

# How dimensional rating scales can help

... and not just to satisfy charting requirements

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# Screening Measures- Why do we ask?

- Can help normalize/de-stigmatize mental health problems, because “we ask everyone.”
- Focus on specific symptoms rather than a way to make a quick diagnosis
- Matter of fact, annual, screening usually administered by MAs

# Depressive symptoms

- Estimated that **50%** of patients who come in for primary care visits have some dimension of depression:
  - from adjustment reactions due to life circumstances
  - persistent depressive disorder (dysthymia)
  - to personality disorders
  - to substance abuse
  - to major depression

# Patient Health Questionnaire

## PHQ 9

- Validity was established in studies involving 8 primary care and 7 obstetrical clinics
- PHQ scores  $> 10$  have a sensitivity of 88% and specificity for major depression
- PHQ9 scores should be viewed as a range of mood. The cut off scores themselves are less important than the specific symptoms endorsed

# PHQ 9

- Very useful and *rarely* given 10<sup>th</sup> question:

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

- Not difficult
- somewhat difficult
- very difficult
- extremely difficult

# PHQ 9

- Primarily a screening instrument-not an automatic diagnosis tool
- *Can* be used to make a tentative diagnosis, but only with additional query and specific analysis of the questions with all answers in the
  - 2 column=more than  $\frac{1}{2}$  the days or
  - 3 column= nearly every day responses
- Must rule out physical causes of depression, normal bereavements and a history of a manic or hypomanic episode;

# PHQ 9

Over the past 2 weeks, how often have you been bothered by any of the following problems? 0=not at all, 1=several days, 2=more than ½, 3- nearly every day

- 1. Little interest or pleasure in doing things**
- 2. Feeling down, depressed or hopeless**
- 3. Trouble falling asleep, staying asleep, or sleeping too much**
- 4. Feeling tired or having little energy**
- 5. Poor appetite or overeating**
- 6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down**
- 7. Trouble concentrating on things, such as reading the newspaper or watching television**
- 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**
- 9. Thoughts that you would be better off dead or of hurting yourself in some way**

# PHQ 9

- Ask more about questions #3
- Trouble falling asleep or staying asleep or sleeping too much- must ask for more detail
- Hypersomnia or hyposomnia?
- Pregnant, especially 3<sup>rd</sup> trimester
- Menopausal



# PHQ 9

- Ask more about question #4
- Feeling tired or having little energy?
- Likely will match answers in question #3 so rule out physical causes of fatigue
  
- Question #5 Poor appetite or overeating?
- Many patients respond positively to this question, but clarification is needed
- Questions 3-4-5 are often not sx's of depression

# PHQ 9

- Question #9
- Thoughts of suicide more than half of the days in the past 2 weeks? Thoughts of suicide nearly every day?
- Very obviously this question needs further inquiry
- Always consider calling for a behavioral health clinician consultation/warm handoff for actual risk assessment

# Anxiety disorders in Primary Care- Why Screen?

- GAD present in 3% of primary care patients
- OCD in 3% of primary care patients
- Social phobia in 7% of primary care patients
- Panic disorder in 4% Rates are higher among certain patient populations, such as those with cardiac (20% to 50%) or gastrointestinal presentations (28% to 40%).
- PTSD up to 17%

# GAD 7

- A screening tool in primary care, often used with patients who present often with minor or somatic complaints.
- GAD 2 can start with very brief questions:
  1. Feeling nervous, anxious or on edge?
  2. Not being able to stop or control worrying?
  - ❖ If positive ask the additional 5 questions for the complete GAD 7 score

When used as a screening tool, further evaluation is recommended when the score is 10 or greater. Using the threshold **score of 10**, the GAD-7 has a sensitivity of **89%** and a specificity of **82%** for GAD.

# GAD 7

- Validity was established in studies within primary care clinics
- Scores  $> 9$  correlate moderately with number of visits to primary care and specialty clinics
- Correlates highly with disability states, and patients tend to demand more health care attention with a higher the GAD score

# GAD 7

- Although screening tool is called “generalized anxiety disorder scale, it is not recommended that high scores automatically make a diagnosis of either generalized anxiety disorder, panic disorder, OCD or social phobia.
- A more in-depth diagnostic interview is required for a diagnosis
- It is good for detecting nervous, anxious or “on edge” patients who may or may not have other underlying disorders

# GAD 7

- In past 2 weeks. . . 0=never 1=several days 2=more than ½ 3= 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
- 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 \_\_\_\_\_

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

# Social Anxiety Disorder screen

- ❖ 7% of patients you see have it, and it often presents as depression, but ask these 3 Q's!
  
- ❖ MINI-SPIN - great validity and reliability
  1. Fear of embarrassment causes me to avoid doing things or speaking to people.
  2. I avoid activities in which I am the center of attention.
  3. Being embarrassed or looking stupid are among my worst fears.