

# The AMDP System

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(Editors)

Manual for Assessment  
and Documentation of  
Psychopathology in  
Psychiatry

9th edition

# The AMDP System

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## Preface

I was delighted to be asked by the editors of the ninth edition of the AMDP System to support the translation of the manual for an English-speaking audience. Psychopathology is having something of a resurgence in contemporary psychiatry, and it will be a great benefit to clinicians and researchers to have this manual at their disposal. There have been concerns expressed about the existing taxonomies of mental disorders (Insel et al., 2010), and how they may limit scientific and clinical progress. As part of this concern, psychopathology and the experiences of our patients are seen to be once again an increasingly important area of investigation to be combined with other levels of study. Empirically, clinicians and researchers have become more interested in transdiagnostic areas of psychopathology, for example, mood instability (Broome, Saunders, Harrison, & Marwaha, 2015), which span traditional categories, and in the subtle experiences that herald the development of psychiatric illness, and which may wax and wane with time, and interact with the normal developmental processes of adolescence and young adulthood (Nelson, McGorry, Wichers, Wigman, & Hartmann, 2017; Marwaha, Thompson, Uptegrove, & Broome, 2016). Psychopathology is by no means a subject which should remain wholly in textbooks, but a vibrant area of research where there is new knowledge to be found.

To develop new insights in psychopathology requires clinicians and researchers to have a strong and comprehensive grasp of those experiences that patients have reported to clinicians over the years. A focus in psychiatry and in training that equates its knowledge of symptoms as only those that are contained in lists required for diagnoses in international classifications will lead to the theoretical foundations of our discipline being diluted (Andreasen, 2006), and limit future developments. Hence, there is a strong impetus for clinicians and researchers to develop a robust grasp of psychopathology, over and beyond the constraints of ICD-10 and DSM-5. The AMDP System, alongside the Schedules for Clinical Assessment in Neuropsychiatry (SCAN; World Health Organization, 1994), offers a systematic account of psychopathology, with examples of the experiences,

and clear guidance on how to elicit, rate and score the items. As such, the AMDP manual will be a valuable tool for trainers and trainees in learning clinical psychiatry and in how they may develop their skills in interviewing and assessment. Further, psychopathology has an important role in not only diagnosis and nosography, but it is also a person-oriented discipline as well as being illness-oriented (Stanghellini & Broome 2014). Psychopathology is an important source of personal meaning to be explored with our patients in a therapeutic relationship. These two modes of psychopathology both aid the ethics of clinical work with those with psychiatric illness and support delineating and elucidating the subjective changes in mental disorder which will aid the search for subpersonal causal mechanisms and, in turn, better treatments.

I commend the AMDP System as a clear, coherent, and comprehensive account of psychopathology and as a great resource for clinicians and researchers, whether novices or experienced interviewers. Alongside the German, French, Brazilian-Portuguese and other planned language editions, this English edition will now allow the manual to reach those who train and work outside the German-speaking countries so they can reap the benefits of the European tradition of psychiatry and psychopathology.

The editors would like to thank Mrs Ursula Drew for her excellent work on translating the German edition into English, and the staff of Hogrefe Publishing, namely Robert Dimbleby, Christin Wozniak, and Lisa Bennett, for their professionalism and support in bringing this project to fruition.

Professor Matthew R. Broome  
University of Birmingham and University of Oxford, UK  
September 2017

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## Preface to the Ninth German Edition

The publication of this ninth revised and expanded edition of the AMDP System coincides with the 50th anniversary of the foundation of the Association for Methodology and Documentation in Psychiatry (AMDP) in 1965. Since the formation of the association, psychiatry and, in particular, the field of psychopathology, have experienced significant change and development. The AMDP System was initially created by a German–Swiss working group to systematically measure psychopathology in order to assess reliably and validly the effect of pharmacological interventions on psychopathology.

Whilst the initial rapid advances within psychopharmacology of the mid-20th century have not been maintained, the development of a growing number of increasingly specialised rating scales for psychiatric disorders and psychopathology has continued. The advantages of using such rating scales are undisputed but their use may come at the expense of a comprehensive psychiatric assessment, including a detailed mental state examination, and hence there is the risk of subtle, yet important, symptoms being missed.

The AMDP System, in contrast, pursues a decidedly comprehensive descriptive psychopathological approach to minimise the danger of significant symptoms being overlooked during initial examination. Thus, the AMDP System assumes a crucial role in the acquisition of fundamental knowledge in the field of psychopathology. When students of medicine and psychology encounter people with mental health disorders for the first time, it is challenging for them to describe the experiences patients relate to them in appropriate, concise and comprehensive terms, and it is here the AMDP System demonstrates its utility. Throughout clinical training and beyond, the AMDP System is a central tool in the classification and description of psychopathology in clinical records and communication. Unsurprisingly, therefore, the AMDP System is regularly cited and referred to in the majority of contemporary German textbooks on psychiatry and psychotherapy.

