

Research Quick Guide to Patient Health Questionnaire (PHQ) and Brief PHQ

Purpose. The Patient Health Questionnaire (PHQ) is designed to facilitate the recognition and diagnosis of the most common mental disorders in primary care patients: somatoform, depressive, anxiety, eating and alcohol disorders. The Brief PHQ only covers depressive disorders and panic disorder. Both instruments includes questions about functional impairment, recent psychosocial stressors, and for women, questions about menstruation, pregnancy and childbirth. For patients with depressive symptoms a Total Depression Score can be calculated and repeated over time to monitor change.

Who Should Take the PHQ or Brief PHQ. Ideally, either questionnaire should be used with all new patients, all patients who have not completed the questionnaire in the last year, and all patients suspected of having a mental disorder.

Making a Diagnosis. Since the questionnaire relies on patient self-report, definitive diagnoses must be verified by the clinician, taking into account how well the patient understood the questions in the questionnaire, as well as other relevant information from the patient, his or her family or other sources. In addition, the diagnoses of Major Depressive Disorder (rather than Syndrome) and Other Depressive Disorder requires ruling out normal bereavement (mild symptoms, duration less than 2 months), a history of a manic episode (Bipolar Disorder) and a physical disorder, medication or other drug as the biological cause of the depressive symptoms. Similarly, the diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a physical disorder, medication or other drug as the biological cause of the anxiety symptoms.

Interpreting the PHQ or BPHQ. At the bottom of pages that begin with “FOR OFFICE CODING” (in small type) are criteria for judgments about diagnoses assessed on that page. The names of the categories are abbreviated, eg, Major Depressive Syndrome is Maj Dep Syn..

Additional Clinical Considerations. After making a provisional diagnosis with the PHQ or Brief PHQ, there are additional clinical considerations that may affect decisions about management and treatment.

*Have current symptoms been triggered by psychosocial **stressor(s)**?*

*What is the **duration** of the current disturbance and has the patient received any **treatment** for it?*

*To what extent are the patient’s symptoms **impairing** his or her usual work and activities?*

*Is there a **history** of similar episodes, and were they **treated**?*

*Is there a **family history** of similar conditions?*

Customizing the PHQ or Brief PHQ by Omitting Pages

| Option | Questionnaire Ingredients | No of pages | Coverage |
|--------|---------------------------|-------------|--|
| A | PHQ | 4 | Mental disorders (somatoform, mood, anxiety, eating, alcohol) Functional impairment Stressors Menstruation, pregnancy, childbirth |
| B | First 3 pages of the PHQ | 3 | Mental disorders Functional impairment |
| C | Brief PHQ | 2 | Depressive disorders and Panic disorder Functional impairment Stressors Menstruation, pregnancy, childbirth |
| D | First page of Brief PHQ | 1 | Depressive disorders and Panic disorder |

Example of Diagnosing Major Depressive Disorder and Calculating Total Depression Score

Patient: A 43-year-old woman who looks sad and complains of fatigue for the past month.

| 2. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following: | Not at all | Several days | More than half the days | Nearly every day |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Little interest or pleasure in doing things?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Feeling down, depressed, or hopeless?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Trouble falling or staying asleep, or sleeping too much? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Feeling tired or having little energy?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Poor appetite or overeating?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Trouble concentrating on things, such as reading the newspaper or watching television? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Thoughts that you would be better off dead or of hurting yourself in some way?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FOR OFFICE CODING: Maj Dep Syn if #2a or b and five or more of #2a-i are at least “More than half the days” (count #2i if present at all) . Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least “More than half the days” (count #2i if present at all).

Major Depressive Disorder Diagnosis. The criteria for Major Depressive Syndrome are met since she checked #2a “Nearly every day” and five of items #2a to i were checked “More than half the days” or “Nearly every day”. Note that #2i, suicidal ideation, is counted whenever it is present.

In this case, the diagnosis of Major Depressive Disorder (not Syndrome) was made since questioning by the physician indicated no history of a manic episode; no evidence that a physical disorder, medication, or other drug caused the depression; and no indication that the depressive symptoms were normal bereavement. Questioning about the suicidal ideation indicated no significant suicidal potential.

Total Depression Score. This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of “Not at all,” “Several days,” “More than half the days,” and “Nearly every day,” respectively. The Total Depression Score is the sum of the scores for the nine items, and ranges from 0 to 27. In the above case, the score is 16 (3 items scored 1, 2 items scored 2, and 3 items scored 3).

In a study of 3000 primary care patients, the mean Total Depression Score was 5.0. The standard deviation was 5.8. The mean score for patients with Major Depressive Disorder (N=290) was 18.6; for patients with any mood disorder (N=473) the mean score was 15.1.