

Buspirone HCl

For the Treatment of Anxiety

Effective, nonaddictive



HAMILTON ANXIETY RATING SCALE

Patient's Name _____

Date of First Report _____

Therapy _____

Date of This Report _____

INSTRUCTIONS: This checklist is to assist the physician in evaluating each patient with respect to degree of anxiety and pathological condition. Please fill in the appropriate rating.

- 0 None
- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very severe, incapacitating

Item	Ratings			
	0	1	2	3
Anxious Mood Worries, anticipation of the worst, fearful anticipation, irritability				
Tension Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.				
Fear Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.				
Insomnia Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.				
Intellectual (Cognitive) Difficulty in concentration, poor memory.				
Depressed Mood Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.				
Behavior at Interview Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, belching, brisk tendon jerks, dilated pupils, exophthalmos				

Item	Ratings			
	0	1	2	3
Somatic (Sensory) Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, picking sensation.				
Cardiovascular Symptoms Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.				
Respiratory Symptoms Pressure or constriction in chest, choking feelings, sighing, dyspnea.				
Gastrointestinal Symptoms Difficulty in swallowing, wind, abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.				
Genitourinary Symptoms Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.				
Autonomic Symptoms Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair				
Somatic (Muscular) Pains and aches, twitchings, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.				

Mead Johnson PHARMACEUTICALS

A Bristol-Myers Company
Evansville, Indiana 47721

© 1988, Bristol Myers Company, Evansville, Indiana 47721 U.S.A.

Total Score _____

10396-8-86 PRINTED IN USA

Y-BOCS Symptom Checklist
 (Y-BOCS Brown Obsessive Compulsive Scale*)

Administering the Y-BOCS Symptom Checklist and Severity Ratings.

1. Establish the diagnosis of obsessive compulsive disorder.
2. Using the Y-BOCS Symptom Checklist below, ascertain current and past symptoms.
3. Next, administer the 10-item Y-BOCS severity ratings (other form) to assess the severity of the OCD during the last week.
4. Readminister the Y-BOCS Severity Rating Scale to monitor progress.

Targeted Treatment for Obsessions and Compulsions

Comorbid Conditions May Mask OCD†

Patient _____

Date _____

Contamination Obsessions

Current Past

- ___ ___ Concerns or disgust with bodily waste or secretions
- ___ ___ Concerned with dirt or germs
- ___ ___ Excessive concern with environmental contaminants
- ___ ___ Excessive concern with household items (cleaners)
- ___ ___ Bothered by sticky substances or residues
- ___ ___ Concerned will get ill (eg, AIDS)
- ___ ___ Concerned will get others ill by spreading germs
- ___ ___ Somatic obsessions
- ___ ___ Other _____

Aggressive Obsessions

Current Past

- ___ ___ Violent or horrific images
- ___ ___ Fear will act on unwanted impulses (eg, to stab friend)
- ___ ___ Fear will harm others because not careful enough (eg, hit and run motor vehicle accident, putting poison in food)
- ___ ___ Fear will be responsible for something else terrible happening (eg, fire, burglary)
- ___ ___ Other _____

Sexual Obsessions

Current Past

- ___ ___ Personally unacceptable sexual thoughts

Religious Obsessions (Scrupulosity)

Current Past

- ___ ___ Concerned with sacrilege and blasphemy
- ___ ___ Excess concern with right and wrong, morality

Hoarding/Saving Obsessions

Current Past

- ___ ___ Collects useless items, eg, old newspapers (distinguish from hobbies; concern with objects of monetary or sentimental value)
- ___ ___ Concerned with losing or throwing out items by mistake
- ___ ___ Other _____

Pathological Doubt

Current Past

- ___ ___ After completing routine activities, doubts whether performed or not (eg, whether signed check to pay bill)
- ___ ___ Other _____

Obsession With Need for Symmetry or Exactness

Current Past

- ___ ___ Bothered by things not being lined up or being in order
- ___ ___ Other _____

Other Obsessions

Current Past

- ___ ___ Superstitious fears (eg, lucky or unlucky numbers or colors)
- ___ ___ Other _____



* Adapted with permission from Wayne K. Goodman, MD, WK Goodman, et al. *Arch Gen Psychiatry*. 1993;46:1002-1011.
 † Fluvoxamine maleate has not been studied in patients with coexistent disorders.
 Copyright © 1993, American Medical Association. Contact authors for more information.
 See full prescribing information at the back of this pad.

