

Depression and the Patient Health Questionnaire (PHQ-9)

Begin this discussion by asking the individual one or more of following questions:

- ☐ How do you feel about life in general?
- ☐ How are your spirits generally?
- ☐ Do you find yourself avoiding being with people? If yes, why is that?

Then ask the individual if you can ask him/her some specific questions about how they have been feeling over the last two weeks? If the individual you are assessing can read, give them the PHQ-9 and ask them to complete the screening.

An alternative method of administering the PHQ-9 is to provide an index card with the following responses on it. Tell them to answer each question you ask them, using the following scale:

- | | |
|---------------------------|-----------------------|
| ❖ Not at all | (Scoring = 0 Points) |
| ❖ Several days | (Scoring = 1 Point) |
| ❖ More than half the days | (Scoring = 2 Points) |
| ❖ Nearly every day | (Scoring = 3 Points) |

If they cannot read, you will have to repeat the scale to them after each question is asked, so they can make their choice. Proceed by asking the following questions:

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

- ☐ Little interest or pleasure in doing things
- ☐ Feeling down, depressed, or hopeless
- ☐ Trouble falling or staying asleep, or sleeping too much
- ☐ Feeling tired or having little energy
- ☐ Poor appetite or overeating
- ☐ Feeling bad about yourself, or that you are a failure, or have let yourself or your family down
- ☐ Trouble concentrating on things, such as reading the newspaper or watching television
- ☐ 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
- ☐ Thoughts that you would be better off dead, or of hurting yourself in some way.

A score of (10) or more indicates possible depression on the PHQ-9.

Discuss with this individual that from their responses to the questions you just asked, it appears they may be suffering from depression. If needed, reassure him/her that Depression is a serious illness, not a moral weakness. Inform him/her that there are many effective ways to treat depression. Ask the individual if they are interested in a referral for diagnosis and/or treatment. The referral may be to the individual's primary health care

provider or a mental health professional. Discuss with the appropriate caregiver (family, AFH, Assisted Living Facility, etc.) if necessary. When the client's depression score is 10 or more, document your discussion about a referral; if the client chooses to seek assistance for any problem identified then document the date you referred the client and who is responsible to follow through. If the client or others are responsible, the care coordinator should contact the client within 30 days of the referral and document the outcome.

Surrogate Report of Depression Symptoms: A surrogate report of Depressive Symptoms is to be used when the care coordinator concludes that a surrogate would be a more reliable reporter of the client's mood and emotional state or when the client refuses to answer the questions. It may also be used when a client has Alzheimer's disease* or other types of Dementia that has progressed to a point where the client cannot relate pertinent information. 30% of individuals who have Alzheimer's disease also suffer with major depression. Many of these individuals have symptoms that cause significant distress and dysfunction to both the individual and the caregiver. Clients with these conditions are not able to reliably respond to the questions themselves in the PHQ-9 depression screen above. Research has shown that family (or other primary) caregivers are reliable informants in reporting depressive symptoms.

As an introduction to this issue, ask the family (or primary) caregiver if they have observed the individual you are assessing as having persistent sadness or crying, a sleep impairment or a change in their appetite. Then ask the caregiver if you can ask him/her some specific questions about how the individual they are caring for may have been feeling over the last two weeks? Proceed by following the process below.

- If the caregiver can read, give them the index card with the following responses on it. Telling them they are to answer each question you ask them, using the following scale:

❖ Not at all	(Scoring = 0 Points)
❖ Several days	(Scoring = 1 Point)
❖ More than half the days	(Scoring = 2 Points)
❖ Nearly every day	(Scoring = 3 Points)

- If they are unable to read, you will have to repeat the scale to them after each question is asked, so they can make their choice.

Here is some additional information regarding depression and its impact on clients with chronic health problems.

The National Institute of Mental Health (NIMH) commissioned the Harris survey. The survey showed that: Lack of energy, recurrent thoughts of death and difficulty concentrating were viewed by half of the medical providers polled as natural components of aging rather than symptoms of depression. Tragically, accordingly to data cited in a recent NIMH report, 70 % of elderly people who commit suicide visit their family doctors within a month of their death, and 39% have a medical encounter within one week of killing themselves, yet their depression remains undiagnosed and untreated. 25 % of elderly individuals experience

periods of persistent sadness that lasts two weeks or longer and more than 20% report persistent thoughts of death and dying. 20% of clients in nursing home are depressed. More than ½ of the people polled, 75 years or older, believed that depression is a natural part of the aging process. Additionally, 93% of all adults polled said they believed depression is a normal side effect for those suffering from a medical condition. These individuals believed there was little that could be done to impact this.

Depression is one of the most common and potentially dangerous complications of every chronic illness. It is particularly common in those with:

- ❖ Recent heart attacks
- ❖ Hospitalized cancer patients
- ❖ Recent stroke survivors
- ❖ People with multiple sclerosis
- ❖ Parkinson's Disease and
- ❖ Diabetes

Depression caused by chronic illness often aggravates the illness, especially if the condition causes pain, fatigue or disruption in social life. Depression makes pain hurt more. Depression impairs the immune system, which can hurt the body's efforts to combat chronic illness.

Note: The highest rate of completed suicide among all population groups is in older white men who become excessively depressed and drink heavily following the death of their spouse.