

“PIC TALKS”

February 22, 2017 Seminar

“Depression and Anxiety Screening during Pregnancy and Postpartum”

**Dr. Amy Dawson, Associate Program Director of the Fort Wayne
Medical Education Program**



Prenatal & Infant Care Network




Depression

Anxiety

Amy Dawson, MD
FWMEP
February 22, 2017



13%



PHQ-9



PATIENT QUESTIONNAIRE (PHQ-9)

Name: _____

Date: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? (use “” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, 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 fidgety or 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

Add Columns:

_____ + _____ + _____

(Healthcare professional: For interpretation TOTAL: _____
of TOTAL, please refer to back of page)

If you checked off <u>any</u> problem on this questionnaire so far, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____
--	---



PATIENT QUESTIONNAIRE (PHQ-9)

Name: _____

Date: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? (use “” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, 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

	0	1	2	3
or have let yourself or your family down				
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 fidgety or 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

Add Columns:

_____ + _____ + _____

(Healthcare professional: For interpretation of TOTAL, please refer to back of page) TOTAL: _____

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, 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 fidgety or 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

Add Columns:

_____ + _____ + _____

(Healthcare professional: For interpretation of TOTAL, please refer to back of page) TOTAL: _____

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Guideline for Using the PHQ-9 for Initial Management

Score/ Symptom Level	Treatment
0-4 No depression	Consider other diagnoses
5-9 Minimal	<ul style="list-style-type: none">▪ Consider other diagnoses▪ If diagnosis is depression, watchful waiting is appropriate initial management
10-14 Mild	<ul style="list-style-type: none">▪ Consider watchful waiting▪ If active treatment is needed, medication or psychotherapy is equally effective
15-19 Moderate	<ul style="list-style-type: none">▪ Active treatment with medication or psychotherapy is recommended▪ Medication or psychotherapy is equally effective
20-27 Severe	<ul style="list-style-type: none">▪ Medication treatment is recommended▪ For many people, psychotherapy is useful as an additional treatment▪ People with severe symptoms often benefit from consultation with a psychiatrist

How often should the PHQ be done?

- **Once a month** until the patient reaches remission (score 0-4) or for the first 6 months of treatment
- **Every 3 months** after that while the patient is on active treatment
- **Once a year** for people with a history of depression who are no longer on active treatment

Anxiety



17

0%



GAD - 7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

If you checked off any problems, how difficult have these problems made it for you work, take care of things at home, or get along with other people?

Not at all

Somewhat difficult

Very difficult

Extreme

Interpreting the Score:

Total Score	Interpretation
≥ 10	Possible diagnosis of GAD; confirm by further evaluation
5	Mild Anxiety
10	Moderate anxiety
15	Severe anxiety