

Modeling Effective Antipsychotic Therapeutic Success by Utilizing Real Evidence

PATIENT EDUCATION TOOLS

# Young Mania Rating Scale (YMRS)

#### **OVERVIEW**

The Young Mania Rating Scale (YMRS) is one of the most frequently utilized rating scales to assess manic symptoms. The scale has 11 items and is based on the patient's subjective report of his or her clinical condition over the previous 48 hours. Additional information is based upon clinical observations made during the course of the clinical interview. The items are selected based upon published descriptions of the core symptoms of mania. The YMRS follows the style of the Hamilton Rating Scale for Depression (HAM-D) with each item given a severity rating. There are four items that are graded on a 0 to 8 scale (irritability, speech, thought content, and disruptive/aggressive behavior), while the remaining seven items are graded on a 0 to 4 scale. These four items are given twice the weight of the others to compensate for poor cooperation from severely ill patients. There are well described anchor points for each grade of severity. The authors encourage the use of whole or half point ratings once experience with the scale is acquired. Typical YMRS baseline scores can vary a lot. They depend on the patients' clinical features such as mania (YMRS = 12), depression (YMRS = 3), or euthymia (YMRS = 2). Sometimes a clinical study entry requirement of YMRS ≥ 20 generates a mean YMRS baseline of about 30. Strengths of the YMRS include its brevity, widely accepted use, and ease of administration. The usefulness of the scale is limited in populations with diagnoses other than mania.

The YMRS is a rating scale used to evaluate manic symptoms at baseline and over time in individuals with mania.

The scale is generally done by a clinician or other trained rater with expertise with manic patients and takes 15–30 minutes to complete.

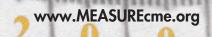
#### **REFERENCES**

Young RC, Biggs JT, Ziegler VE, Meyer DA. A rating scale for mania: reliability, validity and sensitivity. *Br J Psychiatry*. 1978;133:429-435.

McIntyre RS, Mancini DA, Srinivasan J, McCann S, Konarski JZ, Kennedy SH. The antidepressant effects of risperidone and olanzapine in bipolar disorder. *Can J Clin Pharmacol*. 2004;11:e218-226.

Young RC, Biggs JT, Ziegler VE, Meyer DA. Young Mania Rating Scale. In: *Handbook of Psychiatric Measures*. Washington, DC: American Psychiatric Association; 2000:540-542.







# Young Mania Rating Scale (YMRS)

#### **GUIDE FOR SCORING ITEMS:**

The purpose of each item is to rate the severity of that abnormality in the patient. When several keys are given for a particular grade of severity, the presence of only one is required to qualify for that rating.

The keys provided are guides. One can ignore the keys if that is necessary to indicate severity, although this should be the exception rather than the rule.

Scoring between the points given (whole or half points) is possible and encouraged after experience with the scale is acquired. This is particularly useful when severity of a particular item in a patient does not follow the progression indicated by the keys.

#### 1. Elevated Mood

- 0 Absent
- 1 Mildly or possibly increased on questioning
- 2 Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content
- 3 Elevated; inappropriate to content; humorous
- 4 Euphoric; inappropriate laughter; singing

## 2. Increased Motor Activity-Energy

- 0 Absent
- 1 Subjectively increased
- 2 Animated; gestures increased
- 3 Excessive energy; hyperactive at times; restless (can be calmed)
- 4 Motor excitement; continuous hyperactivity (cannot be calmed)

#### 3. Sexual Interest

- 0 Normal: not increased
- 1 Mildly or possibly increased
- 2 Definite subjective increase on questioning
- 3 Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report
- 4 Overt sexual acts (toward patients, staff, or interviewer)

#### 4. Sleep

- O Reports no decrease in sleep
- 1 Sleeping less than normal amount by up to one hour
- 2 Sleeping less than normal by more than one hour
- 3 Reports decreased need for sleep
- 4 Denies need for sleep

#### 5. Irritability

- 0 Absent
- 2 Subjectively increased
- 4 Irritable at times during interview; recent episodes of anger or annoyance on ward
- 6 Frequently irritable during interview; short, curt throughout
- 8 Hostile, uncooperative; interview impossible





# Young Mania Rating Scale (YMRS)

### 6. Speech (Rate and Amount)

- 0 No increase
- 2 Feels talkative
- 4 Increased rate or amount at times, verbose at times
- 6 Push; consistently increased rate and amount; difficult to interrupt
- 8 Pressured; uninterruptible, continuous speech

# 7. Language-Thought Disorder

- 0 Absent
- 1 Circumstantial; mild distractibility; quick thoughts
- 2 Distractible, loses goal of thought; changes topics frequently; racing thoughts
- 3 Flight of ideas; tangentiality; difficult to follow; rhyming, echolalia
- 4 Incoherent; communication impossible

#### 8. Content

- 0 Normal
- 2 Questionable plans, new interests
- 4 Special project(s); hyper-religious
- 6 Grandiose or paranoid ideas; ideas of reference
- 8 Delusions; hallucinations

# 9. Disruptive-Aggressive Behavior

- O Absent, cooperative
- 2 Sarcastic; loud at times, guarded
- 4 Demanding; threats on ward
- 6 Threatens interviewer; shouting; interview difficult
- 8 Assaultive; destructive; interview impossible

### 10. Appearance

- O Appropriate dress and grooming
- 1 Minimally unkempt
- 2 Poorly groomed; moderately disheveled; overdressed
- 3 Disheveled; partly clothed; garish make-up
- 4 Completely unkempt; decorated; bizarre garb

#### 11. Insight

- O Present; admits illness; agrees with need for treatment
- 1 Possibly ill
- 2 Admits behavior change, but denies illness
- 3 Admits possible change in behavior, but denies illness
- 4 Denies any behavior change

Reprinted with permission from The Royal College of Psychiatrists.



