

EPIC TIP SHEET: DEPRESSION AND ANXIETY SYMPTOM ASSESSMENTS

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Overview

At UChicago Medicine, we have several EHR tools to help you screen and manage depression and anxiety in your patients. There are 3 main health maintenance activities and best practice advisories for each condition to help manage your patients: 1) screening (for patients without the condition), 2) surveillance (for patients with history of the condition, 3) depression monitoring (for patients with active symptoms). The screening tool for depression is the PHQ-2/9 and for anxiety is the GAD-2/7. The monitoring and surveillance tools are the PHQ-9 and GAD-7, because the 2-item tools are not sensitive enough to detect symptoms in patients with a history of, or active, depression or anxiety. These tools were designed based on evidence-based medicine, which demonstrates that measuring symptoms with a formal diagnostic tool increases the chances of detection and symptom remission. Also, these tools comply with insurance requirements for depression quality measurement. So with these tools, you can help patients while also meeting documentation requirements!

The same health maintenance activities, best practice advisories, and smartforms are used throughout UChicago Medicine and link to each other, so completion of depression / anxiety symptom assessments in one clinic, leads to completion in other clinics at UChicago Medicine. Different clinics can have different frequencies of assessments (i.e., oncology screens and surveils every 3 months), but still the assessments are linked. So for example if a patient is seen in oncology and assessed, then goes to primary care within the next 12 months, the health maintenance activities and best practice advisories will already have been completed. However, the reverse will not be true because of the different frequencies.

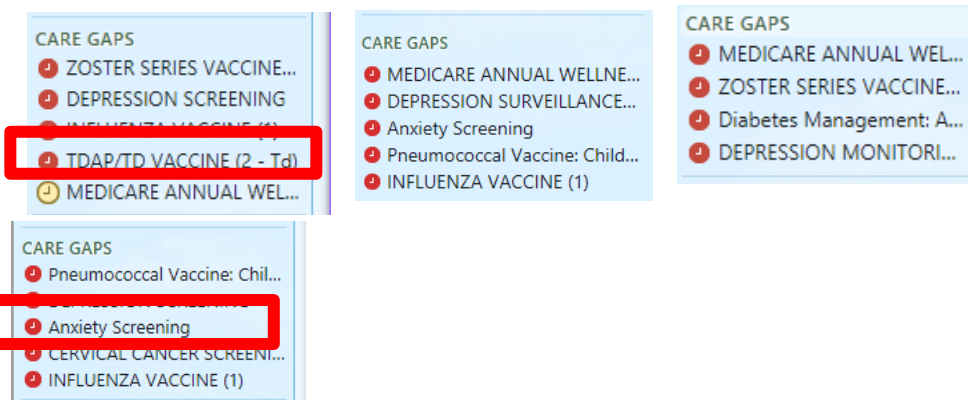
Many clinics at UChicago Medicine have joined forces to manage depression and anxiety by using these tools. All clinics are using the same tools, but they have customized aspects for their patients. For example, oncology is assessing their patients every 3 months (vs. annually). Here is a list of the clinics that are currently doing these assessments and of clinics in the planning phases:

Depression (As of 11/11/2020): All Internal Medicine, Family Medicine, Pediatric, and Geriatric Primary Care clinics, Pediatric Endocrinology, Infectious Disease (HIV patients). By 2021: All Oncology clinics, Nephrology, Gastroenterology, Pain

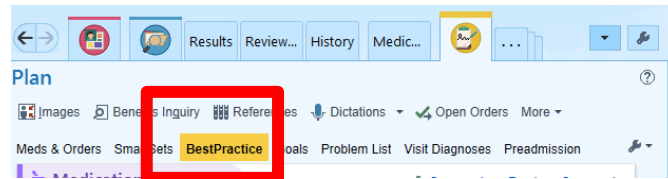
Anxiety: Infectious Disease (HIV patients). By 2021: All Oncology clinics, Gastroenterology, Pain

How can you tell who is due for depression / anxiety symptom assessments?

