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# Comparing the Rate of Positive PHQ-2 in Self-administered Paper versus Provider-administered Verbal Screening Tools

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# Comparing the rate of positive PHQ-2 in self-administered paper versus provider administered verbal screening tools

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# USPSTF Recommendation on Depression

► The USPSTF

Population	Recommendation	Grade (What's This?)
General adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	<b>B</b>

## **SORT: KEY RECOMMENDATIONS FOR PRACTICE**

<i>CLINICAL RECOMMENDATION</i>	<i>EVIDENCE RATING</i>	<i>REFERENCES</i>
Because there is no significant difference in performance among the different depression screening instruments, the most practical tool for the clinical setting should be used.	C	<a href="#">16</a> , <a href="#">18</a>
Adults and adolescents 12 to 18 years of age should be screened for depression in clinical practices that have systems to ensure effective diagnosis, treatment, and follow-up.	B	<a href="#">16</a> , <a href="#">18</a>
There is insufficient evidence to balance the benefits and harms of screening children seven to 11 years of age for depression.	C	<a href="#">18</a>
There is insufficient evidence to recommend for or against screening for suicide risk in the general population.	C	<a href="#">17</a>
The PHQ-2 is accurate for depression screening in adolescents, adults, and older adults.	B	<a href="#">15</a> , <a href="#">20–22</a> , <a href="#">25</a>
The PHQ-9 is a valid, quick screening instrument for depression that also can be used as a follow-up to a positive PHQ-2 result and to monitor treatment response.	C	<a href="#">23</a>
Depression screening in older adults can be accomplished with multiple instruments, including the PHQ-2, PHQ-9, and various Geriatric Depression Scales.	B	<a href="#">16</a> , <a href="#">24–26</a>

# Why look to readdress administration?

- ▶ Self administered PHQ-2 is current standard
  - ▶ Two questions that assess mood and anhedonia
    - ▶ 1. Over the past two weeks, have you felt down, depressed, or hopeless?
    - ▶ 2. Over the past two weeks, have you felt little interest or pleasure in doing things?
- ▶ Resident belief

# Hypothesis

- ▶ Hypothesis: There will be more positive PHQ2 tests if verbally administered by healthcare professionals vs self administered testing
- ▶ Null: There will be no statistical difference in rate of positive depression screenings if administered by health care professional vs self administered PHQ2 test

# Methods

- ▶ We designed a retrospective study over a 3 year time period to determine whether verbal administration of the PHQ-2 questionnaire affects detection of positive screens.
- ▶ The study population consisted of 304 adult patients at satellite family medicine resident clinics
- ▶ Control group consisted of patients who received paper PHQ-2 forms to be completed while waiting for healthcare provider
- ▶ The intervention group received a verbal PHQ-2 administration by a member of healthcare team. A positive result was score  $>2$



# Results

	<b>INTERVENTION GROUP</b> <b>Healthcare Team Administered PHQ-2</b> Feb, Mar, Apr 2018		<b>CONTROL GROUP</b> <b>Patient Self Administered PHQ-2</b> Feb, Mar, Apr 2014-15	
	<b>Negative</b>	<b>Positive</b>	<b>Negative</b>	<b>Positive</b>
<b>Number</b>	<b>272 / 304</b>	<b>32 / 304</b>	<b>257 / 304</b>	<b>47 / 304</b>
<b>Rate</b>	<b>89.47%</b>	<b>10.53%</b>	<b>84.54%</b>	<b>15.46%</b>

**Chi-square**  
**P value = 0.070**

# Conclusion

- ▶ While our data did not reach statistical significance, providers should take into consideration the administration method when approaching the results of their patients PHQ2 test
- ▶ Our results may suggest paper self-administration is a more reliable means of screening for depression and concurs with our institution's current practices
- ▶ Further studies are needed to assess the validity of other administration methods

# Discussion/Looking Forward

- ▶ Limitations
  - ▶ Sample size
- ▶ Implication for practice
  - ▶ Limit physician stress
  - ▶ Other screening tools
- ▶ Healthcare administration
  - ▶ Does it matter who in the team does screening?

# References

- ▶ US Preventive Services Task Force. Depression in Adults: Screening 2016. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1?ds=1&s=depression>. Accessed April 16<sup>th</sup> 2019.
- ▶ American Academy of Family Practice. Depression: Screening and Diagnosis. 2018 Oct 15. <https://www.aafp.org/afp/2018/1015/p508.html>. Accessed April 16<sup>th</sup> 2019.