Educational Objectives:

1. Understand screening recommendations for depression and how to implement them
2. Recognize symptoms of depression
3. Apply DSM criteria for diagnosing depression

CASE ONE:

Mrs. Blue is a 30-year-old patient. She is new to your practice and you want to make sure she is up to date on all of her routine health maintenance.

Questions:

1. Should she be screened for depression and, if so, how frequently? What factors play into your decision to screen?

CASE ONE CONTINUED:

You work in a primary care practice with 12 other clinicians, four nurses, and six medical assistants. You also have a robust and reliable referral process to subspecialists, including mental health clinicians. You decide that this patient should be screened, and that your clinic should adopt routine screening into practice.

2. What screening tools are available? Is one better than another? Also brainstorm some practice improvement ideas on how to get screening seamlessly integrated into the clinic flow.
CASE ONE CONTINUED:

You decide, based on ease and simplicity, to administer the PHQ2. Your clinic process will involve medical assistants handing out this form at the check in desk and having patients circle the appropriate answers while waiting for their appointment, and then bringing the form in to their office visit. The form looks as follows:

During the past two weeks how often have you been bothered by the following? Please circle

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things?</th>
<th>Not at all</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Several days</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>More than half the days</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Nearly every day</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling down or depressed or hopeless?</th>
<th>Not at all</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Several days</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>More than half the days</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Nearly every day</td>
<td>3</td>
</tr>
</tbody>
</table>

3. You notice your patient has answered “more than half the days” to both questions, with a total score of 4. What is the sensitivity/specificity of the PHQ-2? Does this mean this patient has depression?

CASE TWO:

You are seeing Mr. Down, a 60-year-old patient with worsening aches and pains “over every joint and muscle in my body.” He has trouble sleeping and feels tired and run down every day and is worried that he can’t focus on anything he is doing at work. “I am failing my family and my boss.” His exam is benign and you wonder whether he is suffering from depression. When asked about his mood, he says, “I am down in the dumps all the time doc” and then starts crying.

4. What are the criteria we use to diagnose depression?
CASE TWO CONTINUED:

This patient has been feeling this way for over a month, and his symptoms are clearly interfering with his relationship with his family and his work. Based on his symptoms (depressed mood, insomnia, fatigue, guilt, and difficulty concentrating), time course of more than two weeks, and impact on function, you diagnose a major depressive episode. You decide to start an SSRI, and wonder how you might be able to track response to treatment.

5. Are there any tools to help assess severity of depression or track response to treatment?

6. Are there any additional questions you should ask?
Primary References:


Additional References:


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CME Questions:

1. A 30-year-old comes to your clinic, she is worried that she is depressed and is requesting an antidepressant. After further discussion, you learn that her father died suddenly in a car accident a week ago. She has been crying a lot, and has taken a leave from her work to arrange for his funeral. She has had a hard time sleeping and a poor appetite. Which of the following is true?

   a. She meets criteria for a major depressive episode
   b. She is at risk for progressing into a major depressive episode
   c. She is experiencing bereavement and should not be given a diagnosis of major depression
   d. She should be referred to a psychiatrist and started on an SSRI

2. You work in a solo practice in a rural part of Montana. You manage a panel of 4,000 patients, many of whom do not come in for routine exams or preventive care. You are considering implementing a process improvement for depression screening. Which of the following is the most accurate statement?

   a. You should implement a one-time screening protocol, since USPSTF guidelines suggest one-time routine depression screening via the PHQ-2 for all adults
   b. You should not start screening for depression as there is no evidence that screening improves outcomes
   c. You should not start screening for depression because you lack an adequate system in place and staff support to ensure accurate diagnosis/treatment and follow-up
   d. You should screen all patients using the PHQ-2 in your practice yourself at least annually

3. You are seeing a 70-year-old. He has had “the blues” every day for the past four months. He has insomnia, poor appetite, and has lost any interest in his hobbies. He has “ruined” relationships with his kids and his ex-wife, and is lonely. He drinks a 12-pack of beer every day. Which of the following is the most accurate?

   a. This patient meets criteria for a major depressive episode
   b. This patient does not meet criteria for depression, as symptoms have been going on for too long
   c. This patient has an alcohol use disorder and a major depressive episode
   d. This patient does not meet criteria for depression given extent of alcohol intake