV?
Does this affect your ability to function? How much?***

- 7. Impaired Concentration and Memory (*Subjective reports of reduced attention, concentration, or memory, and consequent functional impairment*)**
- 0 Nil
 - 1 Mild [slight impairment of attention, concentration, or memory with no functional impairment]
 - 2 Moderate [significant impairment of attention, concentration, or forgetfulness with some functional impairment]
 - 3 Severe [marked impairment of concentration or memory with substantial functional impairment, e.g., unable to read or watch TV]

Item 8. ANXIETY

This item assesses both reported levels of cognitive anxiety as well as somatic symptoms. The presence of significant somatic symptoms usually reflects higher anxiety unless these symptoms are due to another medical condition.

***Have you been more anxious or tense than usual over the last few days?
Have you found yourself worrying about things that wouldn't usually bother you?
Are you experiencing any physical symptoms such as tremors/palpitations/dizziness/light headedness/pins & needles/sweating/flushes/butterflies in the stomach/diarrhoea?
How intense is the anxiety?
How persistent is the anxiety?
Does it interfere with your ability to function?***

8. **Anxiety (Subjective reports of worry, tension, and/or somatic anxiety symptoms e.g., tremor, palpitations, dizziness, light-headedness, pins and needles, sweating, dyspnoea, butterflies in the stomach, or diarrhoea)**
- | | |
|---|--|
| 0 | Nil |
| 1 | Mild [transient worry or tension about minor matters] |
| 2 | Moderate [significant anxiety, tension, or worry, or some accompanying somatic features] |
| 3 | Severe [marked continuous anxiety, tension, or worry that interferes with normal activity; or panic attacks] |

Item 9. ANHEDONIA

Assesses person's reported ability to experience pleasure in usual activities.

***Do you find things as enjoyable as usual?
Do you still find any pleasure in the things that you usually enjoy?
Which activities still give you pleasure? To what extent?
Have you completely lost your ability to experience pleasure?***

9. **Anhedonia (Subjectively reduced ability to experience pleasure in usual activities)**
- | | |
|---|---|
| 0 | Nil |
| 1 | Mild [slight reduction in pleasure from usually pleasurable activities] |
| 2 | Moderate [significant reduction in pleasure from usually pleasurable activities; some pleasure from isolated activities retained] |
| 3 | Severe [complete inability to experience pleasure] |

Item 10. AFFECTIVE FLATTENING

This item rates the intensity and range of the individual's usual emotions. When giving examples to a patient, be aware that an example of feeling "unable to cry" may have gender specific connotations

***Do you feel your mood is flat or as if your feelings are numbed?
Do you have less feelings for significant people in your life?
Do you find it harder to get excited, angry or worked up about things?
Do you sometimes feel as if you are numb or have no feelings left?***

- 10. Affective Flattening (*Subjective sense of reduced intensity or range of feelings or emotions*)**
- 0 Nil
 - 1 Mild [slight constriction of range of affect, or transient reduction in range or intensity of feelings]
 - 2 Moderate [significant constriction of range or intensity of feelings with preservation of some emotions, e.g., unable to cry]
 - 3 Severe [marked and pervasive constriction of range of affect or inability to experience usual emotions]

Item 11. WORTHLESSNESS

Assesses individual's feelings of self worth or self-confidence, compared to usual levels of self-esteem.

*How is your sense of self worth or confidence?
Do you feel you are as worthy a person as anyone else?
Are you still able to see your positive qualities?
Do you feel others would be better off without you?*

- 11. Worthlessness (*Subjective sense, or thoughts, of decreased self-value or self-worth*)**
- 0 Nil
 - 1 Mild [slight decrease in sense of self-worth]
 - 2 Moderate [some thoughts of worthlessness and decreased self-worth]
 - 3 Severe [marked, pervasive, or persistent feelings of worthlessness, e.g., feels others better off without them, unable to appreciate positive attributes]

Item 12. HELPLESSNESS AND HOPELESSNESS

This item assesses feelings of helplessness or hopelessness, gloom and despondency.

*Do you feel optimistic or pessimistic about the future?
Do you feel you will be able to cope with the future?
Do you feel helpless or hopeless?
Are those feelings constantly there?
How intense are those feelings?*

- 12. Helplessness and Hopelessness (*Subjective sense of pessimism or gloom regarding the future, inability to cope, or sense of loss of control*)**
- 0 Nil
 - 1 Mild [occasional and mild feelings of not being able to cope as usual; or pessimism]
 - 2 Moderate [often feels unable to cope, or significant feelings of helplessness or hopelessness which lift at times]
 - 3 Severe [marked and persistent feelings of pessimism, helplessness, or hopelessness]

Item 13. SUICIDAL IDEATION

Assesses reported thoughts of death and suicide.

*Do you feel that life is not worthwhile or meaningless?
Do you have thoughts of death or dying?
Do you feel that you would be better off dead?
Have you thought about ending your own life?
Have you had thoughts about harming yourself?
Have you made any plans?*

- 13. Suicidal Ideation (*Thoughts or feelings that life is not worthwhile; thoughts of death or suicide*)**
- 0 Nil
 - 1 Mild [thoughts that life is not worthwhile or is meaningless]
 - 2 Moderate [thoughts of dying or death, but with no active suicide thoughts or plans]
 - 3 Severe [thoughts or plans of suicide]

Item 14. GUILT

This item rates guilt, self-blame and remorse for real or past events. Rating varies according to extent to which person feels guilty or deserving of their fate.

