

## Using the PHQ-2/PHQ-9 (Patient Health Questionnaire)

This tool was adapted from the ICD-9 criteria for major depressive disorder to help physicians accurately diagnose and follow depression without the more time-consuming structured clinical interview (SCI) (77% sensitivity and 85% specificity for the PHQ compared to 85% sensitivity and 82% specificity for the SCI) (1). It outperforms unstructured primary care provider interviews in diagnosis and in follow-up (2). It has been validated in adult, adolescent (as the variant PHQ-A), postpartum, and geriatric populations, as well as in African-American and Latino populations (3).

It was designed for self-administration, but has also been validated in telephone applications (4). Face-to-face verbal administration by a clinical staff member has not been studied, but theoretical concerns with this approach include improper administration by clinical staff and patient unwillingness to disclose sensitive responses directly to the staff member. Therefore, this CPM recommends self-administration of the PHQ-9 if at all possible, with exceptions for illiteracy or language barriers. Providers and team members should also try to ensure that the respondent is the only person in the room, especially with adolescent populations.

The USPSTF supports screening for depression with the PHQ in settings that can conduct proper follow-up for responses that lead to a diagnosis of depression (B recommendation) (5). The first two questions alone are referred to as the PHQ-2 and are used as the initial screen in adults in this CPM\*, triggering the full PHQ-9 (an additional 7 questions) to be completed only if positive. The score on the full PHQ-9 then corresponds to severity of depression if diagnosed and highlights certain symptoms such as suicidality. When using the PHQ to evaluate depression, comorbid conditions that can cause positive answers on the PHQ must be ruled out (hypothyroidism, medication side effects, musculoskeletal conditions, sleep disturbances due to other causes, substance use related mood disorder, bipolar disorder, others). Finally, this CPM recommends that providers consider repeating the question about suicidal ideation face-to-face for all those with a positive PHQ9.

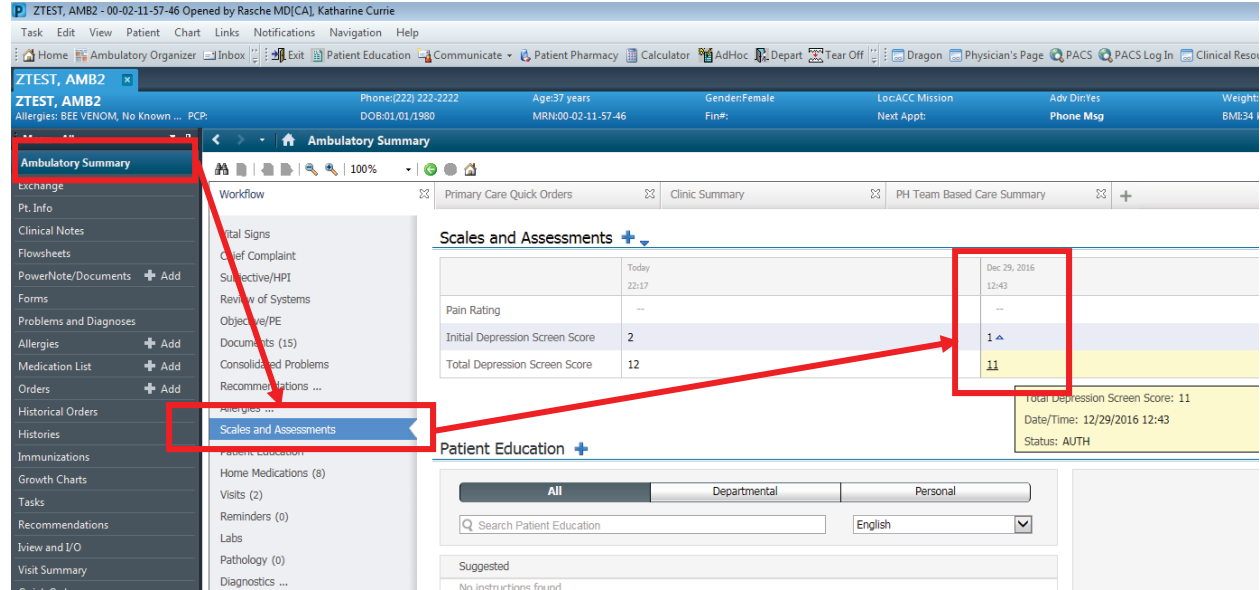
\*See separate screening procedures for patients aged 11-17.

