



# Standardizing Follow Up and Objective Measures In Patients With Depressive Disorders

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## Background

## Patient Population (n = 123 patients of 181 eligible, CI 95%)

## Discussion

According to the CDC, Major Depressive Disorder is the most common mental disorder in the USA with 17.1 million adults over 18 experiencing at least one major depressive episode in their lifetime.

- MDD can often be underdiagnosed and undertreated. Without adequate screening, monitoring, and follow up patients can experience significant morbidity and mortality.
- PHQ9s are one tool that can help detect and track depressive symptoms guiding clinical decision making.
- Evans Army Community Hospital Outpatient Medicine clinic currently has no set process in administering PHQ9s.
  - Often, once a patient is started on medication, they are not formally reassessed for efficacy of their treatment. Comparing a baseline PHQ9 to one after 6 weeks of therapy can guide clinical decisions in if a patient is being treated adequately and if further workup is needed.
- Current recommendations from prominent organizations including the AAFP, AIMS team at the University of WA, and USPTF suggest that an initial PHQ9 and follow up at 4-6 weeks can be beneficial in tracking a patient's response to treatment.

- Average age of patient population 60.64 years
- Diagnoses included MDD, Dysthymia, Adjustment Disorder
- 15.322% received PHQ9 at Diagnosis
- 13.710% received PHQ9 at Follow up
- Average days between PHQ9 was 85
- Range of days between PHQ9 4-265 days
- Average number of medications 1.887

- Standardizing data collection and follow up of patients with depressive disorders can lead to clarity of the historical timeline of their treatment course
- PHQ9s are a simple, flexible, and validated tool that can provide objective data on patients with depression when used at appropriate time intervals
- With standardized practices, patients can have clear expectations of what to expect with monitoring of their symptoms and when changes are appropriate.
- Objective data can provide justification to continue or change medicines and address other symptoms not achieving remission as appropriate.

