

PHQ-9
Patient Health Questionnaire
Maternal Depression Screening



*Oregon Maternal, Infant and Early
Childhood Home Visiting Training
June 13, 2012*

Wendy N Davis, PhD
wdavis@Postpartum.net

Learning Objectives

Participants will be able to:

1. Administer the PHQ-9 as a screen for maternal depression.
2. Describe the importance of screening for maternal depression.
3. Apply motivational interviewing and reflective practice skills when interacting with families.
4. Describe the importance of examining the availability of local referral resources, and where a dearth of such resources exist, the importance of local collaboration and strategic planning to secure needed resources.

Maternal Depression

The most common complication of childbearing



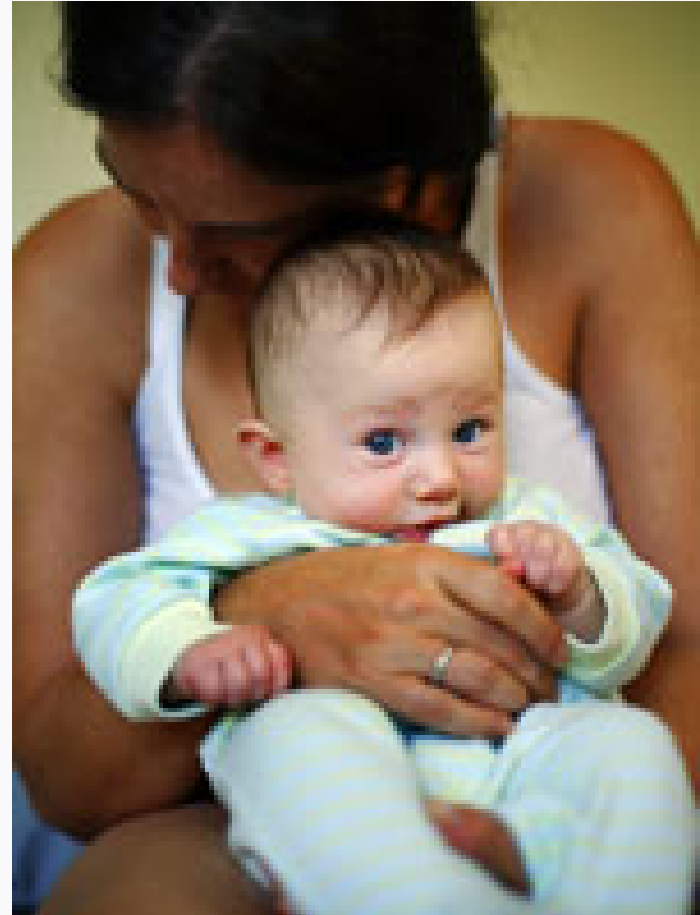
Prevalence

- Difficulty assessing prevalence because women hide their symptoms
 - *“The smiling depression”*
- Rates of Occurrence
 - PPD: 13.6%
 - PPD, Teen Moms: 26%
 - APD : 13.5%
 - PP Psychosis: .1 -.2%



Obstacles to Care

- Shame and Fear
- Provider Misinformation
- Cultural Taboos
- Provider Accessibility





Postpartum Support International

www.postpartum.net

1-800-944-4PPD

- English & Spanish Support
- Area Support Coordinators
- Educational DVD
- Chat with an Expert Phone Forums



Range of Adjustment

- In Oregon, one in four new moms feels depressed or anxious during and after pregnancy
- What's normal adjustment to parenthood?
- Even normal “Baby Blues” can be rough
- How do we know who is at risk?

