To shock or not to shock
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The Psychotic Depression Assessment Scale (PDAS)

Søren Dinesen Østergaard, MD, PhD
Associate Professor
Psychosis Research Unit
Aarhus University Hospital - Risskov
Email: soeoes@rm.dk
Primary outcome measures used in studies of PD

- The 17-item Hamilton Depression Rating Scale
- The 21-item Hamilton Depression Rating Scale
- The 24-item Hamilton Depression Rating Scale
- The Modified Hamilton Rating Scale for Depression
- The Montgomery-Asberg Depression Rating Scale
- The Bech-Rafaelsen Melancholia Scale
- The Calgary Depression Scale
- The Brief Psychiatric Rating Scale
- The Schedule for Affective Disorders and Schizophrenia
- The Spiker Psychoticism Scale
- The Positive and Negative Symptom Scale
- The Dimensions of Delusional Experience Rating Scale
Development of a dedicated rating scale for psychotic depression

50 in/out patients with psychotic depression (ICD-10)

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Semi-structured interview video-recorded

Rating on 28 symptom items by two psychiatry residents

Global severity assessment of PD by two experienced psychiatrists

Selection of items carrying information regarding the severity of PD

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Test of unidimensionality
Development of a dedicated rating scale for psychotic depression

1. Decreased sleep
2. Tiredness
3. Work and interests
4. Depressed mood
5. Difficulty concentrating
6. Anxiety (psychic)
7. Emotional withdrawal
8. Guilt
9. Worthlessness
10. Disorientation
11. Anxiety (somatic)
12. Hypochondria
13. Obsessions
14. Compulsions
15. Suicidal ideation
16. Suspicion/persecution
17. Hallucinations
18. Delusions
19. Derealisation/depersonalization
20. Lack of insight
21. Conceptual disorganization
22. Decreased verbal activity
23. Decreased motor activity
24. Agitation
25. Catatonia
26. Blunted affect
27. Hostility
28. Mood-congruence
Measuring Psychotic Depression

Østergaard SD, Meyers BS, Flint AJ, Mulsant BH, Whyte EM, Ulbricht CM, Bech P, Rothschild AJ

Based on data from the STOP-PD trial (Meyers et al., 2009)*

- 259 patients with DSM-IV psychotic (delusional) depression
- 12 week RCT: Olanzapine + Placebo or Olanzapine + Sertraline
- Measures: Weekly ratings on the HAM-D<sub>17</sub>, BPRS, CGI-S, and CGI-I

The Psychotic Depression Assessment Scale

Depression (HAM-D<sub>6</sub>)

1. depressed mood
2. work and interests
3. somatic symptoms (general)
4. psychic anxiety
5. guilt feelings
6. psychomotor retardation
7. Hallucinatory behaviour
8. Delusions

Psychosis (BPRS<sub>5</sub>)

9. Suspiciousness
10. Emotional withdrawal
11. Blunted affect

Content Validity
Clinical Validity
Unidimensionality
Responsiveness
Adding the antidepressant Sertraline to the antipsychotic Olanzapine (Zyprexa) decreases the severity of the depressive symptoms in psychotic depression.
Clinical and psychometric validation of the Psychotic Depression Assessment Scale (PDAS)

50 in/out patients with psychotic depression (ICD-10)

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Semi-structured interview (video-recorded)

Rating on the PDAS items by two psychiatry residents

Global severity assessment (0-10) of PD by two experienced psychiatrists

Test of clinical validity and unidimensionality of the PDAS

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Is the total score of the PDAS a valid measure for the severity of PD?
Clinical and psychometric validation of the Psychotic Depression Assessment Scale (PDAS)

1. Decreased sleep  15. Suicidal ideation  
2. Tiredness  16. Suspicion/persecution  
3. Work and interests  17. Hallucinations  
4. Depressed mood  18. Delusions  
5. Difficulty concentrating  
6. Anxiety (psychic)  19. Derealisation/depersonalization  
7. Emotional withdrawal  
8. Guilt  
9. Worthlessness  
10. Disorientation  
11. Anxiety (somatic)  
12. Hypochondria  
13. Obsessions  
14. Compulsions  
23. Decreased motor activity  
24. Agitation  
25. Catatonia  
26. Blunted affect  
27. Hostility  
28. Mood-congruence
Validity of the PDAS

