

The Manchester Scale A Standardised Psychiatric Assessment for Rating Chronic Psychotic Patients

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The Manchester Scale (Krawiecka *et al*, 1977) was developed as a short, easy to administer instrument, sensitive to change, for screening patients with chronic psychosis.

It consists of eight 5-point rating scales which cover three areas of psychopathology. Positive symptoms consist of coherently expressed delusions, hallucinations, incoherence and irrelevance of speech; negative symptoms include flattened/incongruous affect, psychomotor retardation or lack of spontaneity and poverty of speech. Affective symptoms cover both anxiety and depression.

The instrument's predecessors include a simple interview described by Wing (1961) using a 5-point scale which allowed reliable classification of patients with chronic schizophrenia and the Clinical Interview Schedule (Goldberg *et al*, 1970) which used 22 5-point scales to allow a clinical diagnosis in the community.

The methodology involved initially producing videotapes of ten psychotic patients by two trained psychiatrists. Secondly, a full training interview was made with explanations and a detailed manual. Thirdly, this allowed new raters to train and compare their ratings with the other ten tapes. Hence it would be a relatively easy matter for new raters or centres to become skilled.

The scale is not intended to be used blindly; a working familiarity with the patients' notes is desirable. The first four ratings are based on the patient's replies to questions, the next four on clinical observations during the interview.

A reliability study has been performed. The two interview psychiatrists independently rated all ten tapes, three other psychiatrists trained on the example tapes and then rated the ten criterion tapes. The overall

agreement between psychiatrists was established using Kendall's Coefficient of Concordance W , for the groups of five (all psychiatrists) and three (tape trained psychiatrists) raters.

Friedman's Two-Way Analysis of Variance by ranks was carried out for the groups of five and three psychiatrists. There were no differences between the psychiatrists in their mean severity ratings except on flatness of affect where one psychiatrist gave consistently lower ratings resulting in a significant difference ($P < 0.01$) for both the three- and five-psychiatrist groups.

Suggested uses of the Manchester Scale include assessing large chronic populations, drug trials (when a simple side-effect rating is also available), and rehabilitation studies. It would also be suitable for multicentre population comparisons with the advantages of easy training and rapidity of use. Other developments have been suggested, including the incorporation of two further 5-point scales, 'Cooperation with the Social Situation of Interview' and 'Abnormal Movements' in the ratings by observation (Eve Johnstone personal communication). These have not been fully investigated yet.

Further work is at the moment being carried out at Manchester updating and clarifying the scale and videotapes using our experience of the last 10 years.

Reference

- KRAWIECKA, M., GOLDBERG, D & VAUGHAN, M. (1977) A standardised psychiatric assessment scale for rating chronic psychotic patients. *Acta Psychiatrica Scandinavica*, 55, 299–308.

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