The Brief Psychiatric Rating Scale (BPRS): Recent Developments in Ascertainment and Scaling

Chair:

John E. Overall, Ph.D.

University of Texas Medical School Houston, TX

Introduction

The Brief Psychiatric Rating Scale (BPRS), as first published (Overall & Gorham 1962), consisted of 16 rating constructs chosen to represent the primary factors derived from factor analysis of the more extended Inpatient Multidimensional Psychiatric Scale (IMPS; Lorr et al. 1962). The availability of a large data base of IMPS ratings acquired from earlier, large-scale, cooperative studies of chemotherapy in psychiatry in the Veterans Administration (V.A.) made the background work possible. Thus, the V.A. collaborative studies research program deserves a large measure of credit for birth and nurturing of the BPRS.

The BPRS was designed to fill a special need in clinical psychopharmacology research, and it is perhaps little more than a historical coincidence that it appeared just when that need was being felt most acutely in programs such as the Early Clinical Drug Evaluation Units (ECDEU) of the National Institute of Mental Health (NIMH). Credit for the institutionalization of the BPRS belongs largely to the NIMH Psychopharmacology Service Center and its successor, the NIMH Psychopharmacology Research Branch. With the encouragement of program directors such as Jonathan O. Cole, Jerome Levine, and Nina R. Schooler, the brief and simple-to-use BPRS became a common intersection for much of clinical psychopharmacology research. By the time it was incorporated into the ECDEU data base, the BPRS had assumed a life of its own in the public domain.

The BPRS is certainly not perfect. There are items that could enhance its utility as a comprehensive description of manifest psychopathology. If we were going to add items to the list, "elevated mood" and "inappropriate affect" would be among the first considered. However, we believe that the loss of historical perspective would not be worth the gain. In fact, we did modify the BPRS one time. In about 1965, at a time when we were considering utility of the BPRS for descriptive classification research, the two items of "excitement" and "disorientation" were added. The confusion caused by that modification has persisted to this day. Despite numerous attempts to effect appropriate consolidation, there exist two BPRS rating scales: the 18-item version generally used today and the original 1962 publication that is still almost universally cited as its source. We firmly believe that the BPRS would not have survived had we continued to modify it.

In an effort to provide an appropriate readily available reference for the version of the BPRS that has been in the public domain since 1965, we have appended to these introductory remarks a facsimile of the 18-item BPRS. As we have indicated, this form has appeared in several previous publications; however, perhaps because those were not

811

co-authored by the two original authors, the Overall and Gorham (1962) citation persists. The confusion over citation would not be a problem if it did not occasionally misdirect a potential user to the earlier version. That is unfortunate because those investigators are effectively locked out from later developmental work that has enhanced the validity of the BPRS for a variety of purposes.

We believe that the development of new and improved rating scales should be encouraged. It is the purpose of this symposium to provide a forum for several recent developments. However, new instruments need to be distinguished by name, and they require individual psychometric evaluation that cannot be simply inherited. The BPRS, as it stands today, belongs to the hundreds of clinical investigators whose contributions have been thereon documented.

John E. Overall, Ph.D.1

Donald R. Gorham, Ph.D.2

References

Lorr, M.; Klett, C.J.; McNair, D.M.; and Lasky, J.J. Inpatient Multidimensional Psychiatric Scale, Manual. Palo Alto, CA: Consulting Psychologists Press, 1962.

Overall, J.E., and Gorham, D.R. The Brief Psychiatric Rating Scale. *Psychol. Rep.* 10:799-812, 1962.

¹Department of Psychiatry and Behavioral Sciences, University of Texas Medical School, P.O. Box 20708, Houston, TX 77225.

²Consultant, New York Department of Social Sciences, Office of Disability Determination, Bluff Point, NY 14478.

BRIEF PSYCHIATRIC RATING SCALE Overall and Gorham

DIRECTIONS: Place an X in the appropriate box to represent Level of soverity of each symptom.

Patient Name	***	Physician							
Patient SS #	UT #	HH #	Date						
SOMATIC CONCERN - preoccu illness, hypochondriasis.	pation with physical health, fea	ur of physical	☐ Not Present	Usry Mild	31	Mederate	☐ Med. Severe	Sovers	□ Extremely Severe
ANXIETY - worry, fear, over-co	oncern for present or future, une	asiness.		0					
EMOTIONAL WITHDRAWAL - relating to others.	lack of spontaneous interaction	ı, isolation deficiency in		_		0	0	0	0
CONCEPTUAL DISORGANIZAT disorganized, disrupted.	FION - thought processes confu	sed, disconnected,	0	_		_	_	_	0
GUILT FEELINGS - self-blame,	shame, remorse for past behav	rior.							
TENSION - physical and motor	manifestations of nervousness,	over-activation.							
MANNERISMS AND POSTURI (not including tic).	NG - peculiar, bizarre unnatural	motor behavior	0			_	_		
GRANDIOSITY - exggerated se or abilities.	If-opinion, arrogance, conviction	n of unusual power				0	_		0
DEPRESSIVE MOOD - sorrow,	sadness, despondency, pessimi	sm.							
HOSTILITY - animosity, conten	npt, belligerence, disdain for oth	ners.							
SUSPICIOUSNESS - mistrust, intent.	belief others harbour malicious	or discriminatory	0	0		0	0		
HALLUCINATORY BEHAVIOR correspondence.	- perceptions without normal ex	kternal stimulus	0	0		0	0	0	0
MOTOR RETARDATION - slow	ed weakened movements or spe	ech, reduced body tone.							
UNCOOPERATIVENESS - resis	stance, guardedness, rejection o	f authority.		0			0		
UNUSUAL THOUGHT CONTEN	NT - unusual, odd, strange, biza	rre thought content.							
BLUNTED AFFECT - reduced e flatness.	motional tone, reduction in form	nal intensity of feelings,				0	0	0	0
EXCITEMENT - heightened emo	otional tone, agitation, increase	d reactivity.							
DISORIENTATION - confusion	or lack of proper association for	r person, place, or time.							