Spearman coefficient: 0.82 (P<0.001)
Mokken analysis = unidimensionality
The Psychotic Depression Assessment Scale (PDAS)

(For instructions and interview see the back of this page)

1. Somatic symptoms—general
   - Absent
   - Difficult or very weak feelings of fatigue or muscle pain/aches.
   - Fatigue or muscle pain/aches more clearly present but without significant impact on daily life.
   - Fatigue or muscle pain/aches so marked that they interfere significantly with daily life.
   - Fatigue or muscle pain/aches that are highly impairing.

2. Work and activities
   - No difficulty
   - Difficulties with unusual daily activities such as work or hobbies (at home or outside home).
   - Loss of interest in work or hobbies—either required directly by the disturbance (e.g., as part of an enactive hallucination, hallucination, or delusion (to push themselves to complete things).
   - Problems managing routine tasks, which can be completed with major effort, clear signs of helplessness.
   - Completely unable to carry out routine tasks without assistance.

3. Depressed mood
   - Absent
   - Slight tendency to disengagement or sadness.
   - Moderate indications of lowered mood. The mood is moderately depressed, but help is not present.
   - Severe indications of the presence of depression and may be nonverbal signs of depressed mood as well (e.g., weeping, simmering at home).

4. Psychotic anxiety
   - Absent
   - Only mild worrying, tension or fear.
   - Worrying about minor matters. Still able to control anxiety.
   - Anxiety and worrying are so pronounced that it is difficult for the person to control them. The anxiety and worrying have an impact on daily activities.
   - The anxiety and worrying are highly impairing and the person is unable to control them.

5. Guilt feelings
   - Absent
   - Low anxiety.
   - Low anxiety due to family, friends, or colleagues. The person may feel this is better than being lonely.
   - Moderate guilt feelings. The guilt feelings are present but are not intense enough to interfere with daily activities.
   - Severe guilt feelings. The guilt feelings are present, but they are intense enough to interfere with daily activities.

6. Psychomotor retardation
   - Absent
   - The usual level of motor activity is slightly reduced.
   - More pronounced motor retardation, i.e., more severely impaired motor activity.
   - Psychomotor retardation is very obvious and the interview is clearly slowed down due to difficulty in answering.
   - The interview is so slowed down due to psychomotor retardation. Depression may be present.

HAM-D$_2$ score =

BPRS$_2$ score =

PDAS total score = HAM-D$_2$ score + BPRS$_2$ score

7. Emotional withdrawal
   - Absent
   - Lack of emotional involvement, decreased by reduced contact, but not by increased care, in which the contact is reduced.
   - Emotional contact is present for most of the interview.
   - Emotional contact is barely present for most of the interview, and the contact is reduced.
   - The person shows no emotional responses.

8. Suspiciousness
   - Absent
   - Absent
   - Absent
   - Absent

9. Hallucinations
   - Absent
   - Absent
   - Absent
   - Absent

10. Unusual thought content
    - Absent
    - Absent
    - Absent
    - Absent

11. Blunted affect
    - Absent
    - Absent
    - Absent
    - Absent

12. Psychotic retardation
    - Absent
    - Absent
    - Absent
    - Absent

Instructions and short interview for the PDAS

Background

The Psychotic Depression Assessment Scale (PDAS) is a dedicated rating scale for the measurement of severity of psychotic depression. The scale consists of 6 items (HAM-D$_2$) from the Hamilton Depression Rating Scale and 5 items (BPRS$_2$) from the Brief Psychiatric Rating Scale. The HAM-D$_2$ can be considered a "depression subscale" and the BPRS$_2$ as a "psychotic subscale" of the PDAS. The total score on the PDAS is obtained by adding the total score of the HAM-D$_2$ to that of the BPRS$_2$. A score of 50 or above on the PDAS is considered high-severity depressive illness. However, as part of the clinical assessment of patients with depression, potential suicidality should always be considered.

