

PHQ-9 Cerner Update and Education

Background:

The “Patient Health Questionnaire – 9” or PHQ-9 is a tool to assess depression symptoms that is used in primary care clinics throughout Munson Healthcare. It includes the 9 DSM criteria for Major Depressive Disorder scored as 0 (not at all) to 3 (nearly every day). It has been validated for two uses – *screening for Major Depressive Disorder (MDD)* and *tracking the severity of depression symptoms in people diagnosed with MDD*. These two uses differ in how scores should be interpreted. Previously Cerner showed the scores and interpretation for symptom tracking when it was being used for screening. The following is a brief description of changes in Cerner and how one should use this information.

Screening (Patient does not have a previous diagnosis of MDD):

1. You will now see whether the PHQ-9 result is positive (10+) or negative (<10) as a screen.
 - a. This cutoff (10+) maximizes sensitivity and specificity and is well-studied.
2. If used as a screening measure, scores of less than ten should not automatically trigger interventions but should continue to be monitored. Previously, you may have seen scores of 5-9 listed as mild depression and felt obligated to address this with medication or referral, which is not evidence-based.
3. Screening positive does not equate to a diagnosis of MDD
 - a. Inclusion Criteria
 - i. An MDD diagnosis requires 5+ symptoms for >2 weeks.
 - ii. An MDD diagnosis requires core symptoms of depressed mood or anhedonia.
 - iii. A patient could screen positive (12) for symptoms of sleep, energy, concentration, and psychomotor retardation nearly every day, but this would be both < 5 symptoms and not include either core symptom. It may also be better explained by a medical condition.
 - b. Exclusion criteria for MDD diagnosis
 - i. The episode is not attributable to a substance or medical condition.
 - ii. There has never been a manic or hypomanic episode.
 - iii. Not better explained by a psychotic disorder.
 - iv. Consideration is given to recent significant loss, and whether the symptoms exceed expectations or are causing severe dysfunction.

Symptom Tracking (Patient has a diagnosis of MDD):

In addition to whether a screen is positive, you will also see the score and severity as you did previously. Please note this is only valid if there is a diagnosis of MDD and shouldn't be done at < 2-week intervals. Below are general guidelines for using the PHQ-9 to guide treatment.

MDD Symptom Tracking with PHQ-9		
Score	Severity	Treatment Recommendations
5 – 9	Mild	Improving, not in remission - monitor, titrate current treatment, behavioral activation
10 – 14	Moderate	Antidepressant or Psychotherapy
15 – 19	Mod-Severe	Antidepressant, Psychotherapy, or both
20 – 27	Severe	Antidepressant, Antidepressant + Psychotherapy, or other (ECT/TMS)

Assess for response at 4-6 weeks for meds and 6-12 weeks for therapy.

- If >50% improvement, continue treatment and titrate until remission (score <5).
- If <50% improvement, option to titrate/switch medication and or add therapy. If therapy only, add medication.
- If remission, continue medication for 4-9 months. If high risk for recurrence, may continue indefinitely. If low, consider taper.