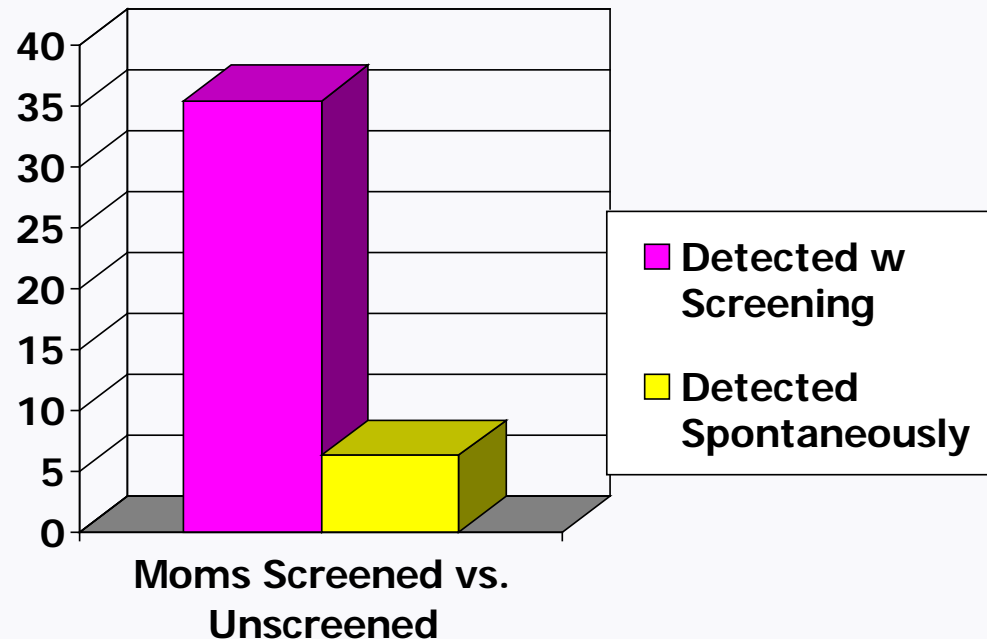
Screening vs. Diagnosing

- Screening: casting a broad net
- Not diagnosing, not treatment
- Decreases Risk
- Decreases Stigma

- *“You can’t tell by looking”*

Results of Using Screening Instruments: *Detection of Hidden Symptoms*

- 391 outpatients in an OB practice
- Women were screened with the EPDS
- EPDS Rate of detection 35.4%
- Detected Spontaneously 6.3%



(Evins GG, Theofrastous JP, Galvin SL., 2000)

Why Screen at Home Visits?

- Comfort with provider, more open
- Comfort with setting
- Fewer barriers to office visit
- Can facilitate connection and referral
- Can educate and reassure on the spot
- Assessment includes home setting

PHQ-9

- Self-administered questionnaire, 5-10 minutes
- Developed from the Patient Health Questionnaire
- Diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual (DSM-IV).
- Developed for diagnosis and severity assessment, but can be used for screening
- PHQ-2 also used

PHQ-9

- Nine items
- Scores each of the 9 DSM-IV criteria as "0" (not at all) to "3" (nearly every day)
- Provides a 0 to 27 severity score

What is measured?

- Number of Symptoms
 - More than half the days in past 2 weeks
- Total Severity Score
- Level of functional impairment
- Suicide Risk Screen (question 9)

Validation

- Measuring depression severity
(Spitzer, 1999; Kroenke)
- English and Spanish validated
- Telephone administration
(Pinto-Meza, 2005).
- Free to download

Translations

- <http://www.phqscreeners.com/>
- Arabic, Assamese, Chinese (Cantonese, Mandarin), Czech, Dutch, Danish, English, Finnish, French, French Canadian, German, Greek, Gujarati, Hindi, Hebrew, Hungarian, Italian, Malay, Malayalam, Norwegian, Oriya, Polish, Portuguese, Russian, Spanish, Swedish and Telugu.
- *“Translations are downloadable from this website and no permission is required to reproduce, translate, display or distribute them. Relevant articles and a bibliography are also freely available.”*

Screening Times

- Intake
- Prenatal 36 weeks
- Postpartum
 - 1 - 4 weeks
 - 4 - 6 months
 - 2 months

Process and Protocol

- Introduce
- Administer Screen
- Score
- Discuss
- Refer
- Encourage ~ Warm Handoff
- Follow Up with referral
- Follow Up with client

Creating a Safe Conversation

- Motivational Interviewing
 - Collaborate: non-judgmental listening
 - Draw out her ideas and feelings
 - Encourage her first steps
 - Support self-sufficiency
 - Understand fears and blocks

OARS in any water

- Open-Ended Questions
- Affirmations (recognize strengths)
- Reflection (empathy, listening)
- Summary (interest, understanding, action steps)

Conversation Tips

- *“Having had a new baby can be very difficult; the questions here are to help assess how you're feeling”.*
- *“Sometimes this questionnaire gives moms new words to describe how they're feeling.”*
- *Some moms find that having new ways to describe their feelings helps them talk to their families or providers more easily.*

Preparing for Screening

- *“This is a screening for depression; it does not make a diagnosis.”*
- *“This is a simple way to understand if there is something going on that's a little bit unusual from the way you usually feel.”*
- *“We use this questionnaire with everyone we visit. Everyone in our program gets this screening.”*



Sample Lead In Statement

- *“It is not easy being a new mother and it is OK to feel unhappy at times. As you have recently had a new baby, we would like to know how you are feeling.”*
- *“Please check the answer which comes closest to how you have felt during the past several days, not just how you are feeling today.”*

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

PHQ-9 Steps

1. Patient completes PHQ-9
2. Consider a depressive disorder if there are at least 4 check marks in the two right columns (including Questions #1 and #2)
3. Add score to determine severity

Final PHQ-9 Question

- *“How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?”*
- Represents client’s impression of symptom-related impairment.
- Not used in calculating score
- It may be useful to assess need for additional services

PHQ-9 Depression Severity

- Consider Major Depressive Disorder if:
 - ✓ At least 5 check marks in the two right columns
 - ✓ One of them is Question #1 or #2
- Consider Other Depressive Disorder if:
 - ✓ There are 2 to 4 check marks in the two right columns
 - ✓ One of them is Question #1 or #2

Causes other than Depression

- Normal bereavement
- History of a manic episode (Bipolar Disorder)
- Physical disorder, medication or other drug as cause of depressive symptoms

PATIENT HEALTH QUESTIONNAIRE
PHQ-9 - Nine Symptom Checklist

Basic Two Question
Screen for Depression

Patient Name: Janet Rogers (Case #1)

Date: 1/23

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

3. In the past two years, have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

Total # Symptoms: _____

Total Score: _____

PHQ-9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRDME-MD ® is a trademark of Pfizer Inc

DIAGNOSTIC SYMPTOMS
(Count total boxes checked in all shaded areas)
Enter # boxes checked as "Symptoms"

PATIENT HEALTH QUESTIONNAIRE PHQ-9 - Nine Symptom Checklist

Patient Name: Janet Rogers (Case #1) Date: 1/23

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

$$(4 \times 1) + (3 \times 2) + (2 \times 3)$$

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

3. In the past two years, have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

Total # Symptoms: _____ Total Score: 16

PHQ-9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD ® is a trademark of Pfizer Inc.

SEVERITY SCORE

(Multiply the boxes checked in each column by the number at the top of the column, then total all columns for the score)

PHQ-9 Scores: Proposed Actions

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

Interventions for any score >5

- Reflection & Reassurance
- Parent Education Materials
- Information and Reassurance
- Accessible Options for Support
- Refer for follow up
- Make appt for follow up with you

Severe Depression ***Greater than 20***

- Immediate initiation of treatment
- Quick referral to a mental health provider
- Facilitate Connection

After Screening and Scoring

- Normalize screening and scoring
- Review screen regardless of score
- Give Resources
- Give options for help
- Facilitate connection
- Make appt with client for follow up
- Ask staff to follow up with client if needed

Follow Up Assessment

- How long has she felt unhappy?
- Has she talked to anyone about it?
- Has she received any support?
- Has she seen or talked to healthcare provider?
- Is she receiving any treatment now?
- Has she ever felt like this before?
- Did she have support or treatment?
- Is there a family history of similar conditions?

9th Question:

- *“Thoughts that you would be better off dead or of hurting yourself in some way?”*
- Any affirmative answer to Question 9 requires immediate follow up and assessment

Home Visitor Role

Suicide Risk & Assessment

- What is your role? Where is your support?
- Know emergency services
- Assess immediately
- Assess thought vs plan
- Assess safety: refer immediately if any doubt

Documenting

- Date
- Score
- Suggestions? Guidance?
- Educational Materials?
- Assessment
- Referrals
- Refusals

Challenges

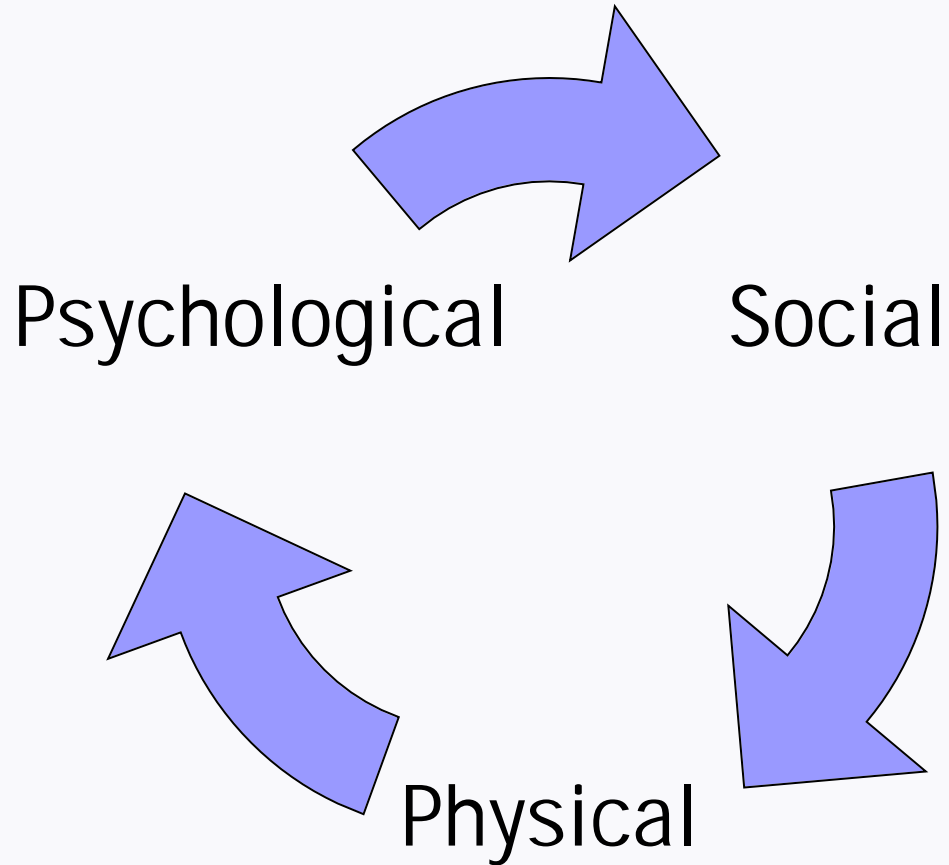
- Access to resources
- Transportation (check bus tickets, etc)
- Acute Need for intervention
- Mom afraid to be honest
- Language or literacy barriers



Many shades of blue

***PERINATAL MOOD AND
ANXIETY DISORDERS***

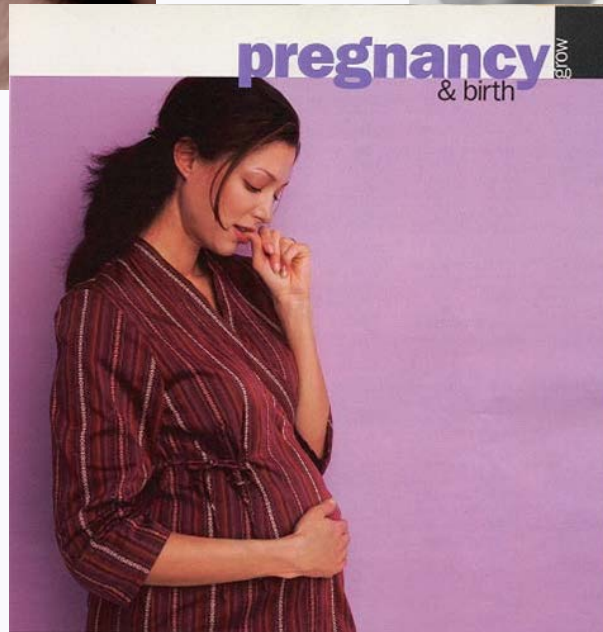
Causes



Types of PMADs

- Prenatal Depression or Anxiety
- Baby blues
- Major postpartum depression
- Postpartum anxiety or panic disorder
- Postpartum obsessive-compulsive disorder
- PP psychosis

The Risks of Untreated PMADs



fear factor



Risks of Untreated Depression and Anxiety

- Pregnancy Complications
- Birth Complications & Negative Birth Outcomes
- Postpartum Impacts
- Effects on Toddlers and Older Children



Additional Challenges

- Grief Reactions
- Post Traumatic Stress Reaction
- Acute Stress Reaction
- Postpartum Exhaustion



Risk Factors



Predictive Risk Factors

- Previous PMDs
 - Family History
 - Personal History
 - Symptoms during Pregnancy

- History of Mood Disorders
 - Personal or family history of depression, anxiety, bipolar disorder, eating disorders, or OCD

- Significant Mood Reactions to hormonal changes
 - puberty, PMS, hormonal birth control, pregnancy loss

Risk Factors, continued

- Endocrine Dysfunction
 - Hx of Thyroid Imbalance
 - Other Endocrine Disorders
 - Decreased Fertility

