

DEPRESSION POCKET GUIDE

- Primary care physicians can effectively detect and manage depression.
- Routinely screen for depression using a simple 2-question tool (PHQ-2).
- Depression can be treated. Medication and psychotherapy, alone or in combination, can help most patients.



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Executive Deputy Commissioner for Mental Hygiene



Resources

Physician Resources

MacArthur Toolkit on Depression in Primary Care
www.depression-primarycare.org/clinicians/toolkits

American Psychiatric Association
www.psych.org

HSTAT: Guide to Clinical Preventative Services, 3rd Edition: Recommendations and Systematic Evidence Reviews, Guide to Community Preventative Services.
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat3.chapter.1996

Intermountain Health Care: Management of Depression
www.ihc.com/xp/ihc/documents/clinical/103/8/5/cpmdepression.pdf

Patient Resources

National Institute for Mental Health
www.nimh.nih.gov/publicat/depression.cfm

American Psychiatric Association
www.healthyminds.org

Referrals

For information 24 hours a day, call 1-800-LIFENET (1-800-543-3638) or call 311 and ask for LIFENET

Initial Response After 4–6 Weeks of an Adequate Dose of an Antidepressant

PHQ-9	Treatment Response	Treatment Plan
Drop of ≥ 5 points from baseline.	Adequate	No treatment change needed. Follow-up in 4 weeks.
Drop of 2–4 points from baseline.	Possibly Inadequate	May warrant an increase in antidepressant dose.
Drop of 1 point or no change or increase.	Inadequate	Increase dose, augment, or switch. Consider informal or formal psychiatric consultation, adding psychological counseling.

Initial Response to Psychological Counseling After 3 Sessions Over 4–6 weeks

PHQ-9	Treatment Response	Treatment Plan
Drop of ≥ 5 points from baseline.	Adequate	No treatment change needed. Follow-up in 4 weeks.
Drop of 2–4 points from baseline.	Possibly Inadequate	Probably no treatment change needed. Share PHQ-9 score with psychotherapist.
Drop of 1 point or no change or increase.	Inadequate	With depression-specific psychological counseling (CBT, PST, IPT*), discuss with therapist, consider adding antidepressant. For patients satisfied with other types of psychological counseling, consider starting antidepressant. For patients dissatisfied with psychological counseling, review treatment options and preferences.

* CBT—Cognitive-Behavioral Therapy; PST—Problem Solving Treatment; IPT—Interpersonal Therapy.

- The goal of acute phase treatment is remission of symptoms so that patients will have a reduction of the PHQ-9 to a score < 5 .
- Patients who achieve this goal enter into the continuation phase in treatment. Patients who do not achieve this goal remain in acute phase treatment and require some alteration (dose increase, augmentation/switch/combo treatment).
- Patients who do not achieve remission after two adequate trials of antidepressant and/or psychological counseling by 20–30 weeks should have a psychiatric consultation for diagnostic and management suggestions.

Adapted with permission from Oxman T. Re-Engineering Systems for Primary Care Treatment of Depression: The Respect Depression Care Process. The Depression Initiative & Primary Care. Dartmouth Medical School, 2006: Version 9.11:48.

Patient Health Questionnaire (PHQ-9)

Over the past 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 in some way	0	1	2	3

Add columns: + +

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

Total:

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 QUICK DEPRESSION ASSESSMENT

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Question #1 or #2), consider a depressive disorder. Add score to determine severity.
3. **Consider Major Depressive Disorder** if there are at least 5 ✓s in the shaded section (1 of which corresponds to Question #1 or #2).

Consider Other Depressive Disorder if there are 2–4 ✓s in the shaded section (1 of which corresponds to Question #1 or #2).

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician. A definitive diagnosis is made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of major depressive disorder or other depressive disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a manic episode (bipolar disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them in at their next appointment for scoring, or they may complete the questionnaire during each scheduled appointment.

2. Add up ✓s by column. For every ✓: “Several days” = 1; “More than half the days” = 2; “Nearly every day” = 3.
3. Add together column scores to get a TOTAL score.
4. Refer to the PHQ-9 Scoring Card (below) to interpret the TOTAL score.
5. Results may be included in patients’ files to assist you in setting up a treatment goal, determining degree of response, and guiding treatment intervention.

PHQ-9 SCORING CARD FOR SEVERITY DETERMINATION

for health professional use only

Scoring — add up all checked boxes on PHQ-9

For every ✓: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3.

Interpretation of Total Score

Total Score	Depression Severity
1–4	Minimal depression
5–9	Mild depression
10–14	Moderate depression
15–19	Moderately severe depression
20–27	Severe depression

This PHQ-9 questionnaire is also available at www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9

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Using PHQ-9 for Diagnostic Assessment and Initiating Treatment

PHQ-9 Symptoms* and Impairment	PHQ-9 Severity	Provisional Diagnosis	Treatment Recommendations
1–4 symptoms, functional impairment.	< 10	Mild or minimal depressive symptoms	<ul style="list-style-type: none"> • Reassurance and/or supportive counseling. • Patient self-management. • Recommend physical activity. • Educate patient to call if his or her condition deteriorates.
2–4 symptoms, including questions #1 and/or #2, plus functional impairment.	10–14	Moderate depressive symptoms (minor depression)**	<ul style="list-style-type: none"> • Watchful waiting. • Supportive counseling. • If no improvement after 1 or more months, use antidepressant or brief psychological counseling.
≥ 5 symptoms, including questions #1 and/or #2, plus functional impairment.	15–19	Moderately severe symptoms Major depression	<ul style="list-style-type: none"> • Patient preference for antidepressants and/or psychological counseling.
≥ 5 symptoms, including questions #1 and/or #2, plus functional impairment.	≥ 20	Severe symptoms Major depression	<ul style="list-style-type: none"> • Antidepressants alone or in with psychological counseling. • Refer patient to psychiatrist.

* Count the total number of symptoms in shaded sections of PHQ-9.

** If symptoms present for > 2 years, chronic depression, or functional impairment is severe, remission with watchful waiting is unlikely, and immediate active treatment is indicated for moderate depressive symptoms (minor depression).

Adapted with permission from Oxman T. Re-Engineering Systems for Primary Care Treatment of Depression: The Respect Depression Care Process. The Depression Initiative & Primary Care. Dartmouth Medical School. 2006; Version 9.11:18.