(continued on reverse side)

Cleaning/Washing Compulsions

Current Past

- Excessive or ritualized hand washing
- Excessive or ritualized showering, bathing, tooth brushing, grooming
- Cleaning of household items or other inanimate objects
- Other measures to prevent or remove contact with contaminants
- Other _____

Repeating Rituals

Current Past

- Rereading or rewriting
- Repeats same questions
- Need to repeat routine activities (eg, in and out door)
- Other _____

Ordering/Arranging Compulsions

Current Past

- Lines up clothes, canned goods, shoes in fixed order
- Need for symmetry (eg, shoelaces must be at same tension, socks at same height)
- Can't complete activity until *just right*

Other Compulsions

Current Past

- Mental rituals (eg, silently reciting prayers to neutralize a bad thought)
- Counting compulsions (eg, count ceiling tiles)
- Excessive list making
- Pathological slowness (pervades most routine activities)
- Need to tell, ask, confess
- Need to touch, tap, or rub*

Checking Compulsions

Current Past

- Checking locks, stove, appliances, water faucets, emergency brake
- Checking that did not harm others
- Checking that did not make mistake (eg, balancing checkbooks over and over)
- Checking tied to somatic obsessions (eg, checking self for signs of cancer)
- Other _____

Hoarding/Collecting Compulsions

Current Past

- Inspecting household trash and accumulating useless objects

- Superstitious behaviors (eg, stepping on sidewalk cracks, bedtime rituals)
- Asking for reassurance over and over
- Self-damaging behaviors*
- Rituals involving blinking or staring*
- Other _____

* May or may not be OCD phenomena.

Comments



SOLVAY PHARMACEUTICALS
801 Sawyer Road
Marietta, Georgia 30067



THE UPJOHN COMPANY
7000 Portage Road
Kalamazoo, Michigan 49001

US\$ 1.95 (U) January 1995 Printed in USA

Burns Anxiety Inventory *

Instructions: Place a check (✓) in the box to the right of each of the 33 symptoms to indicate how much this type of feeling has been bothering you in the past several days.

CATEGORY I: ANXIOUS FEELINGS

	0--NOT AT ALL	1--SOMETIMES	2--MODERATELY	3--A LOT
1. Anxiety, nervousness, worry or fear				
2. Feeling things around you are strange or foggy				
3. Feeling detached from all or part of your body				
4. Sudden unexpected panic spells				
5. Apprehension or a sense of impending doom				
6. Feeling tense, stress, "uptight" or on edge				
CATEGORY II: ANXIOUS THOUGHTS				
7. Difficulty concentrating				
8. Racing thoughts				
9. Frightening fantasies or daydreams				
10. Feeling on the verge of losing control				
11. Fears of cracking up or going crazy				
12. Fears of fainting or passing out				
13. Fears of illnesses, heart attacks or dying				
14. Fears of looking foolish in front of others				
15. Fears of being alone, isolated or abandoned				
16. Fears of criticism or disapproval				
17. Fears that something terrible will happen				

(continue on next page)

Burns Anxiety Inventory *

Instructions: Place a check (✓) in the box to the right of each of the 33 symptoms to indicate how much this type of feeling has been bothering you in the past several days.