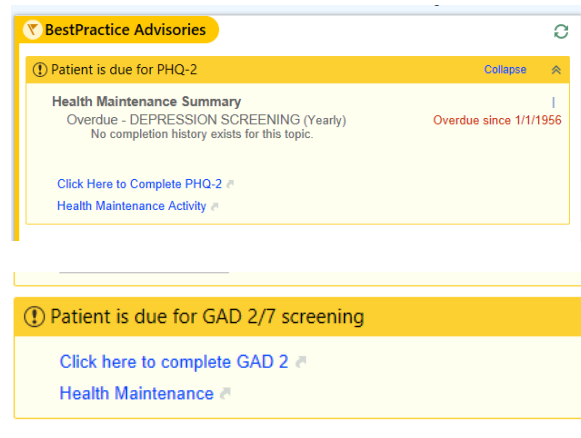
You can tell if someone is due for any of these health maintenance activities by looking in one of two places: care gaps on the sidebar, or within a visit under ROOMING or PLAN → BEST PRACTICE. There 6 types of CARE GAPS: depression screening, depression surveillance, depression monitoring, anxiety screening, anxiety surveillance, anxiety monitoring. Some examples are below.



OR

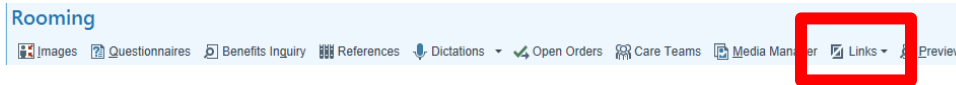


AND



How can you complete a PHQ-2/9, PHQ-9, GAD-2/7, or GAD-7 in patients when they are not due for the assessment?

You can always use **LINKS** in **ROOMING, PLAN, OR WRAP-UP** to complete assessments for screening (PHQ-2/9 or GAD-2/7) and surveillance/monitoring (PHQ-9, GAD-7). It is not possible to include a screenshot because it is a drop-down menu.

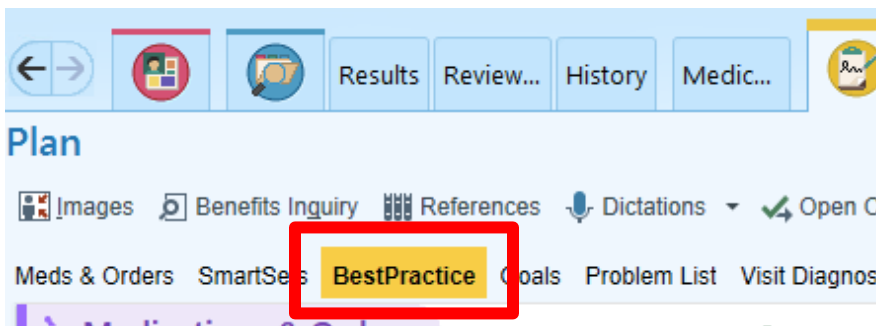


Depression and Anxiety Screening

Depression (anxiety) screening is to determine if patients without a history of depression (anxiety) are exhibiting symptoms of depression (anxiety). It's recommended annually and we use a PHQ-2 (GAD-2) for screening. If patients score 3 or higher, then the additional 7 questions in the PHQ-9 (5 questions in the GAD-7) will appear, as well as the question that asks about functional limitations due to symptoms. The last question of the PHQ-9 asks about suicidal ideation, and positive responses to this question should be noted in particular.

How do you complete depression (anxiety) screening?

1. The best option is to use **ROOMING or PLAN → BEST PRACTICE** to complete the PHQ2/9 or GAD2/7. **BEST PRACTICE** is built to always have the correct assessment tool depending on the patient's needs. This is the best way to find out what the patient is due for and means you don't have to look at CARE GAPS at all.



BestPractice Advisories

! Patient is due for PHQ-2 Collapse

Health Maintenance Summary
Overdue - DEPRESSION SCREENING (Yearly)
No completion history exists for this topic. Overdue since 1/1/1956

[Click Here to Complete PHQ-2](#)
[Health Maintenance Activity](#)

Depression Screening

GAD-2/7

Over the past 2 weeks, how often have you been bothered by the following:

Feeling nervous, anxious, or on edge

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

Not being able to stop or control worrying

0 - not at all 1 - several days 2 - more than half the days
3 - nearly every day

GAD-2 Score: GAD-2 - Result:

GAD-7 Score: GAD-7 - Result:

A positive GAD-2 result is a score greater than or equal to 3 points
A positive GAD-7 result is a score greater than or equal to 10 points
Adult Anxiety Screening and Management Algorithm

If you are experiencing any of these problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Depression Screening

