USE OF THE PHQ-2 AS A DEPRESSION SCREENING TOOL

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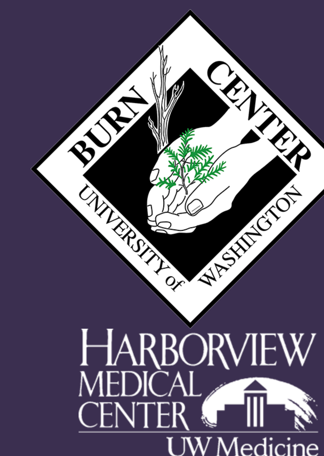
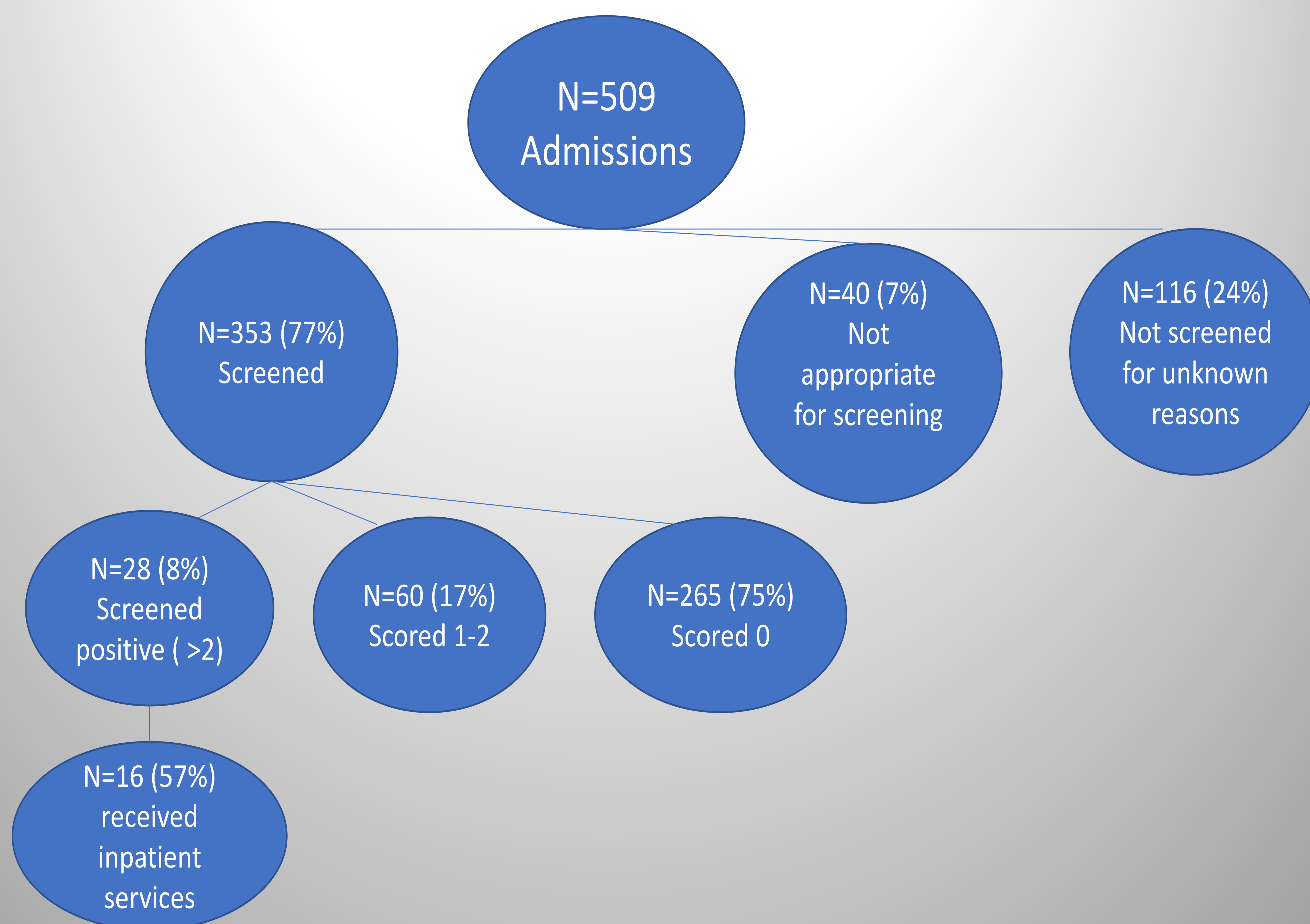


The PHQ-2 is an effective screening tool for depressive symptoms for inpatients and can be used to meet BQIP and Burn Center Verification requirements.



PHQ-2:

Over the last 2 weeks, how often have you been bothered by any of the following problems?
1. Little interest or pleasure in doing things:
   0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day
2. Feeling down, depressed, or hopeless:
   0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day

Kroenke K, Spitzer RL, Williams JB (2003). The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care, Nov 41 (11):1284-92.

Significance Statement:

Depression can impair burn recovery by affecting participation in therapy, impede wound healing, and lead to poorer long-term outcomes. In response, Burn Quality Improvement guidelines recommend systematic screening of major depressive disorder at all verified burn centers. ABA burn center verification criterion also require brief psychological screening. These tools must be sensitive but easy to use for bedside staff.

Methods:

Our Level 1 trauma center rolled out a depression screening program starting in June 2018. All patients over age 12 admitted to the burn service were screened by bedside nurses using the 2-item Patient Health Questionnaire (PHQ-2). Exclusion for screening included those who were intubated and sedated and/or not alert or oriented. A reminder for the PHQ-2 screener automatically popped up in the nursing task list in the electronic medical record until it was given or the patient was coded as not appropriate for screening.

Lessons Learned:

- In the first year of the program, the majority of eligible patients were able to be screened by nursing staff within one day of admission to the burn service. This success was likely due to the automated task in the electronic medical record, the ease of use of the PHQ-2, and the dedication of the nursing staff.
- Given that most patients were screened within 24 hours of admission we are capturing depressive symptoms that predate the injury.
- For those who screened positive, it was difficult to deliver services if length of stay was shorter than 3 days. This emphasizes the importance of outpatient follow up.

We have no actual or potential conflict of interest in relation to this presentation.