

09 - Some examples of outcome scales

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© SPMM Course 8. Outcome scales in psychiatry The purpose of clinical intervention in psychiatry is to achieve a desirable outcome for the patient, his/her family and the society. Treatment outcomes are not single constructs but are multidimensional. Outcome measures can be broadly classified as follows:

- Psychopathological rating scale: measuring individual symptom severity in a disorder e.g. PANSS, BPRS. These scales can also provide modified measures such as relapse, remission, etc. that are used as outcome variables in various studies.
- Global outcome measure: an overall appraisal of disease severity and its impact on overall functioning e.g. Global Assessment of functioning (GAF) or Global Assessment Scale (GAS).
- Generic patient-based outcome measure: measuring several domains of health-related quality of life applicable to populations irrespective of illness. e.g. Short Form 36 (SF36)
- Disease-specific patient based outcome measure: measuring several domains of health-related quality of life applicable to specific patient groups.
- Domain specific patient based outcome measure: measuring a specific domain associated with health-related quality of life e.g. focusing on social function or interpersonal relationships or cognitive capacity or service-level satisfaction. Any useful outcome measure must satisfy the following criteria to be incorporated into trials and clinical practice:

Some examples of outcome scales Global Assessment of Functioning Scale (GAF) is available as an appendix to DSM-IV. It measures overall psychosocial functioning in patients on a 10-item (100 points) scale, rated on the

- Is the instrument appropriate to the question addressed by the trial or the benefit desired by the clinical service? Appropriate
- Is the measure reproducible, internally consistent, precise and accurately reflecting the construct of interest? Reliable & valid
- Is it sensitive to change over time? Responsive
- Are the scores intuitively meaningful and comparable to real life states? Readily Interpretable
- Is the tool readily applicable in clinical settings and not too onerous on clinicians and patients? Acceptable & feasible

© SPMM Course basis of self-report and information from the clinical interview. GAF was used in axis V of the multiaxial diagnostic system in DSM-IV. It combines symptomatic severity and

functional impairment and is based on the clinician's appraisal of the functional limitation. Social and Occupational Functioning Assessment Scales (SOFAS) was proposed as a new axis in Appendix B of DSM-IV. It is related to GAF but focuses only on functioning and not on symptoms. SOFAS does not try to discriminate between functional changes related to psychiatric and nonpsychiatric causes. It is rated by clinicians on a 100-point scale based on all available information, with descriptors for each 10-point interval. Guided tools for administering SOFAS (e.g. Personal and Social Performance scale -PSP) are available for use in clinical trials. Short Form health survey-36 or SF-36 was designed for wide use in a variety of settings: clinical practice, research, policy evaluations, and community surveys. SF-36 can be self-administered by persons 14 years of age and older, or by a trained interviewer. It assesses eight health concepts: 1) limitations in physical activities because of ill health; 2) limitations in social activities because of physical or emotional problems; 3) limitations in role performance due to physical health problems; 4) bodily pain; 5) general mental distress and well-being; 6) limitations in role performance because of emotional problems; 7) vitality (energy and fatigue); and 8) general health perceptions.

The health of the Nation Outcome Scales (HoNoS): HONOS is the most widely used psychiatric outcome scale within the NHS. It was developed by the RCPsych and commissioned by the Department of Health in 1993. It has 12 items measuring behaviour, impairment, symptoms and social functioning, measured on the basis of routine clinical assessments in various clinical settings and has influenced various policymaking processes in the English NHS over the last 2 decades.

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