

clinicians who actually know the patients, the Hamilton depression scale captures an impressive range of clinical phenomena from mild to extreme illness. In this light, complaints about nonalignment of the Hamilton depression scale with DSM-IV criteria are irrelevant. Likewise, demands for the ultimate in psychometric properties are misplaced. Abridged versions that aim for essentialist purity over untidy clinical reality have not gained acceptance. To echo the quip about democracy, the Hamilton depression scale may be the worst depression scale ever developed, except for all the others.

Second, the call for a new scale based on contemporary concepts of major depression is unrealistic. Which proposed concepts should we use? Current definitions of major depression, instantiated in DSM-IV, for instance, are deliberately atheoretical nominalist conventions that lack unifying constructs, predictive validity, and explanatory power. That is one reason why populations diagnosed with DSM-IV major depression are so heterogeneous. In the future, we might add biomarkers or endophenotypes to clinical symptoms in assessing depression, but that day is not here.

Third, as a practical matter, the Hamilton depression scale is not surpassed on performance by any other scale. The view that the Hamilton depression scale is insensitive to change in severity of depression is simply wrong. This charge is often joined with the claim that the Montgomery-Åsberg Depression Rating Scale (2) is more sensitive and therefore preferable as an outcome measure. That claim rests on slim evidence, in a sample of only 35 patients. In a large meta-analysis, the Hamilton depression scale actually was somewhat better than the Montgomery-Åsberg Depression Rating Scale in sensitivity to change and in detecting early change with treatment while having the advantage of far more comprehensive symptom coverage (3). There is no foundation for the assertion of Dr. Bagby et al. that patients might be denied valuable new antidepressant drugs because the Hamilton depression scale lacks sensitivity to register their efficacy.

The endurance of the Hamilton depression scale is remarkable, considering how many unauthorized, nonvalidated, mutant versions now circulate (Hamilton's original 17 items have expanded to 28 at my last count). This is not progress, however, because the text versions and procedural use in many contemporary treatment trials are corrupted.

#### References

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TO THE EDITOR: It is widely accepted that the Hamilton depression scale is less than ideal as a measure of outpatient depression severity. However, while we await the development and validation of other scales, the Hamilton depression scale will almost certainly continue to be used in regulatory and academic clinical trials for at least a few more years. As Dr. Bagby et al. noted, the Depression Rating Scale Standardization

Team developed the GRID-HAMD to fill this gap. The Depression Rating Scale Standardization Team was formed in 1999 by individuals in academia, clinical practice, the pharmaceutical industry, and government to develop a standard approach to administering and scoring the Hamilton depression scale that would remain acceptable to the Food and Drug Administration and be used by pharmaceutical, academic, and clinical researchers (1). The authors described the GRID-HAMD as "virtually unchanged from the original" (p. 2174), but this is not the case. The Depression Rating Scale Standardization Team standardized the administration and scoring of the Hamilton depression scale to improve item reliability by clarifying and operationalizing ambiguous anchor descriptions and providing interview probes and conventions within the instrument (2). Thus, the original intent of the items and the scaling remain the same. Given the many versions of the scale in use, the Depression Rating Scale Standardization Team concluded that standardization would improve the current scale and lay the groundwork for development of a new scale. This effort is now underway by the Depression Inventory Development Project, and item development and field testing are being conducted. (The Depression Rating Scale Standardization Team and the Depression Inventory Development Project are funded by the International Society for CNS Drug Development. The GRID-HAMD can be downloaded, free of charge, at <http://ISCDD.org>.)

We recognize that not only does it take years to develop a new scale but also that its acceptance requires a thoughtful consideration of diverse theoretical viewpoints, acknowledgment of past efforts, and innovation. The Hamilton depression scale glass of Dr. Bagby et al. is clearly half-empty. We believe the glass should be viewed as half-full and that future efforts should take advantage of all that has been learned from the many years of use of this scale.

#### References

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