CATEGORY III: PHYSICAL SYMPTOMS

	0—NOT AT ALL	1—SOMEWHAT	2—MODERATELY	3—A LOT
18. Skipping, racing or pounding of the heart				
19. Pain, pressure or tightness in the chest				
20. Tingling or numbness in the toes or fingers				
21. Butterflies or discomfort in the stomach				
22. Constipation or diarrhea				
23. Restlessness or jumpiness				
24. Tight, tense muscles				
25. Sweating not brought on by heat				
26. A lump in the throat				
27. Trembling or shaking				
28. Rubbery or "jelly" legs				
29. Feeling dizzy, lightheaded or off balance				
30. Choking or smothering sensations				
31. Headaches or pains in the neck or back				
32. Hot flashes or cold chills				
33. Feeling tired, weak or easily exhausted				
Total Score on Items #1 - #33 →				

* Copyright © 1984 by David D. Burns, MD (from *The Feeling Good Handbook*, Plume, 1990.)

Scoring Key for the Burns Anxiety Inventory

Total Score	Degree of Anxiety
0 - 4	minimal or no anxiety
5 - 10	borderline anxiety
11 - 20	mild anxiety
21 - 30	moderate anxiety
31 - 50	severe anxiety
51 - 99	extreme anxiety or panic

Beck Anxiety Inventory

Date: _____

Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY by placing an 'X' in the corresponding space in the column next to each symptom.

		Not at all	Mildly - it did not bother me much	Moderately - it was very unpleasant but I could stand it	Severely - I could barely stand it.
1	Numbness or tingling.				
2	Feeling hot.				
3	Wobbliness in legs.				
4	Unable to relax.				
5	Fear of the worst happening.				
6	Dizzy or lightheaded.				
	Heart pounding or racing.				
8	Unsteady.				
9	Terrified.				
10	Nervous.				
11	Feelings of choking.				
12	Hands trembling.				
13	Shaky.				
14	Fear of losing control.				
15	Difficulty breathing.				
16	Fear of dying.				
17	Scared.				
18	Indigestion or discomfort in abdomen.				
19	Faint.				
20	Face flushed.				
	Sweating (not due to heat).				

Common Neural Processing & Behavioral Traits of an Attention Deficited Individual (ADD/ADHD/LD)

If 8 or more of the below listed traits are continuously persistent in an individual's behavior, then they may be an attention deficited person.

1. Gives up easily on tasks, assignments and self-interests.
2. Poor reality testing skills, and avoidant of reason or logic.
3. Poorly developed skills of integration, interpolation and extrapolation.
4. Poor skills of attention and concentration, unable to sustain focus of interest.
5. Difficulties in short term and long term memory acquisition and management.
6. Difficulty in making up their mind, or making choices without undue anxiety.
7. Poor planning abilities, unable to follow through consistently or complete tasks.
8. Difficulty in differentiating between competing, extraneous stimulation.
9. Easily distracted from tasks, conversations or social interactions.
10. Often over-stimulated and over-sensitized to their surroundings.
11. Poor listening skills, often interrupts others, abruptly changes topic.
12. Overly excitable, reactive and easily perseverating from one situation to another.
13. Inability to manage emotional responses, overly responsive to depressive neural cascade patterns leading to temper tantrums.
14. Easily frustrated, emotional labile/unstable leading to immediate changeable moods, behavioral inconsistencies.
15. Often hyperactive, fidgety, overwhelmed with feelings of restlessness.
16. Inability to maintain appropriate social conduct, often disruptive in school.
17. Experiences difficulty in following instructions and guidance.
18. Impatient, continuing difficulties in delaying gratification.
19. Overly demanding may become self-destructive and aggressive.
20. Poor sleep patterns, often not rested, angry or despondent upon rising.



Name: _____ Marital Status: _____ Age: _____ Sex: _____
 Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

NOTICE: This form is printed with both blue and black ink. If your copy does not appear this way, it has been photocopied in violation of copyright laws.