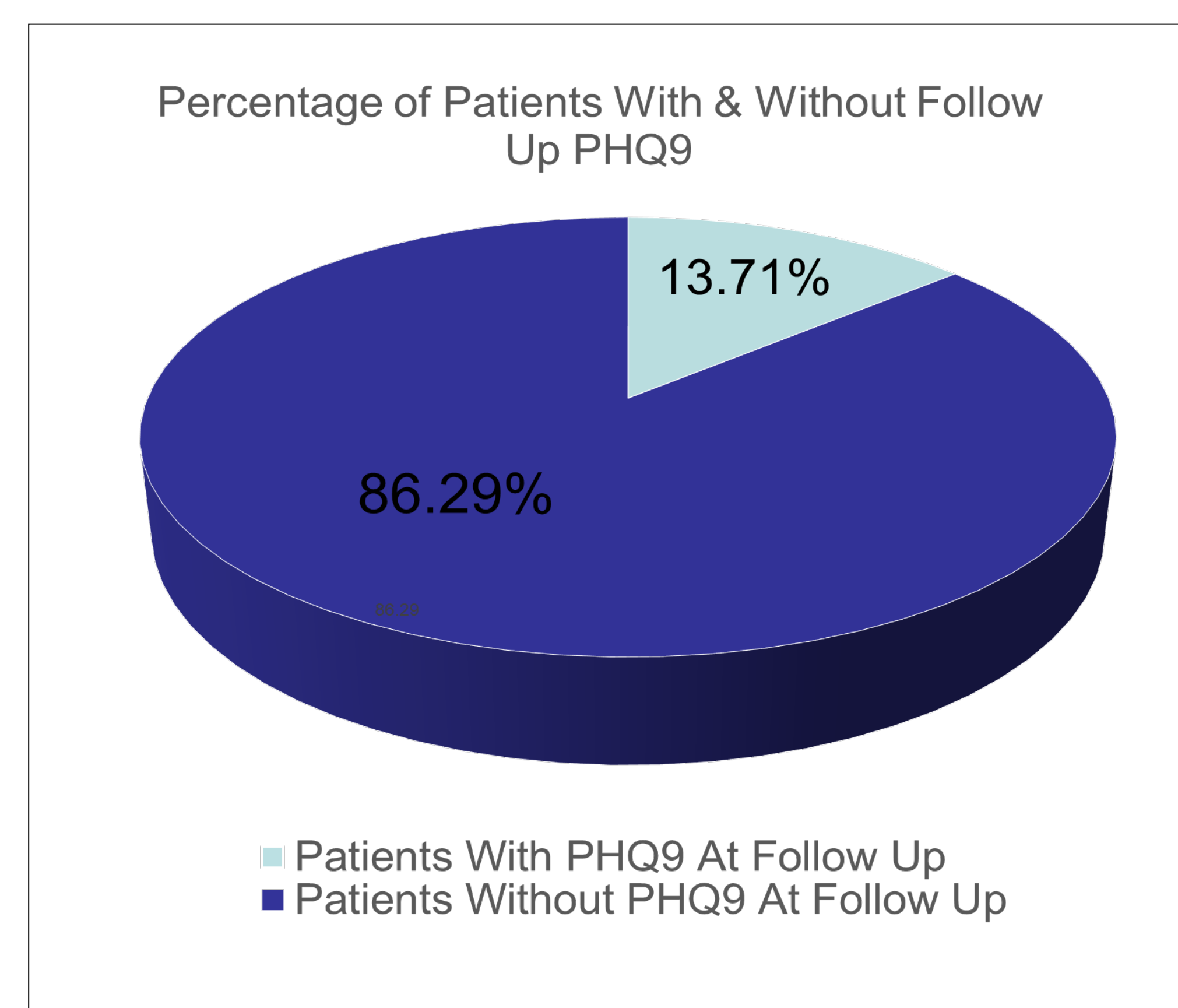
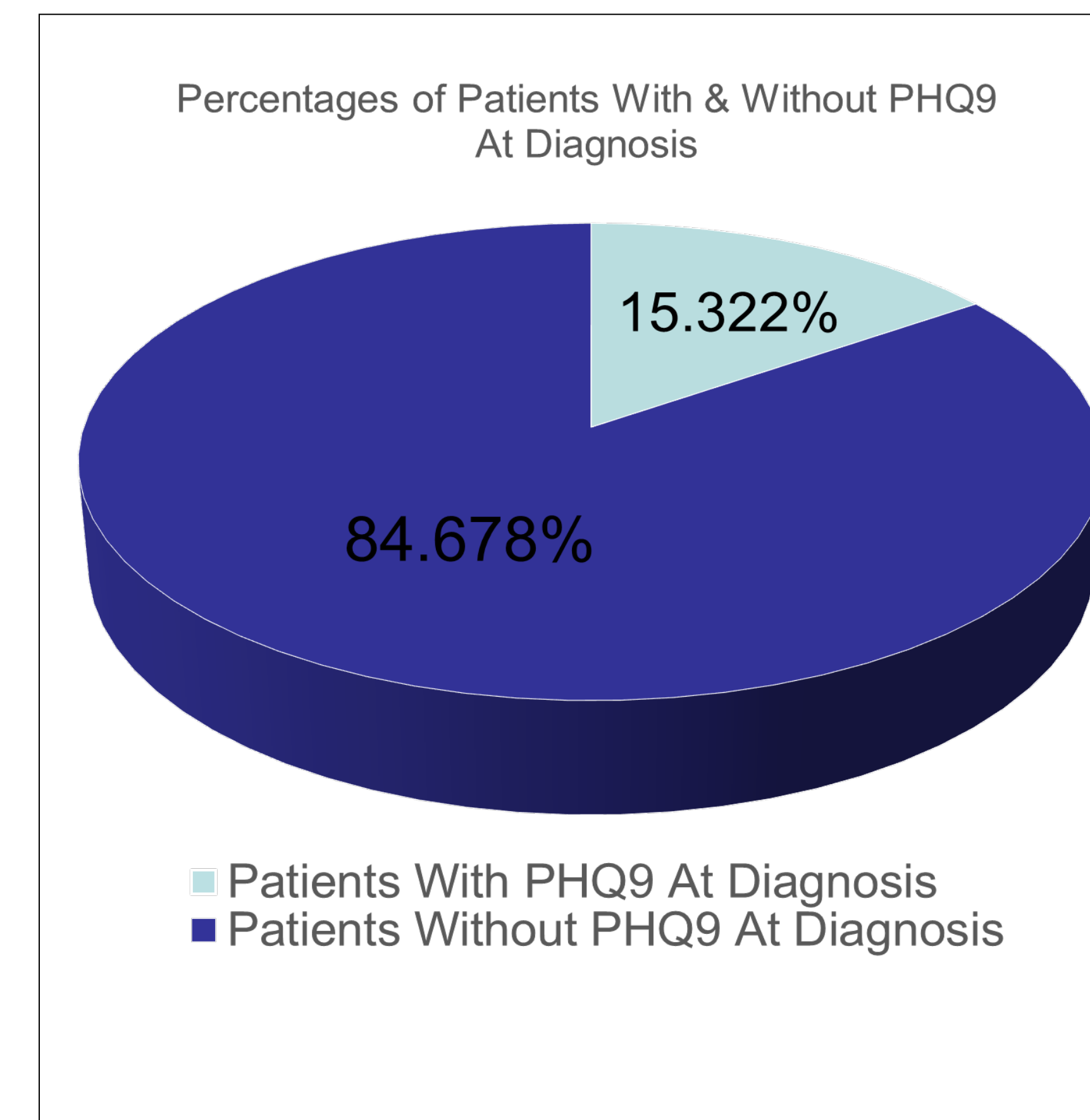
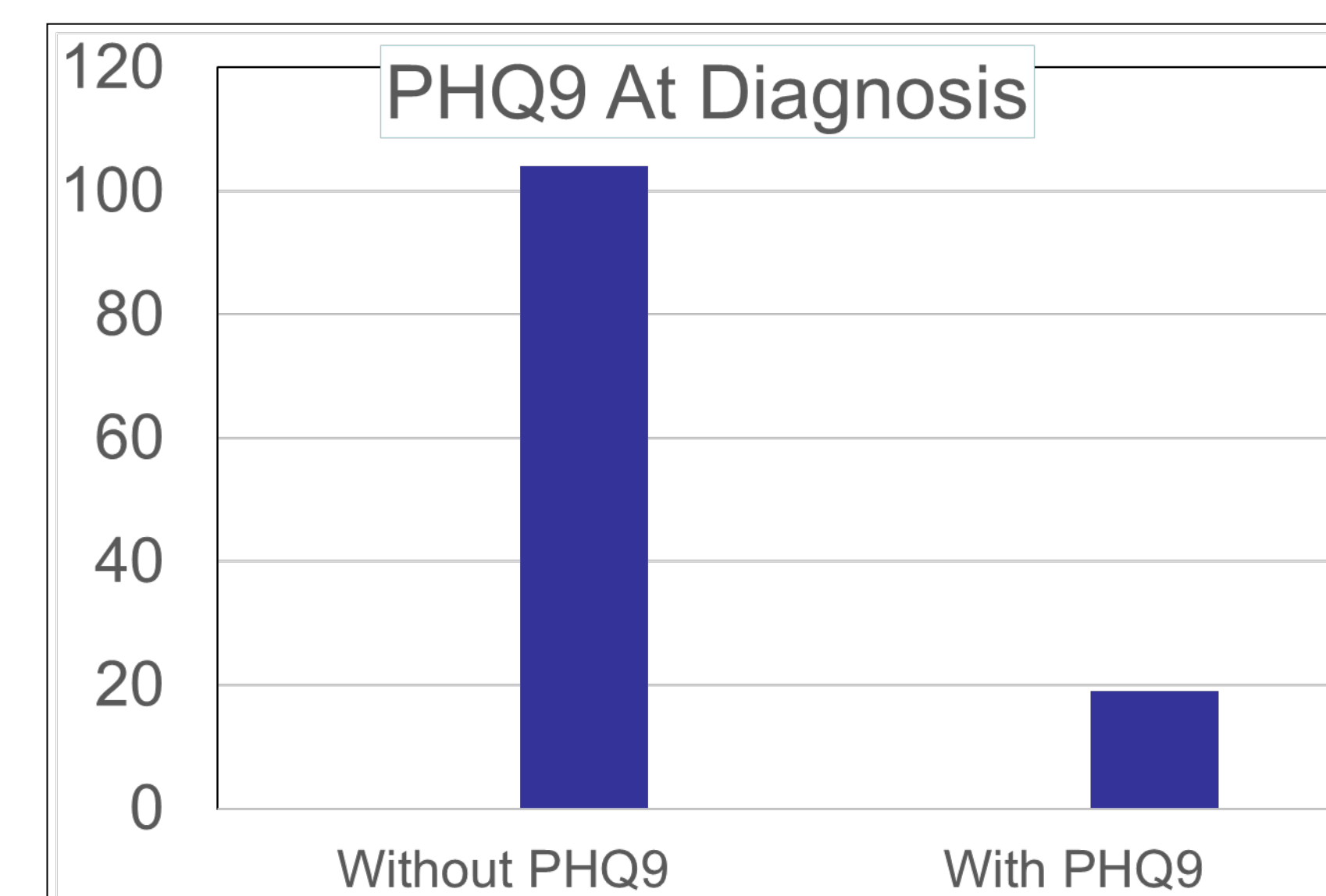
## Data Evaluation