PHQ-9 (Age 18 and older)

Over the last 2 weeks, how often have you:

1. Lost interest or pleasure in doing things
2. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

2. Feel down, depressed, or hopeless
3. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

3. Feel trouble falling or staying asleep, or sleeping too much
4. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

4. Feel tired or having little energy
5. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

5. Feel your appetite or weight changing
6. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

6. Feel sad about yourself - or that you are a failure or have let yourself or your family down
7. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

7. Feel trouble concentrating on things, such as reading the newspaper or watching television
8. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

8. Feel hopeless or thoughts about death, that other people could be better off, or that you would be better off dead, or of hurting yourself in some way
9. Not at all 1 - several days 2 - more than half the days 3 - nearly every day

PHQ-2 Score: PHQ-2 - Result: Positive

PHQ-9 Score: PHQ-9 - Result: Positive

0-4 Not or minimal depression 5-9 Mild depression 10-14 Moderate depression 15-19 Moderately severe depression 20-27 Severe depression

2. You can use **LINKS** in **ROOMING, PLAN, OR WRAP-UP** to complete the PHQ-2/9 (GAD-2/7). It is not possible to include a screenshot because it is a drop-down menu. The same PHQ-2/9 (GAD-2/7) as above will appear.

Rooming

Images Questionnaires Benefits Inquiry References Dictations Open Orders Care Teams Media Manager **Links** Preview/Print AVS

Depression and Anxiety Surveillance

Depression and anxiety surveillance is to check in on symptoms in patients with depression or anxiety, based on the problem list, history, elevated previous score, or visit diagnosis. It's recommended that patients are assessed once a year.

How do you complete depression (anxiety) surveillance?

1. The best option is to use **ROOMING or PLAN → BEST PRACTICE** to complete the PHQ-9 or GAD-7. **BEST PRACTICE** is built to always have the correct assessment tool depending on the patient's needs. This is the best way to find out what the patient is due for and means you don't have to look at CARE GAPS at all.

! Patient is due for depression surveillance (PHQ-9) Collapse

[Click here to complete PHQ-9](#)
[Health Maintenance Activity](#)

PHQ-9 (Age 18 and older)

Over the last 2 weeks, how often have you:

Felt little interest or pleasure in doing things

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

Felt down, depressed, or hopeless

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

Had trouble falling or staying asleep, or sleeping too much

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

Felt tired or having little energy

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

Had poor appetite or overeating

0 - not at all 1 - several days 2 - more than half the days

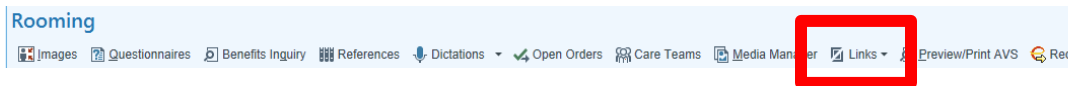
3 - nearly every day

Felt bad about yourself - or that you are a failure or have let yourself or your family down

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

- You can also use **LINKS** in **ROOMING, PLAN, OR WRAP-UP** to complete the PHQ-9 (GAD-7). It is not possible to include a screenshot because it is a drop-down menu. The same PHQ-9 (GAD-7) as above will appear. This is also a great option if you are completing the PHQ or GAD off-cycle.



Depression and Anxiety Monitoring

Depression / anxiety monitoring is to check in on symptoms of depression/ anxiety in patients with active depression/anxiety to help make decisions about treatment. It's recommended that patients get a monthly PHQ-9 / GAD-7 to steer treatment decisions. Once a patient has remission of depression / anxiety symptoms (a score <5), even with medications, this BPA will no longer be active. It will re-activate if the patient scores ≥ 10 on the PHQ / GAD-7 in the future.

How do you complete depression (anxiety) monitoring?

The options are the same as for surveillance (via BEST PRACTICE or LINKS).

What happens if a patient meets symptom criteria for major depressive disorder or generalized anxiety disorder?

If patients meets symptom criteria for major depressive disorder (PHQ-9 \geq 10) or generalized anxiety disorder (GAD-7 \geq 10), then a red critical BPA will be present under the BPAs asking you to add the diagnosis to the problem list and visit diagnoses, offer to open the depression smartset (for both anxiety and depression – a new behavioral health smartset which can be used for any behavioral health problem for adults is being built), enroll the patient in the monitoring BPAs, and acknowledge the positive result. Accepting this BPA complies with the documentation requirements for depression quality measurement for positive screens – so please click “ACCEPT”. This critical BPA currently applies to only screening, but is being built to apply for positive monitoring and surveillance results by January 2021. This BPA is NOT a pop-up and going to BPAs is the only way you will see it.

