Positive Depression Screen, Now What!

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Background

- According to a 2005 study, The prevalence of major depressive disorder in adults, ranges from 5% to 13% in the primary care setting.
- Accounts for more than $43 billion in medical care costs and $17 billion in lost productivity annually.
- Projected to become the second largest cause of disability by 2020.

USPSTF

- The USPSTF recommends screening adults for depression when staff-assisted depression care support is in place to assure accurate diagnosis, effective treatment, and follow-up. Grade B
- Screening for depression in clinical practices without these systems is of minimal benefit.
- The USPSTF found no evidence of harms of screening for depression in adults.

Purpose

- To determine the prevalence of a positive depression screen in adult patients and how effectively follow-up was made.
- Screening was done using PHQ-2 Questions.

PHQ-2

- Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?

2. Feeling down, depressed, or hopeless?

Answering Yes to either or both of the questions was considered a positive screen.

The PHQ-2 has been found to be up to 97 percent sensitive and 67 percent specific in adults, with a 38% positive predictive value and 93% negative predictive value

Methods

- A retrospective chart review
- Data extrapolated by the hospital Information Technology department.
- No patient or provider identifying information was used.
- Charts from January 2013 were reviewed for responses to the PHQ-2 questionnaire.
- Positively screened charts were individually reviewed to assess for any type of follow-up.

Inclusion Criteria

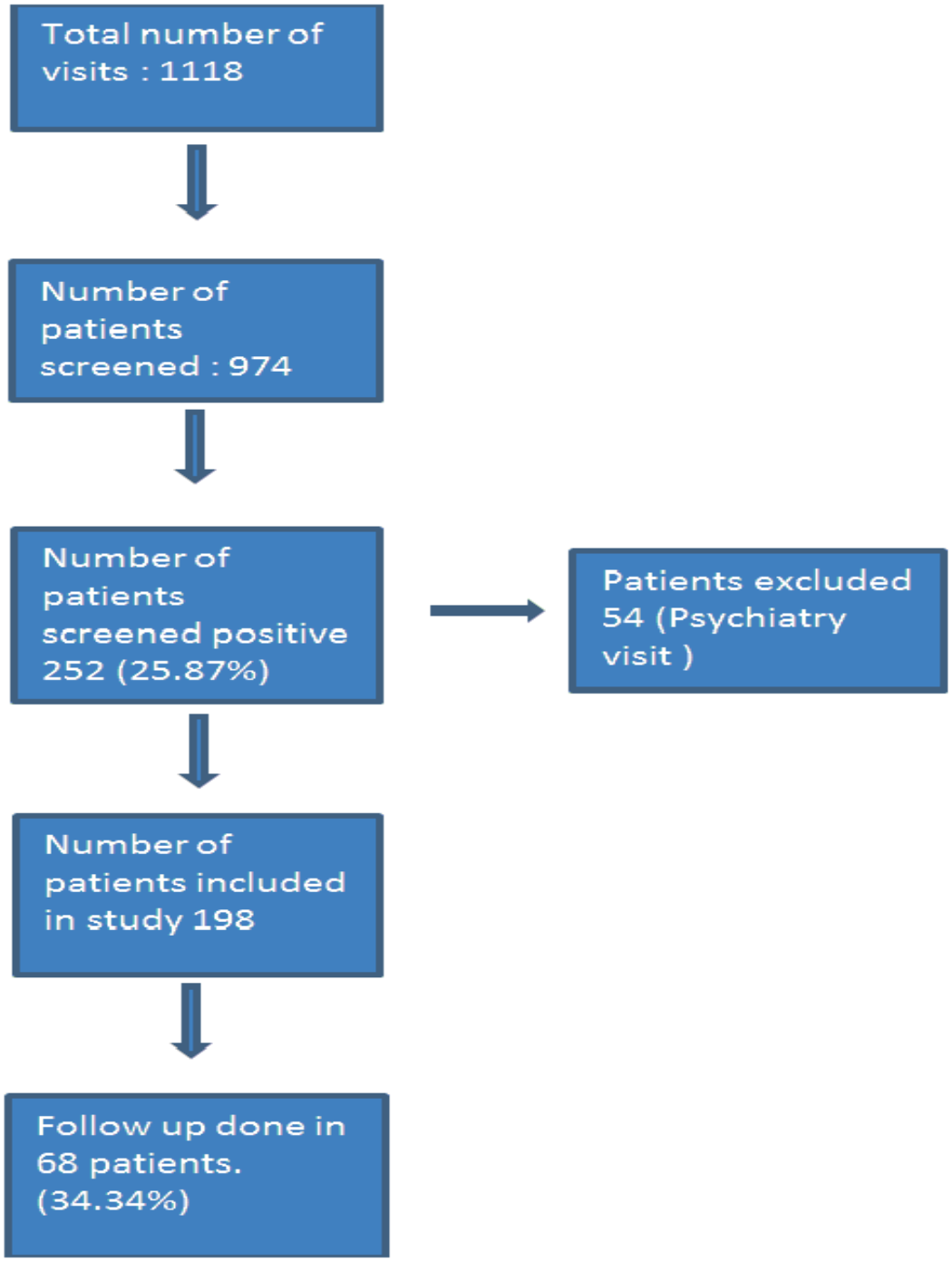
- All adult patients (18 years old and above) who visited the FMC .
- Patients must have taken the PHQ-2 questionnaire.
- Patients seen either by the attending or resident or NP were included.