In this latest edition, the definitions of the 100 psychopathological and 40 somatic core symptoms contained in the AMDP System have been linguistically and descriptively refined. The Appendix contains a new section on syndrome formation. The manual's core register of individual symptoms, however, remains, as in previous editions, unchanged to facilitate comparative research and to ensure the continued successful employment of the manual's established syndrome rating scales. Taking account of developments in recent years in the description and rating of psychopathological symptoms, this latest edition of the AMDP System has been extended by an additional eleven psychopathological and three somatic symptoms. These symptoms may, where appropriate, be used to supplement the manual's core register of individual symptoms.

The physical appearance of the ninth revised edition of the AMDP manual has also changed with an improved cover design, binding, paper quality and colour scheme. In this respect, we are especially indebted to Hogrefe Company (Germany), our publishers, in whose portfolio the AMDP manual has featured as a long-standing title for many years.

*M. Rösler  
R.-D. Stieglitz  
W. Trabert*

# Contents

<b>Preface</b> .....	v
<b>Preface to the Ninth German Edition</b> .....	ix
<b>Introduction</b> .....	1
AMP Founding Members .....	2
AMP/AMDP System Chair .....	3
AMDP Registered Association Chair .....	3
AMDP Revision Group (9th edition) .....	3
<b>1 General Introduction</b> .....	5
1.1 Overall Structure of the AMDP System .....	5
1.2 Representation of Individual Symptoms in the Manual .....	6
1.3 Requirements for Use .....	6
1.3.1 General Requirements for Use .....	6
1.3.2 AMDP Training Seminars .....	8
1.4 Recording Basics .....	8
1.4.1 General Considerations .....	8
1.4.2 Assessment Basics .....	9
1.4.3 Time Frame of Assessment Period .....	11
1.4.4 Documentation .....	12
1.5 The Formal Logic of the Decision-Making Process .....	12
1.5.1 Evaluation Level 1: Assessability and Nonassessability .....	13
1.5.2 Evaluation Level 2: Degree of Certainty Over Presence or Absence of a Symptom .....	14
1.5.3 Evaluation Level 3: Presence .....	15
1.5.4 Evaluation Level 4: Degree of Severity .....	16
1.6 Data Processing .....	17
1.7 The AMDP Personal History .....	18
<b>2 Psychopathological Findings</b> .....	21
2.1 Preliminary Notes .....	21
2.2 Disorders of Consciousness .....	22
2.3 Disturbances of Orientation .....	26

2.4	Disturbances of Attention and Memory	30
2.5	Formal Thought Disorders	35
2.6	Worries and Compulsions	46
2.7	Delusions	52
2.8	Disorders of Perception	67
2.9	Ego (Boundary) Disturbances	74
2.10	Disturbances of Affect	80
2.11	Disorders of Drive and Psychomotor Activity	99
2.12	Circadian Disturbances	107
2.13	Other Disturbances	109
2.14	Additional Psychopathological Items (ZP1–ZP11)	118
<b>3</b>	<b>Somatic Findings</b>	133
3.1	Disturbances of Sleep and Vigilance	133
3.2	Appetitive Disturbances	137
3.3	Gastrointestinal Disturbances	140
3.4	Cardiac–Respiratory Disturbances	145
3.5	Other Autonomic Disturbances	148
3.6	Other Somatic Disturbances	151
3.7	Neurological Disturbances	156
3.8	Additional Somatic Items (ZS1–ZS3)	164
	<b>Literature</b>	168
	<b>Appendices</b>	171
	Appendix A: Documentation Form	173
	Appendix B: English, German, and French Labels of the AMDP Symptoms	177
	Appendix C: AMDP Syndromes	186
	<b>Index</b>	193

# Introduction

The Association for Methodology and Documentation in Psychiatry (AMDP) was initially founded as the AMP in 1965 and was born out of a close cooperation between a German working group (Bente, Engelmeier, Heinrich, Hippus, Schmitt) and its Swiss counterpart (Angst, Battegay, Cornu, Dick, Heimann, Pöldinger, Schmidlin, Weis). Shortly after its inception, the Association was joined by the Viennese Clinic in Austria (Bernier). Over the years that followed, AMDP members conceptualised and developed a system for the documentation and assessment of personal history and psychopathological and somatic symptoms in a computer-readable format.

This system, today utilized in various psychiatric centres in different countries, has generated an extensive data base of clinical knowledge and expertise useful for comparative analysis and research purposes, which is also in a format amenable to immediate electronic data processing (see Section 1.6). The AMDP System, as it has been known since 1979, has thus served to establish internationally unified and standardised approaches to psychiatric diagnosis and research, and to this end both the AMP and the AMDP manuals have been translated into a range of different languages (e.g., English, French, Italian; see Bobon, Bauermann, Angst, Helmchen & Hippus, 1983, for an overview).