- (1) Pettersson A, Boström KB, Gustavsson P, Ekselius L. Which instruments to support diagnosis of depression have sufficient accuracy? A systematic review. *Nord J Psychiatry* 2015;69:497-508.
- (2) Voehringer PA et al. Detecting mood disorder in resource-limited primary care settings: comparison of a self-administered screening tool to general practitioner assessment. *J Med Screen* 2013; 20(3): 118-124.
- (3) Huang FY, Chung H, Kroenke K, Delucchi K, Spitzer RL. Using the Patient Health Questionnaire-9 to measure depression among racially and ethnically diverse primary care patients. *J Gen Intern Med* 2006; 21:547–552.
- (4) Pinto-Meza A, Serrano-Blanco A, Penarrubla MT, Blanco E, Haro JM. Assessing depression in primary care with the PHQ-9: can it be carried out over the telephone? *J Gen Intern Med* 2005; 20:738-742.
- (5) Siu AL, and the US Preventive Services Task Force (USPSTF). Screening for Depression in Adults US Preventive Services Task Force Recommendation Statement. *JAMA*. 2016;315(4):380-387. doi:10.1001/jama.2015.18392

There are several ways to view PHQ-9 results (both current and previous), but they are most easily accessible through the Scales and Assessments tab in the Ambulatory Summary as pictured below. In this view, “Initial Depression Screen Score” refers to the PHQ-2 and “Total Depression Screen Score”

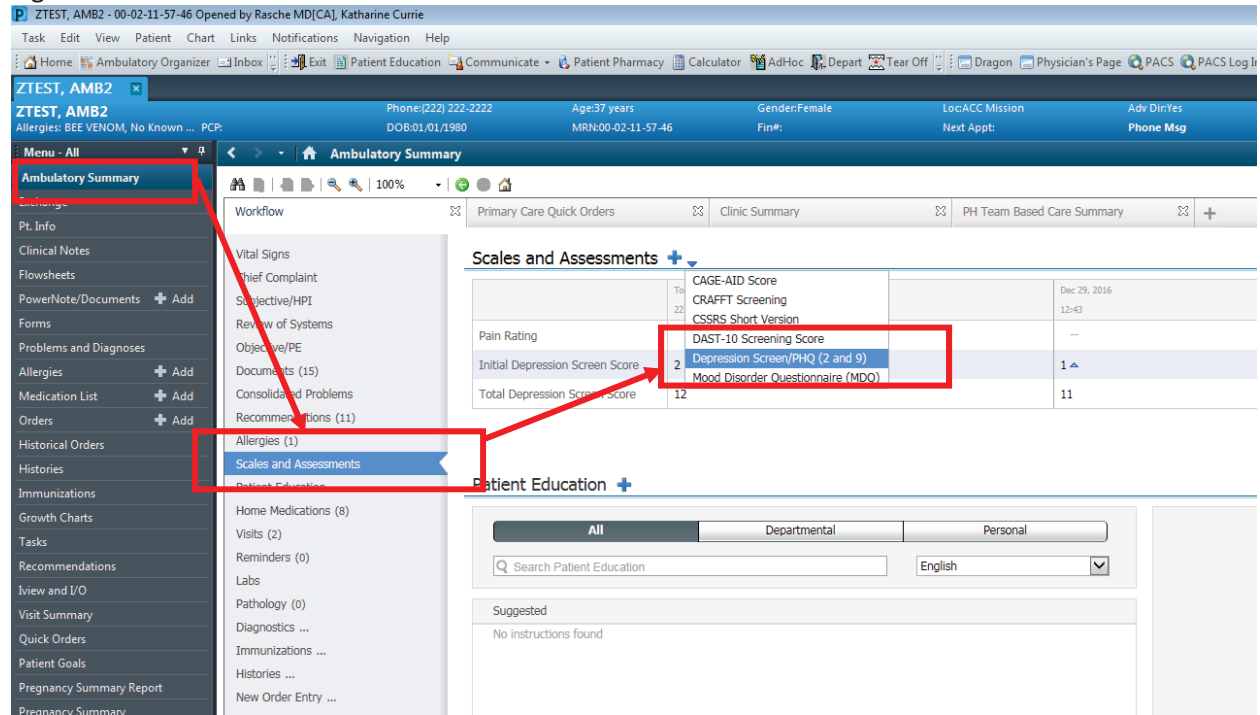
refers to the entire PHQ-9. To see results, click on the numeric score listed under the date of the screen you wish to view (figure A) and the entire PHQ-9 will open as a separate dialog box for your review (not pictured).

Figure A



A new PHQ-9 can also be started from this view by clicking on “Depression Screen/PHQ (2 and 9)” from the plus sign drop down menu next to the “Scales and Assessments” heading (figure B).

Figure B



**RETURN TO ALGORITHM**