BestPractice Advisories

Critical (1)

The patient has an outstanding depression screening score that needs to be reviewed

Most recent depression screening results:

Lab Result/Component	Value	Date
CATMD	Positive (A)	01/04/2019
CATDI	FS 2 (Moderately severe) (A)	01/04/2019

Reference ranges for screening outcomes:

- CAT-DI < 30 Negative
- CAT-DI 31-49 Mild depression
- CAT-DI 50-64 Major depressive disorder: Moderate
- CAT-DI 65-79 Major depressive disorder: Moderately severe
- CAT-DI \geq 80 Major depressive disorder: Severe

Please indicate below that you have acknowledged this depression screening.

<input type="button" value="Open SmartSet"/>	<input type="button" value="Do Not Open"/>	<input type="button" value="Depression Management Smartset"/> Preview
<input type="button" value="Add Problem"/>	<input type="button" value="Do Not Add"/>	<input type="button" value="Major depressive disorder"/> Edit details (Share with patient)
<input type="button" value="Add HPI Modifier"/>	<input type="button" value="Do Not Add"/>	<input type="button" value="Depression screening 3 week schedule"/>
<input type="button" value="Add"/>	<input type="button" value="Do Not Add"/>	<input type="button" value="Acknowledged"/>

The following actions have been applied:

- Completed: Depression severity fowsheet filing
- Completed: Depression outcome fowsheet filing

What happens if a patient screens positive for suicide?

The critical acknowledgment BPA is being updated so you will be less likely to miss this result. In the meantime, it is important that the clinical teams work together to not miss this event. In response to positive screens, the Columbia Suicide Severity Rating Scale is a validated tool to assess suicide risk. The clinical decision support tool to triage adult patients who screen positive for suicide is below.

Depression Management Smartset

Here is a screenshot of the Depression Management Smartset that is available to you. It has patient instructions and starting medications. Also, depression and anxiety tools for adults, adolescents, and adults with HIV are available at the end of this document.

Depression Management Smartset [Manage User Versions](#) 

▼ Orders, Dx and Instructions

▼ Orders

Consult to Psychiatry

▼ Diagnoses

Major depression, single episode [F32.9]

Adjustment disorder with depressed mood [F43.21]

▼ Patient Instructions

Depression (Discharge Care) (English)

Stress (Discharge Care) (English)

Community Mental Health Resources

▼ Medications

escitalopram oxalate (LEXAPRO) 10 mg Oral tablet
E-Prescribe, Disp-90 tablet, R-4

sertraline (ZOLOFT) 50 mg Oral tablet
Disp-90 tablet, R-4

citalopram (CELEXA) 20 mg Oral tablet
Disp-90 tablet, R-4

FLUoxetine (PROZAC) 20 mg Oral capsule
Disp-90 capsule, R-4

PARoxetine (PAXIL) 20 mg Oral tablet
Disp-90 tablet, R-4

buPROPion-XL (WELLBUTRIN-XL) 150 mg Oral extended release tablet
Disp-90 tablet, R-4

venlafaxine-XR (EFFEXOR XR) 75 mg Oral extended-release capsule
Disp-90 capsule, R-4

DULoxetine delayed release (CYMBALTA) 30 mg Oral capsule
Disp-90 capsule, R-4

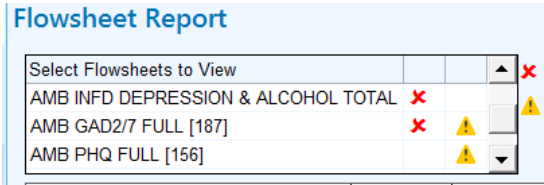
▼ Ad-hoc Orders

Where can I find PHQ2/9 and GAD2/7 Results?

The PHQ2/9 and GAD2/7 results can be seen in a few places: 1) Review Flowsheets 2) at the bottom of Health Maintenance (click CARE GAPS), 3) Widescreen view, and 4) using the dotphrase .phq2phq9 (dotphrase for GAD2/7 is being built).

