PHQ-9

What is it?

Brief Description

- Self-administered 9-item instrument based on the nine DSM-V criteria listed under criterion A for Major Depressive Disorder. The instrument aids in guiding criteria based diagnosis of depressive symptoms, can assist in identifying treatment goals, determining severity of symptoms, as well as guiding clinical intervention.
- When considering a diagnosis, the clinician will still need to use clinical interviewing skills to determine whether the symptoms are causing clinically significant distress or impairment and those symptoms are not better explained or attributed to other conditions (i.e. substance use, medical conditions, bereavement, etc.)

Why should I use it?

Clinical Utility

- Measurement based care emphasizes the use of standardized assessments, and other “tests” to help personalize care and guide treatment decisions.
  - Just as a primary care provider would routinely check glucose levels to better inform their treatment plan for a patient’s diabetes, routinely administering rating scales to monitor improvement or a change in mental health symptoms is considered best practice in providing optimal care.
- Routinely using these tools to measure longitudinal changes and track treatment progress are associated with superior client outcomes when compared to usual care.
  - Assessments alert clinicians to lack of progress, guides treatment decisions, identifies potential intervention targets, and assists in differential diagnosis
  - Assessments prompt changes in interventions if needed when things are not working or can prompt stepdown in care after a patient’s functioning has improved
- The data can be used by the clinician to engage the client in therapeutic process, overall validating them as an active partner in their health care and mental wellness
- It can improve communication between providers and facilitate collaboration among different services

How easy is it to do?

Administration

- How is it administered?
  - Self-administered by the patient (preferred)
  - By interviewer in person or via telephone
- How long does it take?
  - 2-5 minutes to complete
- Where and when can it be done?
  - Waiting area prior to session
  - Beginning, during, or end session
  - At home prior to appointment
- How is data collected?
  - Paper and pencil
  - BHL Software
  - Tablets or other electronic device
PHQ-9
How do I use this?

Scoring and Interpretation
Responders are asked to rate the frequency of depression symptoms in the last 2 weeks on a Likert scale ranging from 0-3. Items are summed to provide a total score.

- 0 = not at all
- 1 = several days
- 2 = more than half the days
- 3 = nearly every day

Diagnostic Aid:
- Major Depressive Episode: patient has answered at least “more than half the days” on 5 or more items (or at least “several days” on item 9), with one of the items being items 1 or 2

Severity Measure:
- The total score serves as a marker of severity and distress.

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
<th>Recommendations</th>
<th>Treatment Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>Minimal</td>
<td>• Subsyndromal Depression Monitoring</td>
<td>• Integrated Primary Care/Collaborative care model</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Psycho-Education</td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td>Mild</td>
<td>• Psycho-Education</td>
<td>• Integrated Primary Care/Collaborative care model</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evidence-based monotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Psychotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Combination therapy for those who did not respond to an appropriate trial of monotherapy</td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>Moderate</td>
<td>• Evidence-based monotherapy</td>
<td>• Integrated Primary Care/Collaborative care model</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Psychotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Combination therapy for those who did not respond to an appropriate trial of monotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Initial combination therapy</td>
<td></td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
<td>• Combination of pharmacotherapy and evidence-based psychotherapy</td>
<td>• Specialty Mental Health Care Clinic</td>
</tr>
</tbody>
</table>

How can this help me with my patients?

Treatment Planning
Potential Treatment Recommendations by total score

PHQ-9 Assessment Resources developed by the VISN 4 MIRECC. Please contact Natacha.Jacques@va.gov with any questions or comments.
PHQ-9
Potential Treatment Interventions by individual items

This measure was created to be used in its entirety to assist in capturing the overall clinical picture and to guide treatment planning. However, some suggestions on possible techniques, useful interventions, and referral ideas to consider based on elevated responses on specific items are included below.

1) Diminished interest or pleasure in most things
   SMART Goal setting
   Homework assignments
   Encourage social activities

2) Depressed mood
   Pleasant events scheduling
   Identifying maladaptive thoughts/feelings

3) Insomnia/Hypersomnia
   Administer ISI for more info
   Psycho-education regarding sleep hygiene

4) Fatigue or energy loss
   SMART Goal setting
   Encourage physical activities

5) Change in weight/appetite
   Food diary
   Nutrition education
   SMART Goal setting

6) Feelings of worthlessness or inappropriate guilt
   Identifying maladaptive thoughts/feelings
   Challenging maladaptive thoughts/feelings

7) Trouble concentrating
   Deep breathing exercises
   Guided imagery exercise
   Challenging maladaptive thoughts/feelings

8) Psychomotor agitation or retardation
   Deep breathing exercises
   Guided imagery exercise
   Progressive muscular relaxation

9) Recurrent thoughts of death / suicidal ideation
   Risk Assessment
   Direct to Urgent Care Services
   Direct to ER/911
   Refer to specialty care

Measuring Change

Standard definition: Good clinical care requires that clinicians monitor patient progress. Determining clinically significant change recommends a person move from a depressed range (defined as scores greater than or equal to 10) pre-treatment to a non-depressed range (defined as scores less than or equal to 9) post-treatment. Improvement in scores should be 50% or greater of the patients’ pre-treatment score; a 5 point or more change in scores indicates reliable change.

Can I trust it?
Psychometric properties

- Reliability: high in internal reliability, test/retest reliability
- Validity: high in criterion and construct validity

References
PHQ-9


Patient Health Questionnaire (PHQ-9)

Name: ___________________________________________ Date: ____________________

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

<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 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 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 in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total ______

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of the things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult