

## 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



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### 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.

<i>Total Score</i>	<i>Depression Severity</i>
1-9	minimal depressive symptoms
10-14	mild depressive symptoms
15-19	moderate depressive symptoms
20-27	severe depressive symptoms

### How can this help me with my patients?

#### Treatment Planning

##### Potential Treatment Recommendations by total score

<i>Total Score</i>	<i>Depression Severity</i>	<i>Recommendations</i>	<i>Treatment Setting</i>
1-9	Minimal	<ul style="list-style-type: none"><li>• Subsyndromal Depression Monitoring</li><li>• Psycho-Education</li></ul>	<ul style="list-style-type: none"><li>• Integrated Primary Care/Collaborative care model</li></ul>
10-14	Mild	<ul style="list-style-type: none"><li>• Psycho-Education</li><li>• Evidence-based monotherapy<ul style="list-style-type: none"><li>• Pharmacotherapy</li><li>• Psychotherapy</li></ul></li><li>• Combination therapy for those who did not respond to an appropriate trial of monotherapy</li></ul>	<ul style="list-style-type: none"><li>• Integrated Primary Care/Collaborative care model</li></ul>
15-19	Moderate	<ul style="list-style-type: none"><li>• Evidence-based monotherapy<ul style="list-style-type: none"><li>• Pharmacotherapy</li><li>• Psychotherapy</li></ul></li><li>• Combination therapy for those who did not respond to an appropriate trial of monotherapy</li><li>• Initial combination therapy</li></ul>	<ul style="list-style-type: none"><li>• Integrated Primary Care/Collaborative care model</li><li>• Specialty Mental Health Care</li></ul>
20-27	Severe	<ul style="list-style-type: none"><li>• Combination of pharmacotherapy and evidence-based psychotherapy</li></ul>	<ul style="list-style-type: none"><li>• Specialty Mental Health Care Clinic</li></ul>



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### 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**



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Patient Health Questionnaire (PHQ-9)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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