Instructions

When using the PDAS it is suggested to conduct the semi-structured interview provided below and to consider the severity of symptoms for the past week. Other time frames (for instance 3 days) can be used as well, but must be clearly pointed out in the interview. As the interviewer semi-structured, the interviewer should maintain communication with questions of how/their own unless positive information is elicited or denied and the person is confident in choosing a score. The rater must always choose the score that best fits and is "rate up" or "rate down". If a patients provides information during the scoring of the item for that is relevant for different item, this information should also be considered for the latter. This is particularly relevant for delusions, which are rated under item 10 but may be reported (if scored) is relation to other items as well.

Interview

General: "Before we begin with the specific questions of this interview, perhaps you could tell me a little bit about yourself and your background?" "How am I going to ask you some questions about the past week. How have you been feeling in the past few days/weeks?"

Item 1. Somatic symptoms—general: "How have you been feeling during the past week?" "Have you felt tired?" "Yes/No" "How bad has it been?" "This week, have you every felt a muscle ache or pain?" "Have you felt any heartache or pain in your limbs, head, or back?" "Have you felt weighted down this past week?" "Have fatigue/aches prevented you from carrying out your daily routine this past week?" "Yes/No" "What is your highest point in the past week?"

Item 2. Work and activities: "How has the past week been like for you?" "Have you been able to work or otherwise manage your daily activities?" "Have you felt helplessness during the past week?" "Yes/No" "What is your highest point in the past week?"

Item 3. Depressed mood: "What has been your mood like during the past week?" "Have you been feeling depressed or sad?" "Have you been crying more often than usual during the past week?" "How do you feel about the future?" "Have you felt hopeless during the past week?" "Yes/No" "In which situations?"

Item 4. Psychotic anxiety: "Have you been feeling tense, anxious or irritable this past week? How about feeling fearful or worried?" "Yes/No" "Is this more normal for you?" "This past week, have you been feeling anxious/palpable?" "Yes/No" "What is your highest point in the past week?"

Item 5. Guilt feelings: "Have you been especially critical of yourself this past week, or feeling like you’ve let others down?" "In the past week, have you done something that you should have done but didn’t?" "Yes/No" "Do you feel that your guilt feelings are punishment for something that you’ve done?" "Yes/No" "Do you think that your guilt feelings are reasonable?" "Yes/No"

Item 6. Suspiciousness: "For this past week, have you felt that others are watching you or talking about you behind your back?" "Are you concerned about anyone’s intentions toward you?" "Yes/No" "Is anyone going out of their way to give you a hard time, or trying to hurt you?" "Yes/No" "Have you felt that you were in any danger this past week?" "Yes/No" "If you have thoughts that people are trying to hurt you, or if you have feelings of being threatened by someone, do you believe that they are real?" "Yes/No" "What is your highest point in the past week?"

Item 7. Hallucinations: "For the past week have you heard people talking, voices or other sounds when there was nobody around?" "Have you seen things that others couldn’t see—smelled odors or tasted things that made you feel lonely?" "Yes/No" "Have you experienced anything unusual about your body, organs, or bodily functions during the past week?" "Yes/No" "How do you explain such a change in how people perceive things?" "Yes/No" "If you have had any of the above experiences, have you had any concerns about your financial situation this past week?" "Yes/No" "Have you been concerned about things being out of order in your home or other places you’ve been staying, such as the water supply, sewerage, electricity or other aspects?" "Yes/No" "What is your highest point in the past week?"

Item 8. Unusual thought content: "Have you experienced anything unusual for the past week?" "Have you been noticing any unusual things about your body, organs, or bodily functions during the past week?" "Yes/No" "Have you talked to people about your concerns during the past week?" "Yes/No" "If you have talked about your concerns, have you told anyone else about your concerns?" "Yes/No" "How do you think about or describe unusual ideas or delusions?" "Yes/No" "Have you had unusual ideas or delusions?" "Yes/No" "Have you had any concerns about your ideas or delusions?" "Yes/No" "How do you think about your concerns or delusions?" "Yes/No" "What is your highest point in the past week?"

www.psychoticdepressionassessment.com