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The AMDP-System in Clinical Psychopharmacology

The AMDP-System has been developed in Europe by the Association for Methodology and Documentation in Psychiatry the standardised documentation of psychiatric files and for the measurement of change in drug trials. It is increasingly used in the French-speaking and German-speaking countries by clinical psychopharmacologists for teaching classical German psychopathological concepts to students and for the multicentre and multifactorial evaluation of drug changes. The AMDP-System consists of three anamnestic forms and of two comprehensive rating scales on present psychopathology (100 items + write-in items) and somatic complaints (40 items + write-in items).

Double blind trials, especially in the field of anti-depressants, often fail to demonstrate statistically significant differences between two active drugs. This may be related to the fact that the clinical information is compressed into the total score of a specific rating scale. Therefore, some interest has recently been shown in comprehensive scales, which offer both multi-factorial descriptions of the sample before treatment and also a detailed description of the therapeutic effects.

The AMDP-System is an instrument elaborated by a German-Swiss-Austrian 'Association for Methodology and Documentation in Psychiatry' (*Arbeitsgemeinschaft für Methodik und Dokumentation in der Psychiatrie*, 1979) and may well fill this need. It contains two scales—one on present psychopathological state and the other on somatic symptoms; they have been intensively validated in German (*Arbeitsgemeinschaft für Methodik und Dokumentation in der Psychiatrie*, 1983) and so far been translated into 12 languages including English (Guy and Ban, 1982). A recent monograph in English (Bobon *et al*, 1983) summarises the German literature on the System.

The *Psychopathology Scale* AMDP-4 contains 100 items common to all translations and 15 'write-in' items that may differ from one translation to the other and are meant to take into consideration cultural differences. In the revised French and English versions, for example, these items are dedicated to anxiety symptoms. This latter feature makes the scale flexible and convenient for international adaptations. The 100 items represent a distillate of German psychopathology; a semi-structured interview and a videotaped training improve the inter-rater reliability.

The *somatic scale* AMDP-5 contains 40 common items and 7 reserve items; it was devised for the assessment of drug-related side-effects but, by paying attention to somatic psychiatric complaints in general, emphasises a neglected area of psychopathological assessment.

The rating of the items is made on a five-point scale (absent-mild-moderate-severe-extremely

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severe). The identical scaling of the psychopathological and somatic items allows a common factor analysis. There is a remarkable stability of the factor structure of the AMDP scales across samples: eight factors are found in all samples (Apathy-Retardation, Delusions, Depression, Hostility, Mania, Obsessions, Psycho-organic syndrome, Somatic complaints) while two factors are generated by the reserve items on anxiety (Anxiety, Dramatisation). An AMDP examination takes no longer than a clinical interview (30–45 min); form completion adds another 10–15 min.

Since the AMDP scales correspond to classical psychopathological concepts, they are useful not only in the measurement of change but also in teaching and in the standardisation of the clinical documentation.

In a letter to a Director General of the European Community, Pichot supported the AMDP-System as "a remarkable effort toward international collaboration" and the first publication on the System in French referred to it as "a step toward European integration in quantitative psychopathology". We do hope that Britain will join the Continent in its interest in this System. For further information, please contact the International Secretariat (address below) or Dr G. E. Berrios (Robinson College, Cambridge CB3 9AN).

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Mania Following Bereavement: A Case Report

Reports of manic illnesses closely following emotional events are remarkably scarce. 'Psychological traumata of an emotional kind are frequently cited, but their influence is always difficult to assess' (Slater & Roth, 1977). While connections between life events and schizophrenia (Brown & Birley, 1968) and depression (Paykel, 1974) have been thoroughly investigated, and causal models proposed (Brown *et al*, 1973), life events as precipitants of mania have been little discussed. In a cross-sectional study of mania, Leff *et al* (1976) found independent life events preceding 18 of 73 cases, but the nature of these events was not discussed. Other retrospective examinations of manic patients have examined widely varying periods before the onset of illness, and used differing definitions of events (Patrick *et al*, 1978; Glassner & Haldipur, 1983; Ambelas, 1979).

Reports of specific cases showing an association between bereavement and mania are very uncommon. In their reviews of psychiatric sequelae of bereavement, neither Parkes (1964) nor Clayton (1979) mention mania. Scotti & Scotti (1969) reported three cases, two of whom had preceding histories of diagnosed bipolar affective illness. Rickarby (1977) reported four cases of mania following bereavement, but only one bereavement was contiguous, and in the other three cases, the illness occurred between two and 12 years after the

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