Review Flowsheets

Look up AMB PHQ FULL and AMB GAD2/7 FULL to see detailed results.



Health Maintenance

Health Maintenance

Address Book | Register Overview | Document Past Immunization | EHR/Technique | Smart | Update PM | Outlines

Topic	Due Date	Frequency	Date Completed
Current Care Gaps			
ANXIETY SURVEILLANCE	Overdue since 8/2/2018	1 year(s)	
DEPRESSION MONITORING (ACTIVE DEPRESSION)	Overdue since 8/4/2020	3 week(s)	7/14/2020 - WOR.
INFLUENZA VACCINE (1)	Overdue since 9/12/2019	Imm Details	11/19/2019 - Infl. 10/27/2018 - Infl. 11/18/2019 - Infl. 10/13/2018 - Infl. 10/24/2018 - Infl.
Upcoming			
MCHA VACCINE (2 - 2-dose series)	Next due on 8/3/2022	Imm Details	3/7/2017 - Mcha
TdapTD VACCINE (2 - 1d)	Next due on 7/14/2020	Imm Details	7/14/2020 - Tdap
ZOSTER SERIES VACCINE (1 of 2)	Next due on 8/3/2026	Imm Details	
Pneumococcal Vaccine: 65+ Years (1 of 1 - PPSV23)	Next due on 8/3/2021	Imm Details	
Completed or No Longer Recommended			
HPV VACCINE	Completed	Imm Details	7/14/2020 - Hum. 3/7/2017 - Hum.
Pneumococcal Vaccine: Childhood and At-Risk Adult <65 yo Series	Aged Out	Imm Details	

ZOSTER VACCINE PLAN	EXPIRES	STATUS
Other	None	Other - See Comments
PSV	None	Reason not specified (inactive)

Health Maintenance Summary

- ANXIETY SURVEILLANCE (Yearly)**
- DEPRESSION MONITORING (ACTIVE DEPRESSION) (Every 3 Weeks)**
- INFLUENZA VACCINE (1)**
- MCHA VACCINE (2 - 2-dose series)**
- TdapTD VACCINE (2 - 1d)**
- ZOSTER SERIES VACCINE (1 of 2)**
- Pneumococcal Vaccine: 65+ Years (1 of 1 - PPSV23)**
- HPV VACCINE**
- Pneumococcal Vaccine: Childhood and At-Risk Adult <65 yo Series**

Depression Screening Scores

PHQ-2 Score	7/14/2020
PHQ-2 Score	6
PHQ-2 Result	Positive
PHQ-9 Score	24
PHQ-9 Result	Positive

If having any of these problems, how difficult have these made it for you to work, take care of things or get along with others

Extremely difficult

[View Complete Flowsheet](#)

Widescreen view

01/15/2034 Pneumococcal Vaccine: 65+ Years (2 of 2 - PPSV23)

[Open Synopsis \(more data may exist\)](#)

PHQ2 and PHQ9 Score and Results

PHQ-2 Score	
PHQ-2 Result	
PHQ-9 Score	
PHQ-9 Result	

[Open Synopsis \(more data may exist\)](#)

Medications

Clinical Decision Support Tools

There are clinical decision support tools developed in collaboration with the Department of Psychiatry and Behavioral Neuroscience to guide the screening and management of depression and anxiety. They are available in the smartforms:

Had trouble concentrating on things, such as reading the newspaper or watching television

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

Been moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

Had thoughts that you would be better off dead, or of hurting yourself in some way

0 - not at all 1 - several days 2 - more than half the days

3 - nearly every day

PHQ-9 Score:

