Using the PHQ-9 for Screening, Diagnosis and Management of Depression

Initial PHQ Screening questions:

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Positive screen, complete questions 3-9; add answers to questions 1-9 for score.
Total score of 10 or greater meets criteria for clinically significant depression.

Follow-up PHQ-9:

<table>
<thead>
<tr>
<th>Score</th>
<th>Severity</th>
<th>Treatment Options</th>
<th>Follow-up PHQ-9:</th>
</tr>
</thead>
</table>
| 5 - 9 | Mild | ▪ Self-Management Plan
▪ Self-Management Plan and Watchful Waiting OR
▪ Treat with medication or psychotherapy if there is a history of depression or if symptoms persist
▪ Consider Care Management | X |
| 10 - 14 | Moderate | ▪ Treatment with medication or psychotherapy
▪ Care Management recommended | X |
| 15 - 19 | Moderately Severe | ▪ Medication and Care Management recommended
▪ Consider psychotherapy & consultation with a psychiatrist | X |
| 20 - 27 | Severe | ▪ | |

NOTES:
1. Self-Management activities are recommended for all patients with a PHQ-9 score of 5 or higher.
2. Watchful waiting means actively following a person with a PHQ-9 within 3 months, but not actively treating his/her depression. People with persistent symptoms after 2-3 months need active treatment.
3. Depression care management includes periodic phone calls to assess adherence and barriers to treatment, support self-management, and assess response to treatment.
4. Formal referral to specialty mental health care should be considered for the following groups of patients:
   ▪ Persistent PHQ-9 score ≥20, especially with suicide risk
   ▪ Psychiatric comorbidities such as bipolar disorder, panic, PTSD, psychosis, or active substance abuse
   ▪ History of psychiatric hospitalization

Response to Treatment each month:
Drop of ≥5 points:
▪ Maintain current treatment
Drop of 2-4 points:
▪ May warrant increase in medication dose
▪ Maintain psychotherapy
Drop ≤1 point or increase in score:
▪ If on medication: increase dose, switch, or add a medication
▪ Consider psychiatric consultation
▪ Consider adding psychotherapy or medication if only using one

Duration of Treatment:
Initial episode: 6 – 12 months. When patient reaches remission (PHQ-9 score 0 -4), after treating for the recommended duration, consider trying to wean from treatment. Reassess using PHQ-9 annually.
Recurrent episode: ≥24 months. Maintenance medication may be needed. Chance of recurrence is 70% after 2 episodes of depression and 90% after 3

For more information: http://www.mainehealth.org/
http://elearn.mmc.org/depression - Modules 1 & 3

Positive screen, complete questions 3-9; add answers to questions 1-9 for score.
Total score of 10 or greater meets criteria for clinically significant depression.