

A Comparison between Anxious-Depressive Disorders of Stroke and Multiple Sclerosis Patients, Evaluated with Specific Twin Scales

The Post Stroke Depression Rating Scale

The examiner must choose for each section the statement which best corresponds to the patient's actual state

Section 1

Depressed Mood

	Score
Well-balanced mood. At times happier, at times worried, but not more than before illness	0
Mood a little sadder and more worried than before a) because fears not returning as before b) in general, also with no relationship to illness	1
Mood clearly more oriented toward sadness and pessimism than before illness a) b)	2
Mood clearly oriented toward sadness and pessimism, with fits of crying from time to time (but by speaking it's possible to pull him/her out of it) a) b)	3
Very sad and disheartened mood. Cries rather often and for long periods (even speaking, it's hard to pull him/her out of it) a) b)	4
Gloomy, black mood, cries continuously, and there is no way to hearten him/her, or: so depressed and dark, can't even cry any more a) b)	5

Section 2

Guilt Feelings

	Score
Good level of self-esteem. Feeling of having had an essentially positive life without much self-reproach.	0
Acceptable level of self-esteem, but with some reproach in limited areas (for example, 1 of 3: family, friends, work)	1
Rather low level of self-esteem, with some reproach (not particularly serious) in various areas	2
Little self-esteem and many guilt feelings; however does not think illness has been a just punishment	3
Very little self-esteem and many guilt feelings; thinks illness has been a just punishment.	4
Even without being posed specific questions, spontaneously verbalizes serious expressions of self-accusation, unworthiness and guilt.	5
<i>** always try to determine if guilt indicates:</i>	
<i>a) moral unworthiness</i>	
<i>b) responsibility for behaviour (smoking, sexual abuse, food abuse, etc) held responsible for illness</i>	

Section 3

Suicide

	Score
Thinks life is always worth living	0
Thinks life is worth living only if health, affective and economic conditions are acceptable	1
Thinks life in general is not worth living, but has never thought of taking it	2
Besides often thinking life is a burden, recently has had vague ideas about killing him/herself	3
Recently, has had recurring ideas about suicide, but without making specific plans or concrete attempts	4
Recently, has made detailed plans (or has made serious attempts) to commit suicide	5
<i>** Always determine whether possible suicide tendencies</i>	
<i>a) appeared only after illness</i>	
<i>b) are related to consequences of illness</i>	

Section 4**Vegetative Disorders**

Sum scores of sleep disorders (0-3) and appetite (0-2)

	Score
<i>Sleep disorders:</i>	
No sleep disorder	0
Some difficulty in falling asleep or frequent nocturnal awakening (effectiveness of drugs)	1
Awakens very early in the morning and is unable to fall back to sleep again (poor drug effectiveness)	2
Major disorders in all sleep phases; does not allow others to sleep during the night (drugs completely ineffective)	3
<i>Appetite disorders:</i>	
No appetite disorder	0
Clear loss of appetite, but no weight loss	1
Complete loss of appetite associated with weight loss	2
TOTAL	

Section 5**Apathy/Abulia/Indifference**

Sum scores of following parameters:

	Score
<i>a) Interest in other patients and own state of health:</i>	
-adequate (is interested, asks information, tries to be useful)	0
-rather scarce both toward other patients and own morbid condition	1
-completely absent	2
<i>b) Interest in family members and friends:</i>	
-adequate (waits impatiently for their visits, asks about individuals and situations in family circle, reacts appropriately to emotionally significant events)	0
-rather scarce (clearly reduced compared to pre-morbid condition)	1
-completely absent	2
<i>c) Interest in social situations:</i>	
-adequate, corresponding to pre-morbid levels regarding public and political events or work situations	0
-clearly reduced compared to pre-morbid situation	1
TOTAL	

Section 6**Anxiety**

Sum scores for psychic anxiety (0-2), somatic anxiety (0-2) and psycho-motor agitation (0-1).

	Score
<u>Psychic anxiety:</u>	
Calm enough. Rarely tense, nervous or apprehensive.	0
Appears rather tense, nervous, irritable. Sometimes expresses fears and worries.	1
Often appears nervous, apprehensive, irritable. Frequently expresses fears about own condition. Often needs to be reassured.	2
<u>Somatic anxiety:</u>	
Shows no somatic sign of anxiety, nor complains of headaches, tremors, tachycardia.	0
Rather often complains of headaches, tremors, palpitations or other gastrointestinal or urinary somatic disorders.	1
Often appears pale, sweaty. Every day complains of headaches, diffused pains, sense of precordial oppression, or other somatic symptoms.	2
<u>Psychomotor agitation:</u>	
Besides showing signs of somatic and/or psychic anxiety, also shows marked restlessness or real psychomotor agitation	1
TOTAL	

Section 7**Catastrophic Reaction**

(By/in collaboration with whoever carries out neuropsychological evaluation)

	Score
Well-controlled reaction to possible difficulties encountered during examination	0
Rather controlled reaction but some signs of impatience, irritation, restlessness	1
More evident anxious or aggressive manifestations; frequent cursing or expressions of depression	2
Clear manifestations of anxiety at somatic (and/or vegetative) level but without fits of crying	3
Clear signs of anxiety with sporadic fits of crying or refusal to continue test	4
Test practically impossible to carry out due to seriousness of behavioral disorganization and fits of anxiety and crying	5

Section 8**Difficulty In Emotional Control**

	Score
The patient manages to control emotional reactions normally	0
Recently becomes emotional a little more than usual	1
At times laughs or cries even to light stimuli (or is not able to interrupt emotional outburst provoked by an appropriate stimulus)	2
Often reacts in an emotionally excessive way with fits of laughter or crying. However, is able to control him/herself in the presence of strangers	3
Bursts out laughing or crying even in the presence of strangers and it is difficult for him/her to break off these attacks.	4
Patient is completely incapable of controlling emotional reactions	5

Section 9**Anhedonia**

Sum scores of parameters (A) and (B) and one other choice (in relation to sex and patient's pre-morbid interests) between parameters (C), (D) and (E).

	<i>Score</i>
A) Visits of friends or relatives (or receiving good news about them) gives me pleasure	
-the same as before the illness	0
-less than before the illness	1
-gives me no pleasure	2
B) A better-than-usual meal (for example, something brought from home) gives me pleasure	
-the same as before the illness	0
-less than before the illness	1
-gives me no pleasure	2
C) If my team wins	
-it pleases me the same as before	0
-it no longer interests me	1
D) Seeing an erotic scene on TV	
-pleases me like before	0
-has no effect on me	1
E) The visit of a beautiful child	
-cheers me up the same as before	0
-no longer gives me pleasure	1
TOTAL	

Section 10**Diurnal Variations**

The time when I feel most depressed is:

Always in the early morning, when I wake up and have a whole useless day before me to fill	-2
It varies from one day to the other, but usually it is worse in the early morning, when I wake up	-1
I always feel more or less depressed in the same way	0
There's no rule, but usually I feel more depressed when something happens that makes me feel handicapped	+1
Always when the situation makes me feel disabled and unable to do basic things, such as...(insert an example consistent with the patient's deficit)	+2