DEPRESSIVE SYMPTOMS

MOOD

- Depressed, sad or very irritable; cannot be "cheered up" (dysphoria)
- Loss of interest and pleasure in daily activities

PHYSICAL SYMPTOMS

- Insomnia or sleeping too much
- Loss of appetite or eating too much
- Feeling slowed down or too agitated to sit still
- Extreme fatigue and lack energy
- Decreased sexual drive
- Catatonia (psychotic stage)

BEHAVIOR

- Decreased motivation
- Decreased performance
- Withdrawal and isolation
- Loss of gratification in effort
- Lack of attention to hygiene and appearance
- No desire to talk, interact, socialize

THINKING

- Accusatory, self-blaming thoughts
- Dwelling on guilt and personal failures

- Having very low self-esteem
- Inability to think, remember, concentrate
- Marked indifference
- Recurrent thoughts of death, suicidal thoughts, suicidal plans
- Delusions (psychotic stage)
- Disorganized, incoherent speech (psychotic stage)

SENSES

- Heightened sensitivity of the central nervous system (CNS)
- Hypersensitive to noise, light, stress
- Hallucinations (psychotic stage)

CRITERIA FOR DIAGNOSIS

- One primary mood disturbance
- At least four of the symptoms in the Physical and/or Thinking categories
- Symptoms present every day for at least two weeks

GERIATRIC DEPRESSION SCALE

1. Are you <u>basically</u> satisfied with your life?	Yes	No
2. Have you dropped many of your activities and interests?	Yes	No
3. Do you feel that your life is empty?	Yes	No
4. Do you often get bored?	Yes	No
5. Are you hopeful about the future?	Yes	No
6. Are you bothered by thoughts you can't get out of your head?	Yes	No
7. Are you in good spirits most of the time?	Yes	No
8. Are you afraid that something bad is going to happen to you?	Yes	No
9. Do you feel happy most of the time?	Yes	No
10. Do you often feel helpless?	Yes	No
11. Do you often get restless and fidgety?	Yes	No
12. Do you prefer to stay ^{in your room} at home, rather than going out and doing new things?	Yes	No
13. Do you frequently worry about the future?	Yes	No
14. Do you feel you have more problems with memory than most?	Yes	No
15. Do you think it is wonderful to be alive now?	Yes	No
16. Do you often feel downhearted and blue?	Yes	No
17. Do you feel pretty worthless the way you are now?	Yes	No
18. Do you worry a lot about the past?	Yes	No
19. Do you find life very exciting?	Yes	No
20. Is it hard for you to get started on new projects?	Yes	No
21. Do you feel full of energy?	Yes	No
22. Do you feel that your situation is hopeless?	Yes	No
23. Do you think that most people are better off than you are?	Yes	No
24. Do you frequently get upset over little things?	Yes	No
25. Do you frequently feel like crying?	Yes	No
26. Do you have trouble concentrating?	Yes	No
27. Do you enjoy getting up in the mornings?	Yes	No
28. Do you prefer to avoid social gatherings?	Yes	No
29. Is it easy for you to make decisions?	Yes	No
30. Is your mind as clear as it used to be?	Yes	No

Scoring: One point for each answer.

1. no	6. yes	11. yes	16. yes	21. no	26. yes
2. yes	7. no	12. yes	17. yes	22. yes	27. no
3. yes	8. yes	13. yes	18. yes	23. yes	28. yes
4. yes	9. no	14. yes	19. no	24. yes	29. no
5. no	10. yes	15. no	20. yes	25. yes	30. no

Normal: 0-9

Mild depressives: 10-19

Severe depressives: 20-30

Source: Yesavage, Brink, Rose, Lum, Huang, Adey, & Leirer (1983).

GERIATRIC DEPRESSION SCALE

Choose the best answer to describe how you felt over the past week.

