

**BEHAVIORAL HEALTH**

**Screening for Depression in Primary Care  
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During the winter months many regions, especially those farthest from the equator, experience an increase in the incidence of depression. Various researchers have found support for the notion that there is a connection between depression and poorer treatment outcomes in patients. As providers, it is important to recognize that proper treatment of depression can affect a reduction in complication rates associated with numerous medical conditions. Hence, it is imperative that we accurately identify patients who have depression so that appropriate treatment can be initiated and complication risk can be mitigated.

Primary care physicians now have simple, easy-to-administer tools to screen for and quantify the severity of depression in their patients. Instruments like the **Patient Health Questionnaire 2 (PHQ-2)** makes screening and follow-up for depression easier. The PHQ-2 only consists of two questions:

1. During the past month, have you often been bothered by feeling down, depressed, or hopeless?
2. During the past month, have you often been bothered by little interest or pleasure in doing things?

This measure can be accessed and copied for free at: [http://www.cqaimh.org/pdf/tool\\_phq2.pdf](http://www.cqaimh.org/pdf/tool_phq2.pdf) (accessed on Dec. 14, 2017).

Ultrashort screening instruments, such as the PHQ-2 may rule out, but will not definitively diagnose, depression. **If the patient has a positive response to either question on the PHQ-2, further evaluation is indicated.**

Depending on your patient's demographic profile either of the following measures may be used to further evaluate his or her mood:

- **Patient Health Questionnaire 9 (PHQ-9)**
  - Self-report measure that consists of nine questions
  - Appropriate for ages 13 and above
  - This measure can be accessed and copied at no cost at: <https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/218> (accessed on Dec. 14, 2017)

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- **Patient Health Questionnaire modified for Adolescents (PHQ-A)**
  - Self-report measure that consists of nine questions
  - Appropriate for children ages 11 to 17
  - This measure can be accessed and copied at no cost at:  
<http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/opal-k/upload/PHQ-A-Severity-Measure-for-Depression.pdf> (accessed Dec. 14, 2017)
- **Geriatric Depression Scale**
  - Self-report measure that is appropriate for mild to moderately cognitively impaired older adults
  - There is a 5-item, 15-item, and 30-item version of this measure
  - The 15-item version of this measure can be accessed and copied at no cost at:  
[http://geriatrictoolkit.missouri.edu/cog/GDS\\_SHORT\\_FORM.PDF](http://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF) (accessed Dec. 14, 2017)
- **Edinburgh Postnatal Depression Scale**
  - Self-report measure that consists of 10-questions
  - Efficient and effective way of identifying patients at risk for perinatal depression
  - This measure can be accessed and copied for at no cost at:  
<http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf> (accessed Dec. 14, 2017)

When screening indicates that depression may be present, the diagnosis should be confirmed using the diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V). Depressive symptoms that do not meet the DSM-V criteria for depression may be due to other medical conditions or psychological syndromes, such as substance abuse, bereavement, or bipolar disorder. It is critical to rule out bipolar disorder as a manifestation of a patient's depression. The Mood Disorder Questionnaire is a validated screening tool for bipolar disorder. This measure can be accessed and copied at no cost free at: <http://www.sadag.org/images/pdf/mdq.pdf> (accessed Dec. 14, 2017).

Along with weight, pulse, and blood pressure, a patient's mental state also deserves routine measurement and monitoring. It is important to remember that when using any of the measures listed above, the reliability of these screening tools is affected by patients' interpretation of the measures emotional terms and the patients' cultural conception of depression. Therefore, screening tools in conjunction with a provider's knowledge of cultural differences should be utilized when identifying patients who are in need of psychological care and treatment.

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