Diagnosing using the PHQ-9 Miller (2010)

The PHQ-9 is a tool that can be used for diagnosing, treating, and managing major depressive disorder. 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 diagnosis.

1) **PHQ-2**: The first two items on the PHQ-9 are essential in diagnosing a patient with major depressive disorder. A patient must score either a 2 or 3 on *either* question 1 or 2. Without elevated scores on one of these two questions, other pathology may be underlying the patient's presentation or elevated PHQ-9 score.

2) **Clinical Judgment:** In conjunction with scores from the PHQ-9, providers may also ask about the following symptoms as a patient must have four symptom*s plus dep*ressed mood or anhedonia, for at least two weeks to receive a diagnosis of major depressive disorder. The acronym SIGECAPS is often used as a mnemonic tool to help remember the diagnostic criteria for major depressive disorder:

   Sleep disorder (either increased or decreased sleep)
   Inte**r**est deficit (anhedonia)
   Guilt (worthlessness, hopelessness, regret)
   Energy deficit
   Concentration deficit
   Appetite disorder (either decreased or increased)
   Psychomotor retardation or agitation
   Suicidality

3) **Symptom severity based on score**: In general, using PHQ-9 scores are simple, but remember to double check that quest**i**ons 1 or 2have elevated scores (2 or 3). Based on a patients total score, the following general diagnostic criteria may be applied:

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

   b. **5 -14** – using clinical judgment with impairment index (see below) and positive score on questions one and two, 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, scores on questions 1,2 and 9 and impairment index should be taken into account prior to the initiation of treatment (**moderate**)

   d. **>20** – begin medicinal trial with possible adjunctive therapy taking into account questions 1,2 and 9 for diagnostic purposes (**severe**) and suicidality

4) **Question #9**: Examining specifically question nine (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. It is important to note that a diagnosis of depression can be give in the absence of suicidality.

5) **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 treatment decision making. 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 diagnosing or initiating treatment. This, and the clinical assessment/interview, can help a provider with making a diagnosis.