1. Are you basically satisfied with your life?	YES	NO
2. Have you dropped many of your activities and interests?	YES	NO
3. Do you feel that your life is empty?	YES	NO
4. Do you often get bored?	YES	NO
5. Are you in good spirits most of the time?	YES	NO
6. Are you afraid that something bad is going to happen to you?	YES	NO
7. Do you feel happy most of the time?	YES	NO
8. Do you often feel helpless?	YES	NO

9. Do you prefer to stay at home, rather than going out and doing new things?	YES	NO
10. Do you feel you have more problems with memory than most people?	YES	NO
11. Do you think it's wonderful to be alive now?	YES	NO
12. Do you feel pretty worthless the way you are now?	YES	NO
13. Do you feel full of energy?	YES	NO
14. Do you feel that your situation is hopeless?	YES	NO
15. Do you think that most people are better off than you are?	YES	NO

(Adapted from Yesavage, 197)



Aggressive



Agonized



Anxious



Apologetic



Arrogant



Bashful



Bored



Cautious



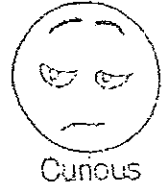
Cold



Concentrating



Confident



Curious



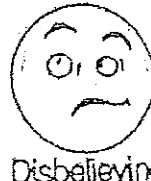
Determined



Disappointed



Disapproving



Disbelieving



Disgusted



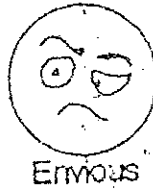
Distasteful



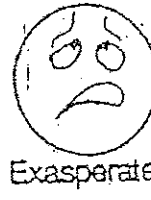
Ecstatic



Enraged



Envious



Exasperated



Exhausted



Frightened



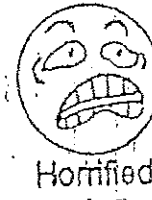
Grieving



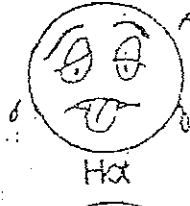
Guilty



Happy



Horrified



Hot



Hungover



Hysterical



Indifferent



Ironic



Innocent



Interested



Jealous



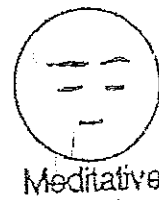
Loaded



Lonely



Lovesick



Meditative



Mischievous



Miserable



Obstinate



Optimistic



Pained



Paranoid



Perplexed



Prudish



Regretful



Relieved



Sad



Satisfied



Shocked



Sheepish



Surly



Surprised



Suspicious



Sympathetic



Threatening



Unhappy

BIPOLAR SYMPTOMS FOR MANIA (AND HYPOMANIA)

MOOD

- Abnormally elevated, expansive (euphoric)
- Irritable, critical, argumentative, stubborn

PHYSICAL SYMPTOMS

- Decreased need for sleep
- Insomnia; stays up all night
- Increased appetite
- Sudden weight loss
- Increased sexual drive (often to point of hypersexuality)
- Catatonia (psychotic stage)

BEHAVIOR

- Impulsive
- Intrusive, uninhibited
- Increased goal setting and creativity
- Anger and rage
- Disorganized, easily distracted
- Recklessness; spending money, bad business investments, sexual misadventures
- No concern about consequences of behavior
- Refusal to accept the possibility that something may be "wrong" with thinking or behavior.
- Blames others for own inappropriate behavior
- Grossly disorganized (psychotic state)

THINKING

- Inflated self-concepts of power, greatness, importance (grandiosity)
- Pressured speech
- Racing thoughts (flights of ideas)
- Rapid shifts of attention
- Poor concentration
- Memory distortion
- Inability to see problems caused by own actions; problems typically attributed to someone or something else
- Delusions (psychotic stage)
- Disorganized, incoherent speech (psychotic state)

SENSES

- Lowering of CNS excitability; Lack of sensitivity to heat, cold, hunger, thirst, pain, injury
- Seeks over-stimulation
- Hallucinations (psychotic stage)

CRITERIA FOR DIAGNOSIS

- Both mood symptoms
- At least 4 of the symptoms in the Physical, Behavior and/or Thinking categories
- Symptoms observed for over 1 week

**Note -- The absence of a specific symptom necessary to make a clear diagnosis does not mean an individual is not bipolar. Bipolar disorder often manifests itself in phases.