

## **Depression Screening FAQ's**

### **Why is the early identification and treatment of depressive disorder important for PCP's?**

Early identification and treatment of patients with depressive disorder is important to primary care physicians (PCPs) because patients often present to their PCP's first with somatic complaints rather than with classic psychiatric (emotional and psychological) symptoms of depressive disorder (1). The PCP is in the best position to detect and diagnose depressive disorder, as he/she is often the key to getting his/her patients into treatment. Many patients will not go to mental health specialists because of the stigma associated with "being a psychiatric patient". PCP's early intervention and aggressive treatment prevent more disabling depressive episodes. Lastly, early recognition and appropriate treatment reduces the morbidity and mortality associated with depressive episodes (2).

1. Bridges KW, Golding DP, Journal of Psychosomatic Research 1985;29:563-569
2. Depression Guidelines Panel. AHCPR Publications 93-0550.1993

### **How will the use of these screening tools benefit my practice and my patients?**

The use of these screening tools will reduce overall time spent by you and your staff in patient visits by facilitating:

- Earlier diagnosis.
- Better continuity of care and improved outcomes.
- A higher penetration rate.
- Better collaboration with the participating Health Plus Behavioral Health Provider.

## **How much time will it require to administer these tools?**

These self-report instruments recommended by Health Plus can be quickly completed by the patient. Depression screening measures do not diagnose depression but they provide an indication of the severity of the symptoms both at present and within a specified period of time (1). They can all be scored by your non-physician office staff. Higher scores reflect more severe symptoms, and all scales have a statistically predetermined cut-off score indicating significant depression. All instruments take approximately 5-10 minutes for patients to complete, and there is evidence that “less is more” in depression screening. Shorter instruments appear to perform as well as elaborate ones for case finding in depression (2).

In all primary care settings, the tool should be filled out (and scored ?) before the patient sees the PCP, and results of the screening should be made available to the PCP (prior to the start of the visit?). Each PCP's office should determine which instrument will be used, who will administer it (i.e. clerk, RN), and at what point during the check-in process the screening and scoring will take place.

1. Sharp LK, Lipsky MS, American Family Physician 2002;66(6):1001-1008
2. Schade CP, et al. Journal of Psychiatric Services 1998.;49:55-61

## **What are some of the similarities and differences between these commonly used depression-screening tools?**

All depression-screening tools have relatively good sensitivity but only fair specificity. The items (total:9) in the PHQ-9 are all depression DSM IV-TR items whereby patients rate themselves on a Likert scale from 0 (not at all) to 3 (nearly every day). The PHQ-9 has a predetermined cut off score (15) at which symptoms are considered significant.

The Zung Depression Scale (ZDS) is a 20-item instrument that assesses symptoms of depression including affective, somatic, motivational, cognitive and behavioral components consistent with Zung's Theory of Depression (1965). Items on the ZDS provide coverage for 9/9 DSM-IV Major Depression criteria. On ZDS items patients rate themselves on a Likert scale from 0 (none or little of the time) to 4 (most or all of the time). The raw scores are converted using the SDS index conversion table. The SDS index score is then evaluated according to three predetermined cut-off scores for minimal to moderate depression (50-59), moderated to marked depression (60-69) and severe to extreme depression (>70).

**What should I do with patients who score positively on these monitoring tools?**

Patients who score above the target threshold on the screening measures should be interviewed more specifically for a diagnosis of depressive disorder to be determined. Patients should be medically evaluated before a medical etiology accounting for their psychiatric presentation is ruled out. Further evaluation and treatment of patients' depression should be done either by the PCP, within the physician's scope of practice, or referred to a participating Health Plus Behavioral Health Specialist. For a schematic representation of the above, please see the enclosed Health Plus Depression Algorithm – Initial Assessment in the Primary Care Setting.