

INSTRUCTION MANUAL

Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures

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BACKGROUND

proved to be a barrier to use given the competing demands in busy clinical practice settings. This -6 minutes of clinician time in patients without a mental disorder diagnosis and 12 minutes in patients with a diagnosis.

Therefore, in two large studies enrolling 60 patients (30 from general internal medicine and family practice clinics and 30 from obstetrics-gynecology clinics), a self-administered version of the PRIME-MD called the Patient Health Questionnaire (PHQ) was developed and validated. In the past decade, the PHQ in general and the PHQ-9 depression scale in particular [4-6] have gained increasing use in both research and practice. The original PRIME is now largely of historical interest and seldom used except in a few types of research studies.

Given the popularity of the PHQ-9 for assessing and monitoring depression severity, a new anxiety scale using a response set similar to the PHQ was initially developed to diagnose generalized anxiety disorder (hence its name, the GAD-7) and validated in 2740 primary care patients [7]. Though originally developed to diagnose generalized anxiety disorder, the GAD-7 proved to have good sensitivity and specificity as a screener for panic, social anxiety, and post-traumatic stress disorder. Finally, the PHQ-15 was derived from the original PHQ study and is increasingly used to assess somatic symptom severity and the potential presence of somatization and somatoform disorder [8].

Each PHQ module can be used alone (e.g. the PHQ-9 if depression is the condition of interest), together with other modules, or as part of the full PHQ. Also, alternative or abbreviated versions of the PHQ-9 and GAD-7 are sometimes used in certain screening or research settings [10-14] Although the PHQ was originally developed to detect five disorders, the depression, anxiety, and somatoform modules (in that order) have turned out to be the most popular.[10] Also, most primary care patients with depressive or anxiety disorders present with somatic complaints and co-occurrence of somatic, anxiety, and depressive symptoms (the *SAD* triad) is exceptionally common. This is the rationale behind the PHQ-SADS screener.[15]

Table 1. Versions: Patient Health Questionnaire (PHQ) Family of Measures

Measure	Description	Scoring	References
Core			
PRIME-MD	Predecessor of PHQ, now mainly of historical interest.	Combined self-administered patient screener with clinician follow-up questions.	1

Table 3. Example of PHQ Depression Module for both Diagnostic and Severity Purposes

Patient: A 43-year-old woman who looks sad and complains of fatigue for the past month.

2. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following:	Not at all	Several days	More than half the days	Nearly every day
	(0)	(1)	(2)	(3)
a.				
b.				
c. Trouble falling or staying asleep, or sleeping too much?				

USE OF SOME SCREENERS AS SEVERITY AND OUTCOME MEASURES

PHQ-9 Depression Severity. This is calculated by assigning scores of 0, 1, 2, and 3, to the

respectively. PHQ-9 total score for the nine items ranges from 0 to 27. In the above case (see table 3, page 5), the PHQ-9 depression severity score is 16 (3 items scored 1, 2 items scored 2, and 3 items scored 3). Scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe, and severe depression, respectively. Sensitivity to change is 0.998 (odds ratio 1.000).

WEBSITE

Copies of the PHQ family of measures, including the GAD-7, are available at the website:

www.phqscreeners.com

Also, translations, a bibliography, an instruction manual, and other information is provided on this website.

QUESTIONS REGARDING DEVELOPMENT, ACKNOWLEDGMENTS AND USE

The PHQ family of measures (see Table 1, page 3), including abbreviated and alternative versions as well as the GAD-7, were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

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