Exclusion Criteria

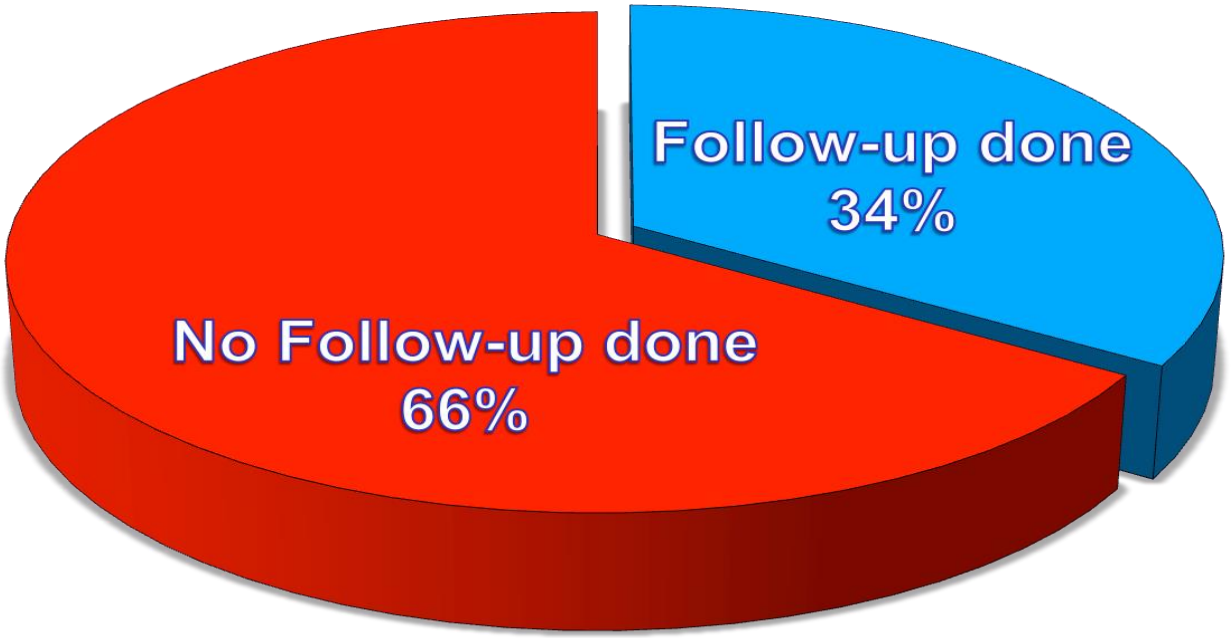
- Pediatric patients under 18 years of age
- Patients visiting the clinic specifically for psychiatric complaints.
- Patients attending a counseling visit.
- Pregnancy was NOT an exclusion criteria

