Depression Screening in Patients with Chronic Medical Illness in Primary Care Setting

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Introduction

- ✓ Underdiagnosis-Misdiagnosis-Undertreatment of depression in a Primary Care Clinic is a problem [7]
- ✓ Screening for depression can make significant difference in outcomes including increased patient satisfaction and improving care of Chronic Medical Illness (CMI)

Background/Significance

- ✓ Depression is 4th highest global burden and projected to be the 1st by 2030 with current life-time prevalence rate of 10.8-16.2%. [5]
- ✓ Depression can affect overall quality of life [1]
- ✓ $3.3 trillion spent annually for patients with CMI [2]
- ✓ 1/3 of psychiatric visits are secondary to underlying depression.
- ✓ There is bi-directional relationship between depression and CMI [3]
- ✓ Depression screening awareness and implementation remains under practiced in primary care setting hence 30-50% cases remains undiagnosed and 70% inadequately treated.
- ✓ Best practices recommends yearly screening, yet, 50% depression cases are missed [6]
- ✓ The study was implemented to identify patients with depression to lower morbidity and mortality by using evidence-based intervention, Patient Health Questionnaire (PHQ)-9, in primary care setting.

Methodology

Design - Hybrid (Quantitative and Qualitative) Theoretical Framework – Ottawa Model of Research Use (OMRU) Model

Setting - Independent Primary Care Practice in Suburban area

Sample - 30 participants (18-89 years old with CMI)

Measures - PHQ-9 (sensitivity 88% and specificity 88%, excellent internal validity with Cronbach's alpha 0.89), Demographics with Targeted Qualitative Question [4]

Analysis - Descriptive Statistics and SPSS

Qualitative Question

"How do you feel about filling out the (PHQ-9) questionnaire on every visit to identify depression if any?"

Results

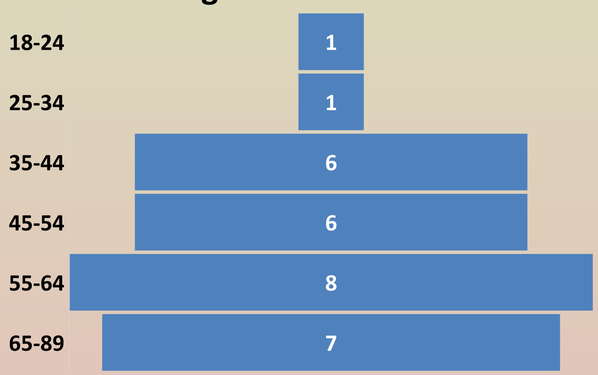
Total of 30 participants voluntarily consented to participate

Demographic Data – gender, age, ethnicity, level of education, marital status, employment status

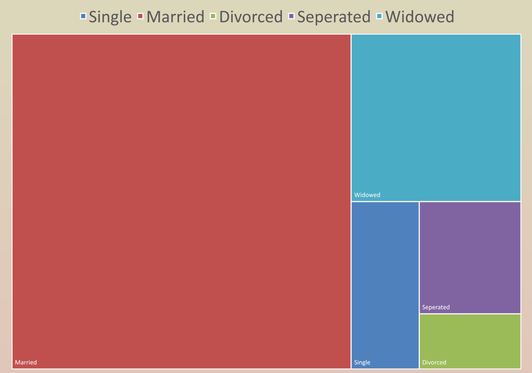
Participants' Quotes

"I don't mind doing this every visit"
"It does not bother me. I know I am not depressed"
"Good idea so suicide can be prevented"
"I don't like to talk about it"
"It's alright. It's good to get it checked. You will never know who is depressed"

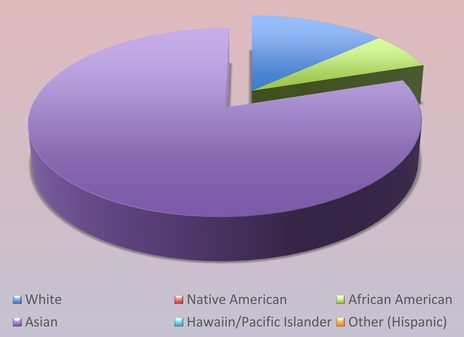
Age Distribution



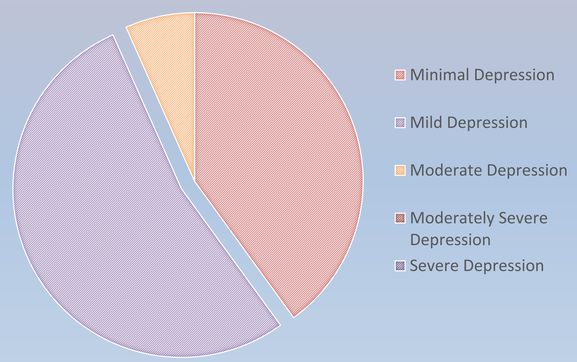
Marital Status



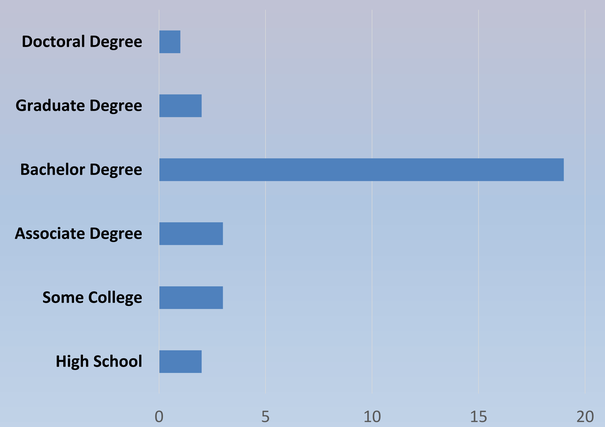
Ethnicity



PHQ-9 SCORES



Level of Education



Discussion / Implication

- ✓ Depression screening helps detect depression in very primary stage if done frequently
- ✓ There is a strong correlation between depression and chronic medical illness
- ✓ The point prevalence of depression in the study was 6.7% with PHQ-9 cut off ≥10 but if we use cut off ≥5 including mild and moderate than it comes to 60% total.
- ✓ Most positively identified participants were Married, Asian, Middle aged and holding Bachelor degree
- ✓ Most reported CMI was Diabetes, Hypertension and Chronic Pain
- ✓ Depression is not all about feeling sad, but it also affects overall motivation and quality of life
- ✓ Poor handling of CMI due to depression leads to high expenditure behind CMI
- ✓ Currently there is not mandatory policy for depression screening so change at a national level can be good upstream intervention for a large effect on large population
- ✓ Continuing education to the provider and the patient is necessary

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