

Primary Care Depression Screening: Relationship to Chronic Pain and Gender

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ABSTRACT

Depression is a subjective illness that often goes undiagnosed and untreated. As the first point of contact for patients, primary care clinics should screen patients regularly for depression. This study evaluated annual depression screening in a rural primary care clinic and relationships among depression, chronic pain, and gender. Using the Patient Health Questionnaire—9 (PHQ-9), a convenience sample of 53 men and 49 women were screened for depression. Twenty-eight percent of patients scored positively for depression. Relationships among depression, chronic pain management, and gender surfaced in the results.

Keywords: chronic pain, depression screening, PHQ-9, primary care

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Depression is very prevalent in the United States. The lifetime risk for a major depressive disorder is 16.2%.¹ As noted in a recent UpToDate article, “Depression is the most common psychiatric disorder in the general population and the most common mental health condition in patients seen in primary care.”²

The US Preventative Task Force recommend regular depression screening at the patient’s first point of contact: the primary care setting.^{2,3} Upwards of 13% of patients seen in the primary care setting have depression.⁴ However, without screening only an estimated 50% of patients with major depression are diagnosed.² The objective of this study was to evaluate the effectiveness of depression screening in a rural primary care clinic. Because the clinic population included many patients being treated for chronic pain (66%) and depression (43%), relationships among chronic pain, gender, and depression were explored.

Literature reviewed from 2010 to 2016 on depression screening in primary care, chronic pain, and gender revealed three themes. First, depression should be diagnosed in the primary care setting using a valid and reliable screening tool.^{3,5} The Patient Health Questionnaire—9 (PHQ-9) has an 88% sensitivity and 88% specificity for diagnosing major depression.⁶ Second, the incidence of depression is increased in patients with chronic pain.⁷ Patients who are depressed and have chronic pain are more likely to report increased pain intensity, have a lower pain

threshold, and show diminished capability to cope with pain.⁸ Third, women are more likely to be diagnosed with depression than men. In 2010, the global prevalence of depression in women compared with men was 5.5% to 2.7%, respectively.⁹ Work and family conditions have been shown to lead to higher rates of depression in women than in men.¹⁰

METHODS

A descriptive design was used to answer the following research questions: (1) How effective is depression screening using the PHQ-9? (2) What is the relationship among depression, chronic pain, and gender in patients screened with the PHQ-9?

Sample and Setting

Patients from a primary care clinic located in a rural Midwest town of approximately 9,000 people were sampled. Average household income in the community is \$38,389.¹¹ Clinic staff consisted of one physician, an office manager, and a medical assistance.

A convenience sample of adult patients (N = 102) was obtained. Subjects ranged from 22 to 86 years of age, with a mean age of 60.65. The sample was nearly equally distributed between men (n = 53) and women (n = 49).

Instruments

A 9-item self-administered questionnaire, the PHQ-9, that incorporates current depression diagnostic criterion was used. Scores on the PHQ-9

classify depression as mild (5–9), moderate (10–14), moderately severe (15–19), and severe (≥ 20).¹²

The staff used the patient's depression screening scores, age, gender, psychotropic medication use, current psychotherapy, pain medication use, pain intensity score, change in depression treatment, and change in pain medication on the patient data-collection sheet (PDS).

Data Collection

The PHQ-9 questionnaires were completed by the patients and retained by the clinic for the patient's medical record. The clinic staff obtained data for the PDS for each patient screened. One researcher then transcribed data from the PDS onto an Excel spreadsheet for statistical analysis.

RESULTS

Twenty-nine of the 102 patients screened positive for depression with the PHQ-9. Of those, 58% scored in the moderate depression category. More men ($n = 17$) scored positive for depression than women ($n = 12$). Two of the 4 patients who scored at the severe level received an immediate change in treatment for depression, and 1 of those 4 was newly diagnosed. Table 1 shows the patient's PHQ-9 scores by gender and change in depression treatment:

Of 29 patients with a positive PHQ-9 screening, 24 were also being treated for chronic pain using prescribed opioid and nonopioid pain medication. Overall, 11 of the 102 patients had no previous diagnosis of depression before PHQ-9 screening.

DISCUSSION

Implementing depression screening in this rural primary care clinic resulted in a depression detection

rate of nearly 30%, and 10% of these patients had not been previously diagnosed with depression. Two of the 4 who screened in the severe range received an immediate change in their depression treatment plan. The clinic physician planned to change the depression treatment plan for those who scored positive at subsequent visits, if needed. Clinic staff voiced surprise at some of the positive PHQ-9 results because those patients had not projected any symptoms of depression while in the office. These anecdotal observations by staff were supported by the literature, which has found that depression is undetected in about half of cases unless a valid and reliable screening tool is used.¹³

Nearly two-thirds of the patients sampled were being treated for chronic pain. For patients with positive PHQ-9 scores, 82.7% were receiving treatment for chronic pain, either prescription opioid or nonopioid medications. More than half (55.2%) of participants were receiving both psychotropic medication and chronic pain treatment. The results from this study support the findings of Ahmedani and colleagues (2015), who found that approximately half of all patients receiving treatment for chronic pain also screen positive for depression.⁷ Assessing for depression in patients treated for chronic pain is necessary to ensure positive patient outcomes and reduce the incidence of suicide.¹⁴

Depression has consistently been shown to occur more frequently in women than in men by a 2:1 ratio.^{1,15} Data from this study revealed the opposite trend: more men scored positively for depression than women. This anomaly in gender depression ratios may be related to the small size of the subsample.

Limitations

Implementation of this depression screening study occurred in a primary care clinic where the researchers had no affiliation. Therefore, the researchers' familiarity with the office procedures and workflow was limited. Each staff member was involved in data collection using the PDS at some point. Having one designated staff person fill out the PDS for each patient would have helped establish consistency. In small practices, it is

Table 1. Positive Patient Health Questionnaire—9 Scores by Gender and Change in Depression Treatment

Score	Frequency	Treatment		Change
		Male	Female	
Moderate (10-14)	17	12	5	0
Moderately Severe (15-19)	8	3	5	0
Severe (≥ 20)	4	2	2	2
Total	29	17	12	2

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