

The Manchester Scale*

Ratings

All ratings are on a 5-point scale:

- 0. Absent
- 1. Mild
- 2. Moderate
- 3. Marked
- 4. Severe

Ratings made by replies to questions

- Depressed
- Anxious
- Coherently expressed delusions
- Hallucinations

Ratings made by observation

- Incoherence and irrelevance of speech
- Poverty of speech, mute
- Flattened affect
- Incongruous affect
- Psychomotor retardation

Side-effects

(Rate as: 0. Absent; 1. Mild; 2. Marked)

- Tremor
- Rigidity
- Dystonic reactions
- Akathisia
- Difficulties with vision
- Other (specify)

Guide lines for the use of the five-point scales

In making these ratings the psychiatrist is expected to use his clinical judgement to make overall assessments about the patients in each particular area. For example, in making the rating for depression the rater should be expressing his own clinical assessment of the severity of depression, based on both the patient's demeanour and behaviour during the interview, and the history that the patient has given concerning depression. It should be emphasised that a morbid rating (2, 3, or 4) for depression does not imply that the principal diagnosis made will necessarily be an affective illness.

General rules for the five-point scale

- 0. Mild. The item is for all practical purposes absent.

- 1. Mild. Although there is some evidence for the item in question, it is not considered pathological.
- 2. Moderate. The item is present in a degree just sufficient to be regarded as pathological.
- 3. Marked. See individual definitions.
- 4. Severe. See individual definitions.

Depression

This does not only include the actual behaviour observed at interview — dejected pose, sad appearance, despondent manner — but should be a clinical rating which expresses the overall assessment of depression, and the contribution that this abnormality of affect is making to the abnormal mental state being rated. Whether there is a discrepancy between depression observed at interview and depressed mood reported as having been experienced in the past week, the rating made should be the greater of the two ratings.

- 0. Absent. Normal manner and behaviour at interview. No depressive phenomena elicited.
- 1. Mild. Although there may be some evidence of depression — occasional gloominess, lack of verve, etc. — the rater does not consider that it is pathological, or takes it to be an habitual trait not amounting to clinically significant depression.
- 2. Moderate. The patient is thought to be clinically depressed, but to a mild degree; *or* occasional depressed feelings which either cause significant distress or are looked upon by the patient as a significant departure from his usual self, in the past week.
- 3. Marked. The patient is thought to be clinically depressed, in marked degree; *or* frequent depressed feelings as described in No. 2 in the past week, or occasional extreme distress caused by depression.
- 4. Severe. The patient is thought to be clinically depressed in extreme degree. Major depressive phenomena should be present; strongly held suicidal ideas, uncontrollable weeping, etc; *or* depression has caused extreme distress frequently in the past week.

Anxious

In addition to direct evidence of anxiety observed by the rater at interview, this rating should express the rater's view of the contribution which morbid anxiety is making to the mental state under consideration. (There may be some physiological signs of sympathetic over-activity, moist palms, mild tremor, blotchy patches in skin, etc.). Where anxiety is of such a degree that there is associated motor agitation, this will be rated on this key as not less than No. 3. Where there is a discrepancy between anxiety as observed at interview and anxiety expressed in the previous week the rating made should be the greater of the two ratings.

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A standardised psychiatric assessment scale for rating chronic psychotic patients. *Acta Psychiatrica Scandinavica*, 55, 299–308.

0. Absent. Normal mood at interview.
1. Mild. Such tenseness as the patient displays is thought either to be an habitual trait not amounting to pathological proportions or is thought to be a reasonable response to the interview situation.
2. Moderate. The patient is thought to display a mild degree of clinically significant anxiety or tension; *or* anxiety sufficient to cause significant distress has occurred occasionally in the past week.
3. Marked. The patient is thought to display a marked degree of clinically significant anxiety or tension. He may be apprehensive about the interview and need reassurance, but there are only minor disruptions of the interview due to anxiety. There may be associated motor agitation of mild degree; *or* anxiety sufficient to cause significant distress has occurred frequently in the past week, *or* anxiety has caused extreme distress for the individual concerned occasionally in the past week.
4. Severe. The patient is thought to display an extreme degree of clinically significant anxiety or tension. He may be unable to relax, or there may be major disruptions of the interview due to anxiety. There may be associated motor agitation of marked degree, or a fearful pre-occupation with impending events; *or* anxiety has caused extreme distress for the individual concerned frequently in the past week.

