Montgomery-Asberg Depression Rating Scale: Clinician Report

Patient:	Hugh Watson
Assessment date:	2026-05-20

TOTAL SCORE

28 / 60

Severity: Moderate depression (20–34)

CLINICIAN REVIEW REQUIRED

• Item endorsing suicidal ideation or self-harm: mandatory clinician review required before this report can be finalised.

SUBSCALE SCORES

Affective (sadness, tension; items 1-3) [e] **8 / 18**

Mild domain burden

Somatic (sleep, appetite; items 4-5) [e] **4 / 12**

Mild domain burden

Cognitive (concentration, lassitude, pessimism; items 6, 7, 9) [e] **12 / 18**

Moderate domain burden

Anhedonia (item 8) [e] **2 / 6**

Mild domain burden

percentage-of-maximum domain band (engine clinical formulation; Montgomery & Åsberg 1979 publish the MADRS as a single severity scale without formal subscale structure) · [e] Engine-formulated cluster for clinical narrative; not part of the published instrument's scoring structure.

CUTPOINT CROSSED

Threshold	Label
>= 7	Likely depression (Muller et al. 2003)
>= 20	Clinically significant depression

SCORE STATEMENT

The MADRS was completed on 2026-05-20 by clinician interview, yielding a total score of 28/60, placing in the Moderate depression range.

SEVERITY INTERPRETATION

Scores of 20 to 34 indicate moderate depression on the MADRS, above the conventional clinical-significance threshold of 20 (Zimmerman et al. 2004).

SYMPTOM PROFILE

Symptom profile. The MADRS pattern is cognitive predominant with cognitive symptoms (concentration difficulty, lassitude, pessimistic thoughts) predominating; a pattern that warrants careful differentiation from primary cognitive impairment (depression with prominent cognitive features in older adults; pseudo-dementia). Domain totals were affective 8/18, somatic 4/12, cognitive 12/18, and anhedonia 2/6; item 10 (suicidal thoughts) rated 2/6. The four-domain breakdown (affective, somatic, cognitive, anhedonia) is informative for clinical formulation: affective-predominant patterns fit the classic mood-symptom phenotype; somatic-predominant patterns are common in melancholic depression and in medically ill or older-adult populations; cognitive-predominant patterns warrant careful differentiation from primary cognitive impairment; anhedonia-predominant patterns are associated with melancholic features and may inform treatment selection.

RECOMMENDATION

MADRS scores of 20 to 34 with cognitive-symptom predominance (concentration difficulty, lassitude, pessimistic thoughts) describe a pattern that warrants careful differentiation from primary cognitive impairment, particularly in older adults where depression with prominent cognitive features (sometimes termed pseudo-dementia) can mimic early dementia. Components described in the published literature include cognitive screening or formal neuropsychological assessment with depression as a known confound, structural neuroimaging where the picture is suggestive of progressive change, treatment of depression with reassessment of cognitive function at 3 to 6 months (reversible cognitive impairment in depression typically improves with mood treatment), and consideration of cognitive remediation alongside antidepressant pharmacotherapy. *These notes summarise the published evidence base for this presentation pattern and are intended for clinician consideration. They do not constitute individual treatment recommendations and may not apply to every person; clinical judgement and knowledge of the full clinical picture take precedence.*

MONITORING

Repeat MADRS administration at 2 to 4 week intervals is described in the published antidepressant treatment literature as appropriate when intervention is being delivered. A 50 percent reduction from baseline is the most commonly cited responder definition, and a final score of 10 or less the most commonly cited remission definition (Hawley et al. 2002).

SCALE INFORMATION

Scale information. The Montgomery-Asberg Depression Rating Scale (MADRS; Montgomery and Asberg 1979) is a 10-item clinician-rated depression severity instrument developed to be sensitive to change in pharmacological treatment trials. Each item is rated 0 to 6 on the basis of structured interview, with intermediate values (1, 3, 5) used when the patient's report falls between defined response anchors. Total range 0 to 60; higher scores indicate greater symptom severity. The MADRS is one of the most widely used outcome measures in antidepressant treatment trials and has been extensively validated across psychiatric and medical populations. Item 10 (suicidal thoughts) is a dedicated risk-flag item that triggers mandatory review at moderate or higher ratings irrespective of overall severity.

ITEM RESPONSES

Rating scale: **0** = 0 - no abnormality **1** = 1 **2** = 2 **3** = 3 **4** = 4 **5** = 5 **6** = 6 - maximum severity

#	Description	Response	Score
1	Apparent sadness (rated by observation)	3	3
2	Reported sadness	3	3
3	Inner tension	2	2
4	Reduced sleep	2	2
5	Reduced appetite	2	2
6	Concentration difficulties	4	4
7	Lassitude	4	4
8	Inability to feel	2	2
9	Pessimistic thoughts	4	4
10 *	Suicidal thoughts	2	2