PHQ-9
Patient Health Questionnaire
Maternal Depression Screening

Oregon Maternal, Infant and Early Childhood Home Visiting Training
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Learning Objectives

Participants will be able to:
1. Administer the PHQ-9 as a screen for maternal depression.
2. Describe the importance of screening for maternal depression.
3. Apply motivational interviewing and reflective practice skills when interacting with families.
4. Describe the importance of examining the availability of local referral resources, and where a dearth of such resources exist, the importance of local collaboration and strategic planning to secure needed resources.

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Maternal Depression
The most common complication of childbearing

Boyce (2000)
Prevalence

- Difficulty assessing prevalence because women hide their symptoms
  - “The smiling depression”

- Rates of Occurrence
  - PPD: 13.6%
  - PPD, Teen Moms: 26%
  - APD: 13.5%
  - PP Psychosis: .1 -.2%
Obstacles to Care

- Shame and Fear
- Provider Misinformation
- Cultural Taboos
- Provider Accessibility
Postpartum Support International

www.postpartum.net

1-800-944-4PPD

- English & Spanish Support
- Area Support Coordinators
- Educational DVD
- Chat with an Expert Phone Forums
Range of Adjustment

- In Oregon, one in four new moms feels depressed or anxious during and after pregnancy.

- What’s normal adjustment to parenthood?
- Even normal “Baby Blues” can be rough.
- How do we know who is at risk?
Screening vs. Diagnosing

- Screening: casting a broad net
- Not diagnosing, not treatment
- Decreases Risk
- Decreases Stigma

“You can’t tell by looking”
Results of Using Screening Instruments: Detection of Hidden Symptoms

- 391 outpatients in an OB practice
- Women were screened with the EPDS
- EPDS Rate of detection 35.4%
- Detected Spontaneously 6.3%

(Evins GG, Theofrastous JP, Galvin SL., 2000)
**Why Screen at Home Visits?**

- Comfort with provider, more open
- Comfort with setting
- Fewer barriers to office visit
- Can facilitate connection and referral
- Can educate and reassure on the spot
- Assessment includes home setting
PHQ-9

- Self-administered questionnaire, 5-10 minutes
- Developed from the Patient Health Questionnaire
- Diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual (DSM-IV).
- Developed for diagnosis and severity assessment, but can be used for screening
- PHQ-2 also used
**PHQ-9**

- Nine items
- Scores each of the 9 DSM-IV criteria as "0" (not at all) to "3" (nearly every day)
- Provides a 0 to 27 severity score
What is measured?

- Number of Symptoms
  - More than half the days in past 2 weeks
- Total Severity Score
- Level of functional impairment
- Suicide Risk Screen (question 9)
Validation

- Measuring depression severity  
  (Spitzer, 1999; Kroenke)
- English and Spanish validated
- Telephone administration  
  (Pinto-Meza, 2005).
- Free to download
Translations

- http://www.phqscreeners.com/

- Arabic, Assamese, Chinese (Cantonese, Mandarin), Czech, Dutch, Danish, English, Finnish, French, French Canadian, German, Greek, Gujarati, Hindi, Hebrew, Hungarian, Italian, Malay, Malayalam, Norwegian, Oriya, Polish, Portuguese, Russian, Spanish, Swedish and Telugu.

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Screening Times

- Intake
- Prenatal 36 weeks
- Postpartum
  - 1 - 4 weeks
  - 4 - 6 months
  - 2 months
Process and Protocol

- Introduce
- Administer Screen
- Score
- Discuss
- Refer
- Encourage ~ Warm Handoff
- Follow Up with referral
- Follow Up with client

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Creating a Safe Conversation

- Motivational Interviewing
  - Collaborate: non-judgmental listening
  - Draw out her ideas and feelings
  - Encourage her first steps
  - Support self-sufficiency
  - Understand fears and blocks
OARS in any water

- Open-Ended Questions
- Affirmations (recognize strengths)
- Reflection (empathy, listening)
- Summary (interest, understanding, action steps)
Conversation Tips

- “Having had a new baby can be very difficult; the questions here are to help assess how you're feeling”.
- “Sometimes this questionnaire gives moms new words to describe how they’re feeling.”
- Some moms find that having new ways to describe their feelings helps them talk to their families or providers more easily.
Preparing for Screening

- “This is a screening for depression; it does not make a diagnosis.”
- “This is a simple way to understand if there is something going on that's a little bit unusual from the way you usually feel.”
- “We use this questionnaire with everyone we visit. Everyone in our program gets this screening.”
“It is not easy being a new mother and it is OK to feel unhappy at times. As you have recently had a new baby, we would like to know how you are feeling.”

