

In the first part of the paper an overview will be given of instruments and differences between them will demonstrate in relation to content as well as formal and methodological aspects. The general problems of syndrome scales will be demonstrated in relation to the Hamilton-Depression-Rating-Scale (HDRS), the most often used scale in this area. The following aspects will be critical discussed: methodological problems (for example reliability, validity) and problems in relation to the practical application. In the second part two specific problems of the assessment are presented in more detail: dimensionality and the relation between self- and observer rating scales.

In the third part current research activities are presented: the development of instruments for specific purposes in the area of depression, the development of interviews (computerized and not computerized) and the combination of a dimensional and categorial approach.

Finally deficits concerning the assessment of depression on the syndrome level will be summarized and future research perspectives will be demonstrated.

S49-3

THE AMDP-DEPRESSION-SCALE: A NEW COMPREHENSIVE RATING SCALE FOR THE ASSESSMENT OF DEPRESSIVE SYMPTOMATOLOGY

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In the AMDP-System, which is unique in the richness of its phenomenological description one hundred different psychopathological symptoms are described, as well as an additional forty somatic symptoms. Such a wealth of information is not artificial; it corresponds to the process of clinical assessment. However through the development of new psychotropic substances in the treatment of different psychiatric syndromes it is clinically relevant to assess and evaluate specific profiles of syndromes separately.

To archive this goal a specific AMDP-Depression-Scale has been developed, which is based on core symptoms relating to depressive symptomatology of the complete AMDP-System.

Furthermore the new scale covers the relevant symptoms for depressive disorders according to ICD-10 as well as the spectrum symptoms of the HAMD and MADRS. Although the AMDP-Scale belongs primarily to the group of observer based assessment and although the judgements of symptoms are based mostly on observations of the behaviour and descriptions of the experiences by the patients, nevertheless it was introduced to state whether it is a case of a purely observable symptom, or a self experienced and reported symptom or of a combination of both. Severity of symptoms refers to the degree of the presence of a symptom and is estimated as mild, moderate or severe. The judgement of severity is based on a combination of intensity, significance, and frequency.

In order to provide operationalised descriptions of the symptoms covered a semi-structured interview and a manual has been produced following the structure of the revised manual of the original system (The AMDP-system, 6th edition, 1997).

The AMDP-system with its new syndrome scales serves to assist the necessary uniformity in the international assessment of psychopathological symptoms for diagnostic and research purposes.

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THE AMDP-OBSESSIVE-COMPULSIVE SCALE: A NEW INSTRUMENT TO ASSESS OCD-RELATED SYMPTOMS

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Results from epidemiology and from comorbidity studies have recently demonstrated the broad psychopathological relevance of obsessive-compulsive symptoms. Therefore the "Arbeitsgemeinschaft für Methodik und Diagnostik in der Psychiatrie" (AMDP) has started to develop a rating-scale for a quick and precise assessment of obsessive-compulsive symptoms. The item-selection and -definition were based on clinical and psychopathological considerations. The actual version of the scale comprises 20 items on the dimensions "description", "distress and impairment" and "emotion and cognition". The results of a first empirical study (n = 137, psychiatric in- and outpatients) demonstrated excellent internal consistency (Cronbach's $\alpha = 0.92$), a split-half reliability of 0.89 (Spearman-Brown), a test-retest reliability of $r = 0.86$ and good convergent validity with the Yale Brown Obsessive-Compulsive Scale (Y-BOCS) and the Hamburger Zwangsinventar (HZI). The factoranalytic distribution of the 20 items revealed a 4-factor structure of the scale. The items and results are presented and their implications on further steps of the development of the scale will be discussed.

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ASSESSMENT OF NONCOGNITIVE PSYCHOPATHOLOGY IN ALZHEIMER'S DEMENTIA

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Background: Changes in behavior affecting social interactions, as well as psychiatric symptoms such as depression, anxiety, delusions, agitation, disorders of drive, affective lability, nuisance behaviors etc, are common in patients with Alzheimer's dementia (DAT). The significance of these psychopathological symptoms has been widely noted. They can place a severe burden on the caregivers and result in institutionalization and physical restraint. The investigation of noncognitive psychopathology may lead to a more detailed understanding of the nature of DAT in so far as little is known until now about the biological and psychological bases of this symptomatology. Furthermore we are not in the position to say, that we are able to understand the importance of noncognitive symptoms in terms of the course of DAT although we know several reports of an association of psychotic symptoms with more rapid progression of DAT. A further crucial point is the need for more effective treatments for managing noncognitive psychopathology.

Objective: The purpose of the study was to develop a rating scale for the assessment of noncognitive psychopathology.

Method: We investigated 50 outpatients with mild to moderate DAT. The AMDP System with 140 psychopathological, behavioral and somatic symptoms, the Behavioral Rating Scale of CERAD and the BEHAVE-AD developed by the group of Reisberg were completed by two neuropsychiatrists.

Results: Our results are indicating, that the AMDP-System offers a wide range of assessment opportunities in noncognitive psychopathology, which exceeds the BEAVE-AD as well as the Behavioral Rating Scale (CERAD). Evaluations on the level of single psychopathological items and syndrome structures as well will be presented and discussed in terms of convergence validity between the three scales for the assessment of noncognitive psychopathology.

Conclusion: The Psychopathological Dementia Rating Scale (PDRS-AMDP) provides a standardized and reliable measure that can be applied to the demented patient and his caregiver.