The purpose of this latest edition of the manual is to summarise the commonly accepted conventions, definitions, and descriptions adopted within the AMDP System, to serve as an introduction for the neophyte as well as a reference tool for the experienced practitioner, and to enable a unified, generalizable application of the system.

In this ninth revised edition, the AMDP System comprises documentation (contained on a four-page form) for the recording and assessment of data in the following areas:

- Personal history
- Psychopathological symptoms
- Somatic symptoms

The contents of the sections on personal data and somatic and psychopathological findings are based on the empirical analyses of the documented case histories of more than 2,500 patients (see Pietzcker et al., 1983). In the majority of these analysed case histories, the disorders in question fell into the category of disorders which would traditionally have been referred to as endogenous psychoses (especially schizophrenia, schizoaffective psychosis, and affective psychoses).

The results of several independent interrater-reliability studies, together with the criteria of frequency, specificity, sensitivity, reliability and clinical significance, were applied in the choice of symptom characteristics. The definitions of psychopathological symptoms contained in the manual build on those of traditional German descriptive psychopathology.

Since 1965, the AMDP has benefited from the efforts of a large number of colleagues who, at various stages over the years and with differing levels of intensity, have contributed significantly to the association's endeavours. In the following, special mention is given to those colleagues who were involved in the development of the AMDP System and, in particular, this present ninth edition.

## **AMP Founding Members**

*J. Angst, Prof.*, Psychiatric University Hospital Zurich, Switzerland

*R. Battegay, Prof.*, Outpatient Psychiatric Department University Basel, Switzerland

*D. Bente, Prof.*, Department of Psychophysiology FU Berlin, Germany

*F. Cornu, Prof.*, Psychiatric Private Hospital WYSS AG; Münchenbuchsee, Bern, Switzerland

*P. Dick, Dr.*, Psychiatric Hospital Chêne-Bourg, Genf, Switzerland

*M. P. Engelmeier, Prof.*, Psychiatric Hospital/Städt. Krankenanstalten Essen, Germany

*H. Heimann, Prof.*, Psychiatric University Hospital Tübingen, Germany

*K. Heinrich, Prof.*, Psychiatric University Hospital Düsseldorf, Germany

*H. Helmchen, Prof.*, Psychiatric University Hospital and Outpatient Department FU Berlin, Germany

*H. Hippus, Prof.*, Psychiatric University Hospital Munich, Germany

*W. Pöldinger, Prof.*, Psychiatric University Hospital Basel, Switzerland

*P. Schmidlin*, CIBA-GEIGY Basel, Switzerland

*W. Schmitt, Prof. Dr.*, Social Psychiatric Hospital Sonnenberg, Saarbrücken, Germany

*P. Weis, Dr.*, CIBA-GEIGY Basel, Switzerland

## **AMP/AMDP System Chair**

*H. Heimann* (Tübingen, Germany) 1970–1972

*P. Berner* (Vienna, Austria) 1972–1974

*H. Helmchen* (Berlin, Germany) 1974–1978

*U. Baumann* (Kiel, Germany) 1979–1983

*B. Woggon* (Zurich, Switzerland) 1984–1989

*R.-D. Stieglitz* (Freiburg, Germany) 1990–1998

*W. Trabert* (Emden, Germany) since 1998

## **AMDP Registered Association Chair**

*E. Fähndrich* (Berlin, Germany) 1989–1992

*H.-J. Möller* (München, Germany) 1992–2000

*W. Maier* (Bonn, Germany) 2000–2003

*H.-J. Freyberger* (Greifswald/Stralsund, Germany) 2003–2006

*R.-D. Stieglitz* (Basel, Switzerland) 2006–2012

*M. Rösler* (Homburg, Germany) since 2012

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Michael Rösler (Homburg/Saar, Germany)  
Rolf-Dieter Stieglitz (Basel, Switzerland)

# 1 General Introduction

## 1.1 Overall Structure of the AMDP System

The AMDP System contains a four-page documentation form for the recording and assessment of personal history, psychopathological findings and somatic findings (see Appendix A).

The sections on psychopathological findings and somatic findings represent the core elements of the AMDP System. For reasons of practicality, this form also includes a section on personal history (Name, date of birth, current living arrangements etc.). The different parts of the form may be used separately and independently of each other. The recording and assessment also of somatic symptoms is considered of importance for the following reasons:

- For the calculation of the so-called AMDP syndromes (Pietzcker et al., 1983; see Appendix C), some somatic symptoms are essential also (e.g., autonomic syndrome, somatic symptoms of depression).
- Somatic symptoms are also coded in the International Classification of Diseases (ICD) and Diagnostic Statistical Manual (DSM) classificatory symptoms.
- Somatic symptoms are important in many psychopharmacological studies to record side-effects, and are also important to individual patients in monitoring their response to treatment.

