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Personal Health Questionnaire-9 and Interventions in Adults

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Introduction

- Depression is one of the most common psychiatric disorders in the US
- Leading cause of disability in the world
- Major contributor to disease burden globally

PHQ-9

- Developed by Dr. Spitzer, Dr. Williams, and Dr. Kroenke in 1999 with Pfizer
- Used as a screening for depression in adults

Guidelines

USPSTF Grade B Recommendation

- Implement PHQ-9 screening to ensure accurate diagnosis and effective treatment

- High certainty that the outweighs the risk of not providing the questionnaire
- Offer or provide this service in a primary care setting

Department of Veterans Affairs:

Strong Recommendation

- All patients not currently receiving treatment for depression should be screened

Personal Health Questionnaire-9

	PHQ-9	Not At All	Several Days	More Than Half The Days	Nearly Every Day
1. Little interest or pleasure doing things		0	1	2	3
2. Feeling down, depressed, or hopeless		0	1	2	3
3. Trouble falling or staying 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 your 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 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

Research

PHQ-9 Scores and Patient Interviews: a Meta-Analysis

- Reviewed 58 studies with a total of 2313 depression cases
- Across Phq-9 scores of 5-15, sensitivity rate was 0.88, specificity was 8.85
- The PHQ-9 is similarly sensitive but less specific for younger patients than for older patients
- A cutoff score of 10 or above can be used regardless of age to diagnose depression

Case Review and Treatment Intensification for Depression in Primary Care

- 14,960 adult participants with a PHQ-9 of 10 or higher and had at least 1 follow- up appointment with a care manager within the first 6 months of treatment
- Within the first 6 months, rates of new depression medications doubled from 11% to 20%

Selection Process

- PHQ-9 score of 3 or above OR on medications
- Patients starting September 1, 2022
- Chart Review
- Follow up: only assessed if patient scheduled in office for a follow up (70%)
- Adults 18+

Chart Audit

Standard	JK	HB	DD	LM	SS	PH	JN	RV	RM	GE	total
18 years or older	X	X	X	X	X	X	X	X	X	X	
Personal Health Questionnaire- 9 (PHQ- 9) completed	X	X	X	X	X	X	X	X	X	X	
Gender	F	F	M	M	F	M	M	F	F	F	
Diagnosed with a prior mental health condition		X		X		X	X	X		X	6
Currently taking psychiatric medications		X		X			X	X			4
PHQ-9 score 1-4 (minimal depression)		X									1
PHQ-9 score 5-9 (mild depression)				X	X		X				3
PHQ-9 score 10-14 (moderate depression)	X		X					X		X	4
PHQ-9 score 15-19 (moderately severe depression)									X		1
PHQ-9 score 20+ (severe depression)						X					1
Started psychiatric medications			X			X			X		3
Started non-pharmacological psychiatric interventions	X					X	X		X	X	5
Changed current psychiatric medication dosing		X					X	X			3
Referred to psychology	X					X			X	X	4
Refused interventions					X						1
Follow up scheduled		X		X	X	X		X	X	X	7
Number of interventions	2	2	1	1	1	4	2	2	4	3	

Summary of Findings

- 60% had a prior mental health diagnosis
 - ⅔ of those were currently on medications
- Scheduled a follow up within 6 months: 70%
 - 1 patient with minimal depression
 - 3 patients with mild depression
 - 4 patients with moderate depression
 - 1 patient with severe depression



Office Demographics

- Population: mostly adults, White/Non- Hispanic, African-American, and West Asian
- Primary care office, high risk for food insecurity, lots of patients new to the area

Question

- Population: If PHQ-9 score was 3+, were adequate interventions being done?
- Interventions included psychiatric medications, referral to psychology, changing psychiatric medications, and started non-pharmacological interventions (therapy, exercises, meditation etc.)

Answers

- Every patient had an intervention except for one
- 30% started psychiatric medication
- 50% had non-pharmacological psychiatric interventions (handout of diet, exercise, and group interventions provided)
- 30% had current psychiatric medications changed
- 40% received a psychiatry referral
- 70% had a follow up scheduled within 6 months

References

