

This is a **Sample** version of the
**Hamilton Anxiety Rating
Scale (HAM-A)**

The **full version** of the HAM-A comes without 'sample' watermark.

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- HAM-A Overview information
- HAM-A Scoring/ Administration instructions
- HAM-A Complete Questionnaire/
Assessment
- HAM-A Clinical Validity

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The Hamilton Anxiety Scale: reliability, validity and sensitivity to change in anxiety and depressive disorders

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Summary

The Hamilton Anxiety Scale (HAM-A) was tested for reliability and validity in two different samples, one sample ($n = 97$) defined by anxiety disorders, the other sample ($n = 101$) defined by depressive disorders. The reliability and the concurrent validity of the HAM-A and its subscales proved to be sufficient. Internal validity tested by latent structure analysis was insufficient. The major problems with the HAM-A are that (1) anxiolytic and antidepressant effects cannot be clearly distinguished; (2) the subscale of somatic anxiety is strongly related to somatic side effects. The applicability of the HAM-A in anxiolytic treatment studies is therefore limited. More specific anxiety scales are needed.

Key words: Anxiety; Depression; Rating scale

Introduction

The Hamilton Anxiety Scale (HAM-A, Hamilton, 1969) was presented as a rating scale for the severity of anxiety neurosis. Hamilton (1969) considered his anxiety scale only as a proposal open to change during the process of validation. Today, the original version of the HAM-A is mainly used as the indicator for anxiolytic efficacy in nearly all evaluation studies with potential anxiolytic drugs. No rival observer scale for the severity of anxiety has so far received comparable acceptance. In

contrast to this importance of the HAM-A, the number of validation studies is small (Kellner et al., 1968; Guy, 1976; Gjerris et al., 1982; Snaith et al., 1982). These validation studies give only limited support to the validity of the HAM-A.

The HAM-A was designed for patients with a diagnosis of anxiety neurosis and the validation was mainly performed for this group of patients. However, diagnostic habits have changed and the concept of anxiety neurosis has been substituted by a new concept of anxiety disorders comprising panic disorder, phobic disorders and generalized anxiety disorder. The degree of overlap between the old and new concepts is limited (Maier et al., 1986) and therefore the HAM-A is often applied beyond its intended scope. Consequently, new

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Hamilton Anxiety Rating Scale (HAM-A)

Reference: Hamilton M. The assessment of anxiety states by rating. Br J Med Psychol 1959; 32:50–55.

Rating: Clinician-rated

Administration time: 10–15 minutes

Main purpose: To assess the severity of symptoms of anxiety

Population: Adults, adolescents and children

Commentary

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Although the HAM-A remains widely used as an outcome measure in clinical trials, it has been criticized for its sometimes poor ability to discriminate between anxiolytic and antidepressant effects, and somatic anxiety versus somatic side effects. The HAM-A does not provide any standardized probe questions. Despite this, the reported levels of inter-rater reliability for the scale appear to be acceptable.

Scoring

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of .

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Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, severe. 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very

1 Anxious mood 0 1 2 3 4

Worries, anticipation of the worst, fearful anticipation, irritability.

2 Tension 0 1 2 3 4

Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

3 Fears 0 1 2 3 4

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

4 Insomnia 0 1 2 3 4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

5 Intellectual 0 1 2 3 4

Difficulty in concentration, poor memory.

6 Depressed mood 0 1 2 3 4

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

7 Somatic (muscular) 0 1 2 3 4

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

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