“Please check the answer which comes closest to how you have felt during the past several days, not just how you are feeling today.”
PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: ___________________________ DATE: ___________________

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

<table>
<thead>
<tr>
<th></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>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(add columns: [ ] + [ ] + [ ] = TOTAL)

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

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?

<table>
<thead>
<tr>
<th></th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
</table>

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**PHQ-9 Steps**

1. **Patient completes** PHQ-9

2. **Consider a depressive disorder** if there are at least 4 check marks in the two right columns (including Questions #1 and #2)

3. **Add score** to determine severity
Final PHQ-9 Question

“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?”

- Represents client’s impression of symptom-related impairment.
- Not used in calculating score
- It may be useful to assess need for additional services
PHQ-9 Depression Severity

- Consider Major Depressive Disorder if:
  - At least 5 check marks in the two right columns
  - One of them is Question #1 or #2

- Consider Other Depressive Disorder if:
  - There are 2 to 4 check marks in the two right columns
  - One of them is Question #1 or #2
Causes other than Depression

- Normal bereavement
- History of a manic episode (Bipolar Disorder)
- Physical disorder, medication or other drug as cause of depressive symptoms
Patient Name: Janet Rogers (Case #1) Date: 1/23

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

   a. Little interest or pleasure in doing things
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   b. Feeling down, depressed, or hopeless
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   c. Trouble falling/staying asleep, sleeping too much
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   d. Feeling tired or having little energy
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   e. Poor appetite or overeating
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   g. Trouble concentrating on things, such as reading the newspaper or watching television.
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   h. 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.
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

   i. Thoughts that you would be better off dead or of hurting yourself in some way
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day
   - 0
   - 1

2. If you checked off any problem on this questionnaire so far, 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

   0

3. In the past two years, have you felt depressed or sad most days, even if you felt okay sometimes?

   Yes
   - No

   0

Total # Symptoms: __________________________ Total Score: __________________________

DIAGNOSTIC SYMPTOMS

(Count total boxes checked in all shaded areas)
Enter # boxes checked as “Symptoms”
PATIENT HEALTH QUESTIONNAIRE
PHQ-9 - Nine Symptom Checklist

Patient Name: Janet Rogers (Case #1)          Date: 1/28

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

   a. Little interest or pleasure in doing things
   b. Feeling down, depressed, or hopeless
   c. Trouble falling/staying asleep, sleeping too much
   d. Feeling tired or having little energy
   e. Poor appetite or overeating
   f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down
   g. Trouble concentrating on things, such as reading the newspaper or watching television
   h. 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
   i. Thoughts that you would be better off dead or of hurting yourself in some way

   Not at all  Severe  More than half the Nearly
days  days every
day

   a) 0 1 2 3
   b) 0 1 2 3
   c) 0 1 2 3
   d) 0 1 2 3
   e) 0 1 2 3
   f) 0 1 2 3
   g) 0 1 2 3
   h) 0 1 2 3
   i) 0 1 2 3

(4 x 1) + (2 x 2) + (2 x 3)

2. If you checked off any problem on the questionnaire so far, 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 not difficult  Very difficult  Extremely difficult

   □  □  □  □

3. In the past two years, have you felt depressed or had more days, even if you felt okay sometimes?

   Yes  No

   Yes  No

Total # Symptoms:  total Score: 16

SEVERITY SCORE
(Multiply the boxes checked in each column by the number at the top of the column, then total all columns for the score)
# PHQ-9 Scores: Proposed Actions

<table>
<thead>
<tr>
<th>PHQ-9 Score</th>
<th>Depression Severity</th>
<th>Proposed Treatment Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>None-minimal</td>
<td>None</td>
</tr>
<tr>
<td>5 – 9</td>
<td>Mild</td>
<td>Watchful waiting; repeat PHQ-9 at follow-up</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate</td>
<td>Treatment plan, considering counseling, follow-up and/or pharmacotherapy</td>
</tr>
<tr>
<td>15 – 19</td>
<td>Moderately Severe</td>
<td>Active treatment with pharmacotherapy and/or psychotherapy</td>
</tr>
<tr>
<td>20 – 27</td>
<td>Severe</td>
<td>Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management</td>
</tr>
</tbody>
</table>

From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521
**Interventions for any score >5**

- Reflection & Reassurance
- Parent Education Materials
- Information and Reassurance
- Accessible Options for Support
- Refer for follow up
- Make appt for follow up with you
**Severe Depression**