Flattened, incongruous affect

Flatness refers to an impairment in the range of available emotional responses; the patient is unable to convey the impact of events while relating his history, and cannot convey warmth or affection while speaking about those near to him.

0. Absent. Normal affect at interview.
1. Mild. The patient may be laconic, taciturn or unresponsive in discussing emotionally charged topics, but the rater considers that this is an habitual trait rather than a sign of illness.
2. Moderate. Clinically significant impairment of emotional response of mild degree. Definite lack of emotional tone discussing important topics; *or* occasional but undoubted incongruous emotional responses during the interview.
3. Marked. Clinically significant impairment of emotional response of marked degree. No warmth or affection shown. Cannot convey impact of events when giving history, no concern expressed about future; *or* frequent incongruous responses of mild degree or occasional gross incongruity.
4. Severe. Clinically significant impairment of emotional response of extreme degree: no emotional response whatever elicited; *or* gross frequent incongruity; fatuous, supercilious, giggling, etc., in such a way as to disturb interview.

Psychomotor retardation

0. Absent. Normal manner and speech during interview. Questions answered fairly promptly; air of spontaneity and changes of expression.

1. Mild. Although there may be evidence of slowness or poor spontaneity the rater considers that this is either an habitual trait or that it does not amount to clearly pathological proportions.
2. Moderate. The rater detects slowness, or lack of spontaneity at interview and attributes this to psychiatric illness: it is just clinically detectable. Delays in answering questions would merit this rating providing that the rater considers that it is part of a morbid mental state rather than an habitual trait of the patient.
3. Marked. Psychomotor retardation attributable to psychiatric illness is easily detectable at interview and is thought to make a material contribution to the abnormalities of the patient's present mental state.
4. Severe. Psychomotor retardation is present in extreme degree for the individual concerned.

Coherently expressed delusions

0. Absent. No abnormality detected at interview.
1. Mild. Eccentric beliefs and trivial misinterpretations: that bad weather is caused by nuclear tests; superstitions, religious sects, etc.
2. Moderate. Over valued ideas and ideas of reference, or undoubted misinterpretations. Special meanings.
3. Marked. Undoubted delusions or delusional perception are described as having occurred in the past month but the patient denies that he still holds the beliefs at present; *or* delusional ideas are expressed but they are not strongly held or incorrigible.
4. Severe. Undoubted delusions are present and are still held by the patient.

Hallucinations

The rater must therefore decide whether hallucinations have occurred in the *past week*; if so, whether they are true — or pseudo-hallucinations, and how frequently they have occurred.

0. Absent. No evidence of hallucinations.
1. Mild. The hallucinatory experiences reported to the rater are not definitely morbid, hypnogogic hallucinations, eidetic images and illusions.
2. Moderate. Pseudo-hallucinations of hearing and vision; hallucinations associated with insight — e.g. those following bereavement.
3. Marked. True hallucinations have been present in the past week but have occurred infrequently.
4. Severe. True hallucinations have occurred frequently in the past week.

Incoherence and irrelevance of speech

0. Absent. No evidence of thought disorder.
1. Mild. Although replies are sometimes odd the abnormalities fall short of those required for thought disorder: it is always possible to understand the connection between ideas.
2. Moderate. Occasional evidence of thought disorder elicited, but patient is otherwise coherent.
3. Marked. Frequent evidence of thought disorder but meaningful communication is possible with the

- patient; *or* several episodes of incoherent speech occur.
4. Severe. Replies difficult to follow owing to lack of directing associations. Speech frequently incoherent, without a discernible thread of meaning.
 2. Moderate. Occasional difficulties or silences but most of interview proceeds smoothly; *or* conversation impeded by vagueness, hesitancy or brevity of replies.
 3. Marked. Monosyllabic replies; often long pauses or failure to answer at all; *or* reasonable amount of speech, but answers slow and hesitant, lacking in content, or repetitions and wandering, that meaningful conversation was almost impossible.

Poverty of speech, mute

0. Absent. Speech normal in quantity and form.
1. Mild. Patient only speaks when spoken to; tends to give brief replies.
4. Severe. Mute throughout interview, or speaks only two or three words; *or* constantly murmuring under breath.