

## Patient Health Questionnaire PHQ-9 for Depression

A depression diagnosis that warrants treatment or treatment change, needs at least one of the first two questions endorsed as positive (*little pleasure, feeling depressed*) indicating the symptom has been present more than half the time in the past two weeks.

In addition, the tenth question about difficulty at work or home or getting along with others should be answered at least “somewhat difficult.”

When a depression diagnosis has been made, patient preferences should be considered, especially when choosing between treatment recommendations of antidepressant treatment and psychotherapy.

<b>PHQ-9 Score</b>	<b>Provisional Diagnosis</b>	<b>Treatment Recommendation</b>
5-9	Minimal symptoms*	Support, educate to call if worse; return in 1 month
10-14	Minor depression ++  Dysthymia*  Major depression, <i>mild</i>	Support  Antidepressant or psychotherapy  Antidepressant or psychotherapy
15-19	Major depression, <i>moderately severe</i>	Antidepressant or psychotherapy
≥20	Major depression, <i>severe</i>	Antidepressant <u>and</u> psychotherapy (especially if not improved on monotherapy)

\*If symptoms present ≥ two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask , “In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?”).

++If symptoms present ≥ one month or severe functional impairment, consider active treatment.

- The goal of acute phase treatment is remission of symptoms as indicated by a PHQ-9 Score of <5 points.
- Patients who achieve this goal enter into the continuation phase of treatment.
- Patients who do not achieve this goal remain in acute phase of treatment and require some alteration in treatment, (dose increase, augmentation, combined treatment).
- Patients who do not achieve remission after two adequate trials of antidepressant and/or psychological counseling or/by 20 to 30 weeks would benefit from a formal or informal psychiatric consultation for diagnostic and management suggestions.

Initial Response after Four-Six weeks of an Adequate Dose of an Antidepressant		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of $\geq 5$ points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Often warrants an increase in antidepressant dose
Drop of 1-point or no change or increase.	Inadequate	Increase dose; Augmentation; Switch; Informal or formal psychiatric consultation; Add psychological counseling
Initial Response to Psychological Counseling after Three Sessions over Four – Six weeks		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of $\geq 5$ points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Possibly no treatment change needed. Share PHQ-9 with psychological counselor.
Drop of 1-point or no change or increase.	Inadequate	If depression-specific psychological counseling (CBT, PST, IPT*) discuss with therapist, consider adding antidepressant  For patients satisfied in other type of psychological counseling, consider starting antidepressant  For patients dissatisfied in other psychological counseling, review treatment options and preferences

## **Symptomatology & Functional Impairment**

Step 1:

Need one or both questions endorsed as “2” or “3” (“More than half the days” or “Nearly every day”)

Step 2:

Need a total of five or more boxes endorsed within the shaded areas of the form to arrive at the total SYMPTOM COUNT.

Step 3:

FUNCTIONAL IMPAIRMENT is endorsed as “somewhat difficult” or greater.

## **Determining a Severity Score**

Step 1:

Count each item in the column labeled “Several Days” and multiply by one. Enter that number below that column.

Step 2:

Count each item in the column labeled “More than half the days” and multiply by two. Enter that number below that column.

Step 3:

Count each item in the column labeled “Nearly every day” and multiply by three. . Enter that number below that column.

Step 4:

Add the totals for each of the three columns together. This is the SEVERITY SCORE.

Member Name:	UCare ID #:
Date:	
Care Manager Name:	
<input type="checkbox"/> UCare <input type="checkbox"/> Other Partner:	

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

Question:	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Feeling down, depressed or hopeless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Trouble falling or staying asleep or sleeping too much.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Feeling tired or having little energy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Poor appetite or overeating.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 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?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Add Columns				
TOTAL:				

10. If you checked off <i>any</i> problems, how <i>difficult</i> 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: <input type="checkbox"/>
	Somewhat difficult: <input type="checkbox"/>
	Very difficult: <input type="checkbox"/>
	Extremely difficult: <input type="checkbox"/>