Do you find yourself feeling guilty about things that have happened in the past?

Are you self critical about your role in things that have gone wrong?

How intense are these feelings?

Are they there some of the time or all of the time?

Do you think these feelings are excessive?

Do you feel in some ways that having this illness is a punishment?

- 14. Guilt (*Subjective sense of self blame, failure, or remorse for real or imagined past errors*)**
- 0 Nil
 - 1 Mild [slight decrease in self-esteem or increased self-criticism]
 - 2 Moderate [significant thoughts of failure, self-criticism, inability to cope, or ruminations regarding past failures and the effect on others; able to recognise as excessive]
 - 3 Severe [marked, pervasive, or persistent guilt, e.g., feelings of deserving punishment; or does not clearly recognise as excessive]

Item 15. PSYCHOTIC SYMPTOMS

This item rates psychotic symptoms, increasing from over-valued ideas through to overt psychotic symptoms. Rate on the basis of interview and mental status examination. Some of the information for this item will have been gleaned from previous items.

Do your feelings of guilt affect the things you do?

Are you feeling suspicious?

Have you had unusual experiences such as hearing voices or seeing visions?

Do you believe things other people regard as unusual?

- 15. Psychotic Symptoms (*Presence of overvalued ideas, delusions, or hallucinations*)**
- 0 Nil [absent]
 - 1 Mild [mild overvalued ideas, e.g., self-criticism or pessimism without clear effect on behaviour]
 - 2 Moderate [significant overvalued ideas with clear effect on behaviour, e.g., strong guilt feelings, clear thoughts that others would be better off without them]
 - 3 Severe [clear psychotic symptoms, e.g., delusions or hallucinations]

The Mixed Subscale: Items 16-20

Item 16. IRRITABILITY

This item rates irritability and hostility. It is rated on the basis of subjective reports of irritability as well as observed behaviour.

***Do you find things irritate you more than they would have previously?
Do you show that you are irritated or can you keep the feelings inside?
Have you acted 'out of character' due to your feelings of irritation?
Have you lost your temper so that you shouted or broke things?***

16. **Irritability** (*Reports uncharacteristic subjective irritability, short fuse, easily angered, manifested by verbal or physical outbursts*)
- 0 Nil
 - 1 Mild [slight subjective irritability; may not be overtly present]
 - 2 Moderate [verbal snappiness and irritability that is clearly observable in the interview]
 - 3 Severe [reports of physical outbursts, e.g., throwing/breaking objects, or markedly abusive verbal outbursts]

Item 17. LABILITY

This item rates both reported and observed mood lability.

***Have you experienced mood swings over the last couple of days?
How intense are these mood swings?
How frequently does this happen?***

17. **Lability** (*Observed mood lability or reported mood swings*)
- 0 Nil
 - 1 Mild [subjective reports of mild increase in mood lability]
 - 2 Moderate [mood lability clearly observable, moderate in intensity]
 - 3 Severe [marked and dominant mood lability, frequent or dramatic swings in mood]

Item 18. INCREASED MOTOR DRIVE

This item rates both subjective and observed increases in motor drive and activity. This should include both goal directed and non-specific activity.

***Have you been more active than usual over the past few days?
Do you feel you have more energy and drive than usual? How much more?
Have you done more things because of this?***

18. **Increased Motor Drive** (*Subjective reports and objective evidence of increased motor drive and motor activity*)
- 0 Nil [normal motor drive]
 - 1 Mild [slight increase in drive, not observable in interview]
 - 2 Moderate [clear and observable increase in energy and drive]
 - 3 Severe [marked or continuous increase in drive]

Item 19. INCREASED SPEECH

This item scores increased rate and quantity of speech or thought. It is predominantly an observer based rating, although subjective reports are taken into account.

***Do you find you want to talk more than you usually would?
Do you find you interrupt people more than you usually would?
Are your thoughts going faster than usual?
Do you find yourself bursting with ideas that you want to tell people?***

- 19. Increased Speech** (*Observed increase in either the rate or quantity of speech, or observed flight of ideas*)
- 0 Nil
 - 1 Mild [slight increase in the rate or quantity of speech]
 - 2 Moderate [racing thoughts, significantly more talkative, clearly distractible, or some circumstantiality; does not impede interview]
 - 3 Severe [flight of ideas; interferes with interview]

Item 20. AGITATION

This item rates observed restlessness and agitation, although subjective reports are taken into account.

Do you find you are more restless than usual?

Do you feel agitated?

Do you find it hard to sit still?

How intense are these feelings?

- 20 Agitation** (*Observed restlessness or agitation*)
- 0 Nil [normal]
 - 1 Mild [slight restlessness]
 - 2 Moderate [clear increase in level of agitation]
 - 3 Severe [marked agitation, e.g., near continuous pacing or wringing hands]