- Social Factors
 - Inadequate social support
 - Interpersonal Violence
 - Financial Stress/Poverty



Risk Factor Check List

Check the statements that are true for you:

- It's hard for me to ask for help.
- I've had trouble with hormones and moods, especially before my period.
- I was depressed or anxious after my last baby or during my pregnancy.
- I've been depressed or anxious in the past.
- My mother, sister, or aunt was depressed after her baby was born.
- Sometimes I don't need to sleep, have lots of ideas and it's hard to slow down.
- My family is far away and I don't have many friends nearby.
- I don't have the money, food or housing I need.

If you checked three or more boxes, you are more likely to have depression or anxiety after your baby is born (postpartum depression).



First Steps: ***Helping Mom Reach Out***

- Listen to her without judgment
- Encourage or help her talk to her healthcare and mental health provider
- Help her find Oregon support at www.postpartum.net/get-help
- Encourage or help her call Support Warmline or email support



Oregon Resources

- **Postpartum Support International, Oregon**
1-800-944-4PPD (800-944-4773)
www.postpartum.net/get-help
- **Oregon Health Authority Website**
www.healthoregon.org/perinatalmentalhealth

Parent Education Materials

- **OHA Website**
- **Parent Brochure from OHA**
- **PSI Educational DVD Trailer**
In English and Spanish
- **HRSA brochure – in English and Spanish**
(Health Resources and Services Administration)
<http://mchb.hrsa.gov/pregnancyandbeyond/depression/morethanblues.htm>



Reliable Online Resources

- **Postpartum Support International:** www.postpartum.net
- **Education for Professionals and Families:** www.mededppd.org
- **Postpartum Progress:** www.postpartumprogress.com
- **Postpartum Dads:** www.postpartumdads.org
- **Social Support and Steps to Wellness:** www.janehonikman.com
- **MCH Library, Non-English:**
www.mchlibrary.info/nonenglish.html
- **www.Griefwatch.com:** resources for families and caregivers

Primary References

Spitzer RL, Kroenke K, Williams JBW, and the Patient Health Questionnaire Study Group. *Validity and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study*. JAMA.1999;282:1737-1744.

Spitzer RL, Williams JBW, Kroenke K. *Validity and utility of the Patient Health Questionnaire in assessment of 3000 obstetric-gynecologic patients: the PRIME-MD Patient Health Questionnaire Obstetrics-Gynecology Study*. Am J Obstet Gynecol. 2000;183:759-769.

Registered Nurses' Association of Ontario. *Interventions for Postpartum Depression*. Toronto, Ontario, Canada, 2005.

<http://rnao.ca/bpg/guidelines/interventions-postpartum-depression>

Additional References

- Huang FY, Chung H, Kroenke K, Delucchi KL, Spitzer RL. Using the Patient Health Questionnaire-9 to measure depression among racially and ethnically diverse primary care patients. *J Gen Intern Med.* 2006 Jun;21(6):547-552.
- Grypma L, Haverkamp R, Little S, Unutzer J. Taking an evidence-based model of depression care from research to practice: making lemonade out of depression. *Gen Hosp Psychiatry.* 2006 Mar-Apr;28(2):101-107.
- Martin A, Rief W, Klaiberg A, Braehler E. Validity of the Brief Patient Health Questionnaire Mood Scale (PHQ-9) in the general population. *Gen Hosp Psychiatry.* 2006 Jan-Feb;28(1):71-77.
- Bergus GR, Hartz AJ, Noyes R Jr, Ward MM, James PA, Vaughn T, Kelley PL, Sinift SD, Bentler S, Tilman E. The limited effect of screening for depressive symptoms with the PHQ-9 in rural family practices. *J Rural Health.* 2005 Fall;21(4):303-309.
- Ruoff G. A method that dramatically improves patient adherence to depression treatment. *J Fam Pract.* 2005 Oct;54(10):846-852.
- Pinto-Meza A, Serrano-Blanco A, Penarrubia 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 Aug;20(8):738-742.
- Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *JAMA.* 1999 Nov 10;282(18):1737-1744.

Contact Information

Wendy Davis, PhD

Postpartum Support International, Executive Director

Oregon Maternal Mental Health Workgroup Chair

Portland Oregon

wdavis@postpartum.net

503-246-0941

Postpartum Support International

www.postpartum.net

1-800-944-4773 English & Spanish