Monitoring using the PHQ-9 Miller (2010)

The PHQ-9 is a tool that can be used for treating and managing depression treatment. As a nine item questionnaire, the PHQ-9 can be easily administered, scored and utilized during the course of an office visit. For the purposes of the DARTNet protocol and decision support, below are suggestions on how to use the PHQ-9 for depression monitoring.

1) **Symptom severity based on score**: Scoring the PHQ-9 is simple.

    a. **<4** – normal score- ongoing treatment depends on clinical situation

    b. **5 -14** – using clinical judgment with impairment index (See below), taking into account history (i.e., previous scores and treatment) – treatment may be offered through non-medicinal (i.e., therapy) or medicinal routes (**mild – moderate**), many patients with chronic illnesses will score 5 to 9 even when their depression is in remission

    c. **15 - 19** – medicinal treatment likely warranted; however, patient preference, clinical judgment and impairment index should be taken into account prior to the initiation of treatment (**moderate**)

    d. **>20** – begin medicinal trial with possible adjunctive therapy (**severe**)

2) **Question #9**: Examining specifically question #9 (suicidality) can help a provider know if an action step needs to be taken immediately or if a more comprehensive approach can be taken in the context of additional information gained from the PHQ-9 score.

3) **Impairment index**: Below question #9, there is a section that examines how the depressive symptoms are affecting a patient's impairment. This question should also be examined in the context of the larger PHQ-9 score to help with decision support. For example, borderline scores of 12-15 may be interpreted differently if the patient's level of impairment is significant. In the same vein, if the impairment question is a 0 or a 1 with a mid range PHQ-9 score, a provider may wait and see before initiating treatment. This, and the clinical assessment, could help a provider with making the best decision for the patient.

4) **What to look for in PHQ-9 score changes:**
    a. 3 point change by week 4 – check medication adherence and dosage if <3 improvement
    b. 5 point change by week 6 –check medication adherence and dosage if <5 improvement
    c. 50% drop in overall score

5) **If no changes in score, consider the following:** In/out of class medication recommendations - Consistent with the STAR*D study -
    a. Change within class if full dosage doesn't show changes described above 1st failure
    b. Change out of class 2nd failure same scoring as above
    c. Add therapy as an alternative or adjunct at any time by 3rd drug failure without question

6) **PHQ-9 <10 and stable prior 12 mos:**
    a. With current med therapy >6 mos, consider decreasing dosing;
    b. With current med therapy <6 mos, continue therapy;
    c. Without current med therapy w/ med therapy in prior 4 weeks – monitor for relapse (w/o med therapy consider resolving depression)