Results

- 1118 adult patients visited the FMC in January 2013.
- 974/1118 patients were administered the PHQ-2.
- A total of 252 patients screened positive.
  - Prevalence of **25.87%** for depression.
- 54 of these patients had office visits for mental illness, and were removed from our data collection, as this was an exclusion criterion.
- 198 patients met out inclusion criteria.
  - Follow up was made for 68 patients, **34.34%**.


Total number of visits : 1118
Number of patients screened : 974
Number of patients screened positive 252 (25.87%)
Patients excluded 54 (Psychiatry visit)
Number of patients included in study 198
Follow up done in 68 patients. (34.34%)

Poor follow-up



Discussion

- In response to the 2009 USPSTF depression-screening recommendation the FMC has been using the PHQ-2 questionnaire for screening adult patients.
- 26% of our patient population screened positive for depressive symptoms.
- 34% of those who screened positive had any type of follow-up done.
- Compared to national data, our clinic has a significantly higher number of positive screens in a primary care setting.

Benefits of Screening

- The USPSTF found good evidence that treating depressed adults identified through screening in primary care settings with antidepressants, psychotherapy, or both decreases clinical morbidity.
- Good evidence for programs combining depression screening and feedback with staff assisted depression care supports improve clinical outcomes in adults and older adults.
- Fair evidence that screening and feedback alone without staff-assisted care supports do not improve clinical outcomes in adults and older adults.

Potential harms of screening

- False positive screening results
- Inconvenience of further diagnostic work-up
- Adverse effects and costs of treatment for patients who are incorrectly identified as being depressed
- Potential stigma of being labeled depressed

The Canadian Take on Screening

- The Canadian Task Force on Preventive Health Care (CTFPHC) has recommended AGAINST screening for depression in patients with average risk.
- Patients with higher than average risk include:
  - people with a family history of depression,
  - traumatic experiences as a child,
  - recent traumatic life events,
  - chronic health problems,
  - substance misuse,
  - perinatal and postpartum status
  - Aboriginal origin

Limitations

- Only data from January 2013 was used.
- Pediatric population was not included in the study.
- Patients who visit the FMC are primarily on Medicare and Medicaid.
- Overall effect on healthcare outcomes such as mortality was not reviewed here.
- Patients who came in for other internal clinics i.e.; dermatology, women's health were also included

Conclusion

- Depression screening in the family medicine residency clinic was a quality improvement measure, initiated in the EMR since late 2012.
- The higher than national average amount of positive screens, sheds light on our role as primary care physicians to improve follow-up of these patients.
- As accountable care organizations become the standard of healthcare today, more effort needs to be done in order for us to better serve our patients and improve outcomes.

Future Study

- Comparing our prevalence and follow-up 1 year after this study.
- Having a plan in place for Positive screened patients
- Consideration of PHQ-3
- Comparing Depression across different populations, Adolescent, Adult, Geriatric, Pregnant.

References

- 1. Hasin DS, Goodwin RD, Stinson FS, Grant BF. Epidemiology of major depressive disorder: results from the National Epidemiologic Survey on Alcoholism and Related Conditions. Arch Gen Psychiatry. 2005;62:1097-106. [PMID:16203955]
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- 3. O'Connor EA, Whitlock EP, Beil TL, Gaynes BN. Screening for depression in adult patients in primary care settings: a systematic evidence review. *Ann Intern Med* 2009;151:793-803.