## Specific Objectives

By May 2021, 100% of patients started on an SSRI, NDRI, SNRI, or atypical antidepressant medication for a new diagnosis of a Depressive Disorder will have received an initial PHQ9 at diagnosis and be scheduled follow up appointments at 1 week, 6 weeks, and 12 weeks with a new PHQ9 being evaluated at the Week 6 appointment.

## Measures

- Percentage of Patients with PHQ9 at Diagnosis
  - Percentage of Patients with PHQ9 at 4-6 week follow up
  - Rate of remission (a PHQ9 decrease of 5 points or more) and compliance.
- PLAN:** Conduct a chart review of past practices evaluating the last quarter of patients prescribed a psychotropic medicine for a depressive disorder investigating percentage of PHQ9s at diagnosis, percentage of follow up PHQ9s, average days between each PHQ9.



## Takeaways and Next Steps

Having a standardized process for tracking MDD with PHQ9s can lessen the burden on a care team, guide clinical decision making, and create a clear set of expectations for both patients and providers of how to follow and track the achievement of remission or relapse at appropriate time intervals.

### Next Steps:

- Tracking of patient follow up on new Genesis EHR
- Collect 6 months of data and assess Patient PHQ9 score changes
- Investigate specific measures of change within the PHQ9 and track clinical decisions compared to past practices

## References

1. Oaks, E. (n.d.). Stepped model of integrated behavioral health care. Retrieved April 12, 2021, from <https://aims.uw.edu/stepped-model-integrated-behavioral-health-care>
2. Administering the Patient Health Questionnaires 2 and 9 (PHQ 2 and 9) in Integrated Care Settings. (n.d.). Retrieved April 12, 2021, from [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2016-07-01\\_phq\\_2\\_and\\_9\\_clean.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016-07-01_phq_2_and_9_clean.htm)