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## Depression Questionnaire May Change Treatment Plan

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October 6, 2006 (New York) — A phase 3 trial involving 1763 patients with depression from 17 psychiatric centers has found that asking patients to fill out a short quantitative questionnaire caused their psychiatrists to change their treatment decisions 40% of the time. Moreover, 93% of psychiatrists said that the questionnaire was helpful in their practice.

The 1-page, 9-item Patient Health Questionnaire (PHQ-9) is based on criteria for major depression and dysthymic disorder from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Originally designed for primary care physicians, the PHQ-9 is free for clinical use and available from the Web site of the [MacArthur Initiative on Depression and Primary Care](#).

The researchers also found, to their surprise, that the PHQ-9 showed that rapid remission in depression is quite rare. Using a score of 5 or lower to define remission, after 3 months 39% of patients showed a response to treatment, while only 17% were in remission, said lead researcher David J. Katzelnick, MD, Director of Healthcare Technology Systems Inc, in Madison, Wisconsin. "I think we don't remember the people who come in once or twice and then disappear," he said. "But they count."

Dr. Katzelnick and several researchers from participating centers presented their findings in a symposium at the American Psychiatric Association (APA) 58th Institute on Psychiatric Services.

Of the 1763 patients, 75% were diagnosed with major depression and the rest with dysthymia. The population was demographically typical of clinical practice: 67% of patients were women and 54% were between the ages of 41 and 64 years. The study recorded 6363 patient contacts, with 1378 patients having a second follow-up visit, Dr. Katzelnick said.

Of those physicians who changed their treatment decisions after reviewing questionnaire scores, the most common change was to increase the dose of the antidepressant (45%). Another medication was added 26% of the time, antidepressant medications were changed 13% of the time, and the psychiatrists paid additional attention to suicidal ideations in patients 3% of the time.

The questionnaire was well-received by physicians and patients alike, Dr. Katzelnick said. The 9 questions can be answered by the patient in the waiting room, at home, or during consultation with the physician. "Clinicians said it did not take [extra] time to do this, sometimes it actually saved time," Dr. Katzelnick said.

Harold W. van Lonkhuyzen, MD, medical director of the Penobscot Bay Medical Center in Rockport, Maine, and a symposium attendee, has used the PHQ-9 in his own practice. He was not involved in any of the trials.

"I find it useful for tracking patients' progress, and for documenting patients' conditions when they return to their primary care physician," he told Medscape. "It helps in checking your own impressions, and you do change management sometimes." But Dr. van Lonkhuyzen also noted, "This is just one management tool. You can't forego clinical judgment."

These 1-year trials are the result of a joint project of the APA, the American Academy of Family Physicians, and the American College of Physicians. The uncontrolled trials reported here were conducted in 17 psychiatric treatment centers, with 12.5% of the psychiatrists in solo practices, 62.5% in group practices, and 25% being hospital-based. An additional 16 primary care environments participated in similar trials, but those data were not presented.

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