

## 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

	<b>Score</b>
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

	<b>Score</b>
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)

	<b>Score</b>
<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:

	<b>Score</b>
<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).

	<b>Score</b>
<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
<b>TOTAL</b>	

**Section 7****Catastrophic Reaction**

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

	<b>Score</b>
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**

	<b>Score</b>
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
<b>TOTAL</b>	

**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