Greater than 20

- Immediate initiation of treatment
- Quick referral to a mental health provider
- Facilitate Connection
After Screening and Scoring

- Normalize screening and scoring
- Review screen regardless of score
- Give Resources
- Give options for help
- Facilitate connection
- Make appt with client for follow up
- Ask staff to follow up with client if needed
Follow Up Assessment

- How long has she felt unhappy?
- Has she talked to anyone about it?
- Has she received any support?
- Has she seen or talked to healthcare provider?
- Is she receiving any treatment now?
- Has she ever felt like this before?
- Did she have support or treatment?
- Is there a family history of similar conditions?
9th Question:

- “Thoughts that you would be better off dead or of hurting yourself in some way?”
- Any affirmative answer to Question 9 requires immediate follow up and assessment
Home Visitor Role
Suicide Risk & Assessment

- What is your role? Where is your support?
- Know emergency services
- Assess immediately
- Assess thought vs plan
- Assess safety: refer immediately if any doubt
Documenting

- Date
- Score
- Suggestions? Guidance?
- Educational Materials?
- Assessment
- Referrals
- Refusals
Challenges

- Access to resources
- Transportation (check bus tickets, etc)
- Acute Need for intervention
- Mom afraid to be honest
- Language or literacy barriers
Many shades of blue

PERINATAL MOOD AND ANXIETY DISORDERS
Causes

Psychological

Social

Physical
Types of PMADs

- Prenatal Depression or Anxiety
- Baby blues
- Major postpartum depression
- Postpartum anxiety or panic disorder
- Postpartum obsessive-compulsive disorder
- PP psychosis
The Risks of Untreated PMADs
Risks of Untreated Depression and Anxiety

- Pregnancy Complications
- Birth Complications & Negative Birth Outcomes
- Postpartum Impacts
- Effects on Toddlers and Older Children
Additional Challenges

- Grief Reactions
- Post Traumatic Stress Reaction
- Acute Stress Reaction
- Postpartum Exhaustion
Risk Factors
Predictive Risk Factors

- Previous PMDs
  - Family History
  - Personal History
  - Symptoms during Pregnancy

- History of Mood Disorders
  - Personal or family history of depression, anxiety, bipolar disorder, eating disorders, or OCD

- Significant Mood Reactions to hormonal changes
  - puberty, PMS, hormonal birth control, pregnancy loss
Risk Factors, continued

- **Endocrine Dysfunction**
  - Hx of Thyroid Imbalance
  - Other Endocrine Disorders
  - Decreased Fertility

- **Social Factors**
  - Inadequate social support
  - Interpersonal Violence
  - Financial Stress/Poverty
Risk Factor Check List

Check the statements that are true for you:

- It’s hard for me to ask for help.
- I’ve had trouble with hormones and moods, especially before my period.
- I was depressed or anxious after my last baby or during my pregnancy.
- I’ve been depressed or anxious in the past.
- My mother, sister, or aunt was depressed after her baby was born.
- Sometimes I don’t need to sleep, have lots of ideas and it’s hard to slow down.
- My family is far away and I don’t have many friends nearby.
- I don’t have the money, food or housing I need.

If you checked three or more boxes, you are more likely to have depression or anxiety after your baby is born (postpartum depression).

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First Steps: Helping Mom Reach Out

- Listen to her without judgment
- Encourage or help her talk to her healthcare and mental health provider
- Help her find Oregon support at www.postpartum.net/get-help
- Encourage or help her call Support Warmline or email support
Oregon Resources

- Postpartum Support International, Oregon
  1-800-944-4PPD (800-944-4773)
  www.postpartum.net/get-help

- Oregon Health Authority Website
  www.healthoregon.org/perinatalmentalhealth
Parent Education Materials

- OHA Website
- Parent Brochure from OHA
- PSI Educational DVD Trailer
  In English and Spanish
- HRSA brochure – in English and Spanish
  (Health Resources and Services Administration)
  [http://mchb.hrsa.gov/pregnancyandbeyond/depression/morethanblues.htm](http://mchb.hrsa.gov/pregnancyandbeyond/depression/morethanblues.htm)
Reliable Online Resources

- Postpartum Support International: www.postpartum.net
- Education for Professionals and Families: www.mededppd.org
- Postpartum Progress: www.postpartumprogress.com
- Postpartum Dads: www.postpartumdads.org
- Social Support and Steps to Wellness: www.janehonikman.com
- MCH Library, Non-English: www.mchlibrary.info/nonenglish.html
- www.Griefwatch.com: resources for families and caregivers
Primary References


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www.postpartum.net


Contact Information

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