The modifications to the AMDP documentation undertaken for this revised ninth edition of the AMDP System focus primarily on the section on psychopathological findings. The section on somatic findings, the recording and assessment of which generally poses few problems, underwent minimal change only and was mainly checked for accuracy. The personal history section, which had already been shortened for the previous edition, remains unchanged in its present reduced form, in keeping with the overall structural concept of the AMDP System.

There is a section at the top of the documentation form for psychopathological and somatic findings in which the following patient-specific details can be recorded:

- Patient’s name(s)
- Examiner’s (rater’s) name(s)
- Date of examination (DD,MM,YYYY)
- Patient’s age (in years)
- Patient’s date of birth (DD,MM,YYYY)
- Patient’s sex (m: male, f: female)
- Period of assessment (in number of days)
- Diagnosis (or diagnoses)

The AMDP System has been translated into several languages (see Bobon et al., 1983). A list of the original German terms for the AMDP System’s 140 symptoms plus supplementary items and their corresponding French and English equivalents is contained in Appendix B. One particular intention behind the inclusion of this multilingual section is the purpose of aiding foreign language publications in an attempt to promote a unified approach to the use of psychiatric terminology across languages. The latest addition to the range of foreign language editions of the AMDP System is its publication in Italian. This present English edition is published in tandem with its corresponding German equivalent.

## **1.2 Representation of Individual Symptoms in the Manual**

In order to achieve a uniform system of representation, all symptoms and their descriptive details are listed in the following order:

- Symptom name
- Definition
- Explanations and examples
- Notes on rating
- Symptoms to differentiate from

## **1.3 Requirements for Use**

### **1.3.1 General Requirements for Use**

Familiarity with the AMDP System is an essential prerequisite for its proper application and the reliable documentation and as-

assessment of collected data. It is therefore strongly recommended that, prior to independent use, novice interviewers use the AMDP System under the supervision of experienced colleagues in AMDP System training sessions. In addition, specifically designed training seminars are offered by specialist AMDP coaches (see Section 1.3.2 below).

Before the independent, routine use of the system, several supervised interviews with documentation and assessment sessions of the elicited findings should be undertaken in the presence of an experienced AMDP rater. Special emphasis must therefore be placed on gaining experience of the full range of symptoms covered by the relevant part or parts of the AMDP documentation form as used during an interview.

Training sessions may include video recordings or live interview sessions. Both options have their advantages and disadvantages. Interview sessions offer scope for practising interview techniques and, in particular, the rating of affective symptoms. They are often lively and provide a chance for participants to ask questions as they arise. Video recordings, on the other hand, are preferable in the context of providing practice for participants in attaining uniform rating consistency, and they can be used repeatedly with the same or with other training groups. AMDP training sessions have been seen to lead to measurably improved interrater reliability, an important goal in both research and clinical practice.

The amount of time required for the AMDP data collection process corresponds with the usual length of time required for a standard, carefully and conscientiously conducted psychiatric examination, i.e., a minimum of 30 minutes and, in first interviews, generally 45 to 60 minutes. The AMDP documentation process, by contrast, requires a mere few minutes, provided the interviewer is closely acquainted and familiar with the manual's procedures and terminology.

Not only are new users recommended to make regular use of the AMDP manual during the documentation and assessment process, but the same advice also applies to experienced clinicians who, on account of their expertise in their own fields of

specialisation, may initially find adopting the precise AMDP terminology a little challenging. However, only careful adherence to the definitions of psychopathological and somatic symptoms contained in the manual will lead to maximised interrater reliability.

### **1.3.2 AMDP Training Seminars**

In order to become thoroughly familiarised with the system, attendance of at least one of the training seminars offered by the AMDP is recommended. The seminars are conducted by specialist AMDP coaches and are regularly available in German and French speaking regions (seminars in English will be available in the near future).

Before attending an AMDP training seminar, it is advisable to carefully study the complete AMDP manual in preparation. The time frame and contents of each seminar are adjusted according to participants' prior knowledge. All seminars have their primary focus on the practical application of the system. As indicated above, data collection and documentation of findings are demonstrated by means of video-recorded patients or live patient interviews. Once the participants have documented the relevant findings, the various symptoms are discussed in depth. Theoretical components of the seminars are predominantly concerned with introducing participants to the system and to the techniques of conducting effective psychiatric interviews. Introductory seminars for participants with little previous experience with the system last from 1 to 1.5 days. Length and contents of refresher seminars may be discussed and agreed on with AMDP coaches on an individual basis.

## **1.4 Recording Basics**

### **1.4.1 General Considerations**

The documentation and assessment of a particular symptom is based on a combination of all available objective data (obtained