"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





PATIENT QUESTIONNAIRE (PHQ-9)

Name: Date:				
Over the <u>last 2 weeks</u> , how often have you been bothered to indicate your answer)	d by any of tl	ne following	problems? (use "∐"
	Not at all	Several days	More than half the days	Nearly every day
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
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
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
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 foodifficult have these problems made it for you to do your water of things at home, or get along with other people?	ar, how vork, take	Not difficu Somewha Very diffic Extremely	t difficult ult	



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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)					
f you checked off any problem on this questionnaire so fa	ar. how	Not difficu	lt at all		
difficult have these problems made it for you to do your w	•	Somewhat difficult			
care of things at home, or get along with other people?		Very difficult			
		Extremely	difficult		

Patient Health Questionnaire (PHQ) Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD ® is a trademark of Pfizer Inc.

	Not at all	Several days	More than half the days	Nearly every day
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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 difficu Somewha Very diffic	t difficult	

Extremely difficult

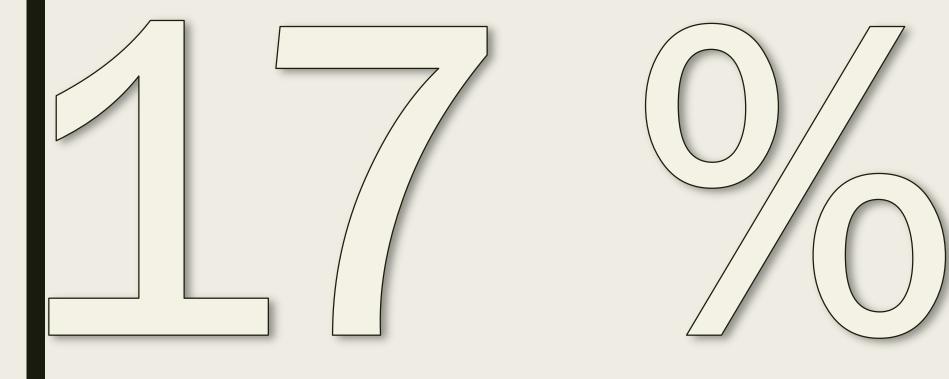
Guideline for Using the PHQ-9 for Initial Management

Score/ Symptom Level	Treatment
0-4 No depression	Consider other diagnoses
5-9 Minimal	 Consider other diagnoses If diagnosis is depression, watchful waiting is appropriate initial management
10-14 Mild	 Consider watchful waiting If active treatment is needed, medication or psychotherapy is equally effective
15-19 Moderate	 Active treatment with medication or psychotherapy is recommended Medication or psychotherapy is equally effective
20-27 Severe	 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





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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
Add the score for each column	+	+	+	
Total Score (add your column scores) =				

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	
Extremaly difficult	

If you checked off <u>any</u> problems, how <u>difficult</u> 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