



Adult Depression Screening

This Care Pathway is intended to provide guidance for Penn State Health and affiliated providers in screening for major depressive disorder. The guidance provided in this document is based on evidence-based standards. This document provides an approach applicable for most patients; however, clinicians should use clinical judgment and adapt to individual patients and situations.

BACKGROUND

Depressive disorders are relapsing, remitting brain disorders with 12-month prevalence rate of 6.7% for major depressive disorder (NIMH), and a lifetime prevalence of mood disorders of 20%¹. Depressive disorders put patients at risk for complications of medical and brain illnesses, including addiction and suicide. Identification of depressive disorders in the primary care setting allows for early intervention and prevention of untreated illness leading to lost functionality or suicide.

GOALS

We seek to improve the identification of major depressive disorder and identify and standardize the triggers of referral of patients with major depressive disorder to specialty services and identify the method of screening for recurrence or relapse of illness.

OUTCOMES MEASUREMENT

We will measure the rates of screening for major depressive disorder by use of the PHQ-2, and if indicated, the PHQ-9, at all ambulatory primary care visits, for adults age 18 and over.

CARE TEAM OPPORTUNITIES

We will develop clinical protocols (workflow redesigns) to improve efficiency and, ultimately, screening rates. For example, the care manager has the opportunity to link patients with treatment services and the pharmacist has the opportunity to identify medication interactions with the patient’s current medication.

QUICK REFERENCE

Recommendations 2



RECOMMENDATIONS

- 1) All non-pregnant adult patients who present for ambulatory primary care appointments at Penn State Health should be screened for depressive disorders at all visits with the PHQ-2.
- 2) If the PHQ-2 score is greater than or equal to 3, the PHQ-9 will be administered.
- 3) If the patient scores greater than or equal to a 10 on the PHQ-9, or has any score other than 0 on Question 9 of PHQ 9, the following steps will occur:
 - a. The result is flagged for the care provider.
 - b. The provider will assess for safety/suicidality. One option is to use the Columbia Suicidality Severity Rating Scale (C-SSRS)².
 - i. If acute danger to self or others, referral (accompanied by an appropriate individual) should be made to the emergency department or to an immediate specialty evaluation.
 - ii. If there is no acute danger, the care provider will determine with the patient an appropriate timeframe to do an assessment for a depressive disorder. This can be done at the current visit or at a future appointment.
- 4) For patients who are pregnant OR post-partum, the Edinburgh Depression Screening Tool is recognized as an accepted screening tool, for example, at the following times:
 - a. First OB appointment
 - b. Once in each trimester
 - c. Post-partum visits
 - d. Newborn/infant's visits until age 6 months
- 5) A woman scoring 10 or more points on the Edinburgh Depression Screening Tool or indicating any suicidal ideation – that is, she scores 1 or higher on question #10 – should be referred immediately for depression evaluation. Even if a woman scores less than 10, if the clinician feels the client is suffering from depression, an appropriate referral should be made.
- 6) If it is determined that the patient has depression, the appropriate diagnosis will be added to the problem list.



¹ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE: Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry 2005, 62(6):593-602.

² <https://cssrs.columbia.edu/wp.../ScoringandDataAnalysisGuide-for-Clinical-Trials-1.pdf>

Additional Resources:

NICE clinical pathways: <https://pathways.nice.org.uk/pathways/depression/step-2-recognised-depression-in-adults-persistent-subthreshold-depressive-symptoms-or-mild-to-moderate-depression#path=view%3A/pathways/depression/depression-overview.xml&content=view-index>

<https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml>

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/practicing-safety/Documents/Postnatal%20Depression%20Scale.pdf>

https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Web-Interface-Measures/2018_WI_PREV12.pdf