0-4 No or minimal depression : 4-9 Mild depression : 10-14 Moderate depression

15-19 Moderately severe depression : 20-27 Severe depression

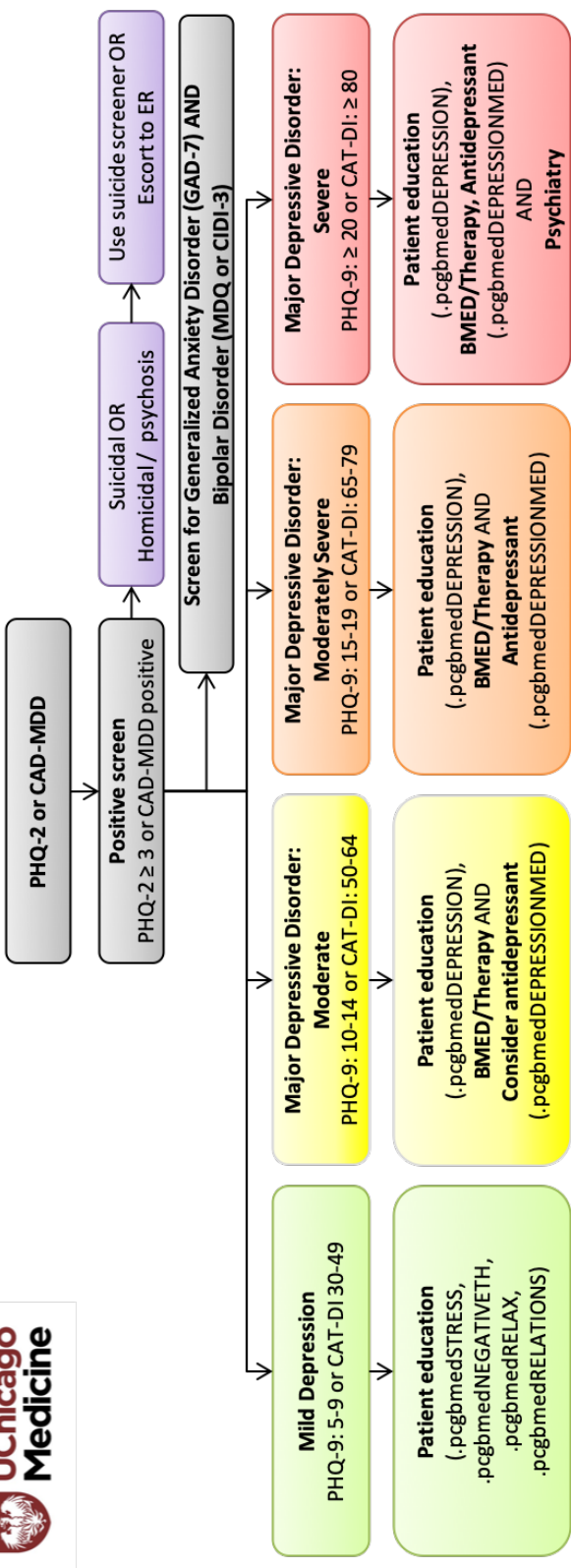
[Adult Depression Screening and Management Algorithm](#)

If you are experiencing any of these problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

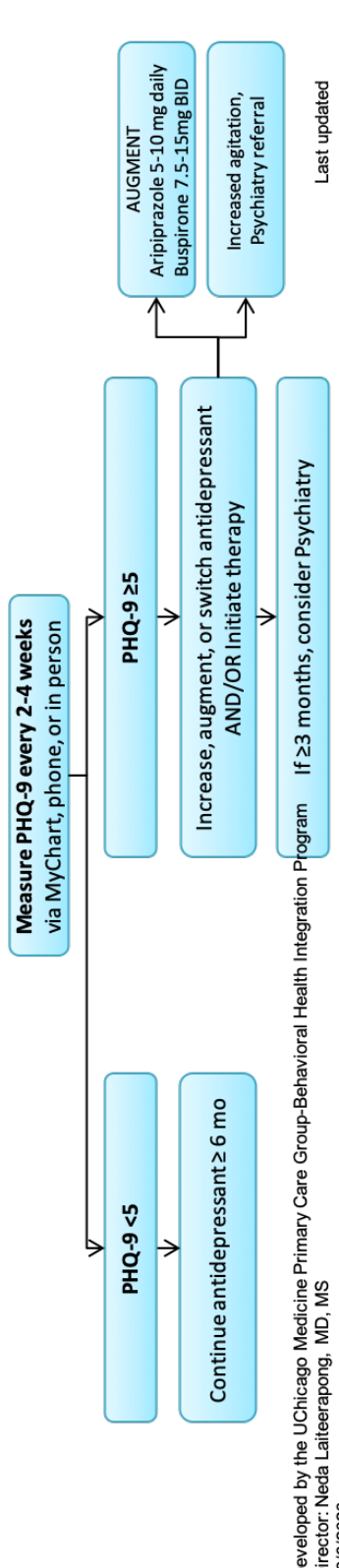


Adult Depression Screening and Management



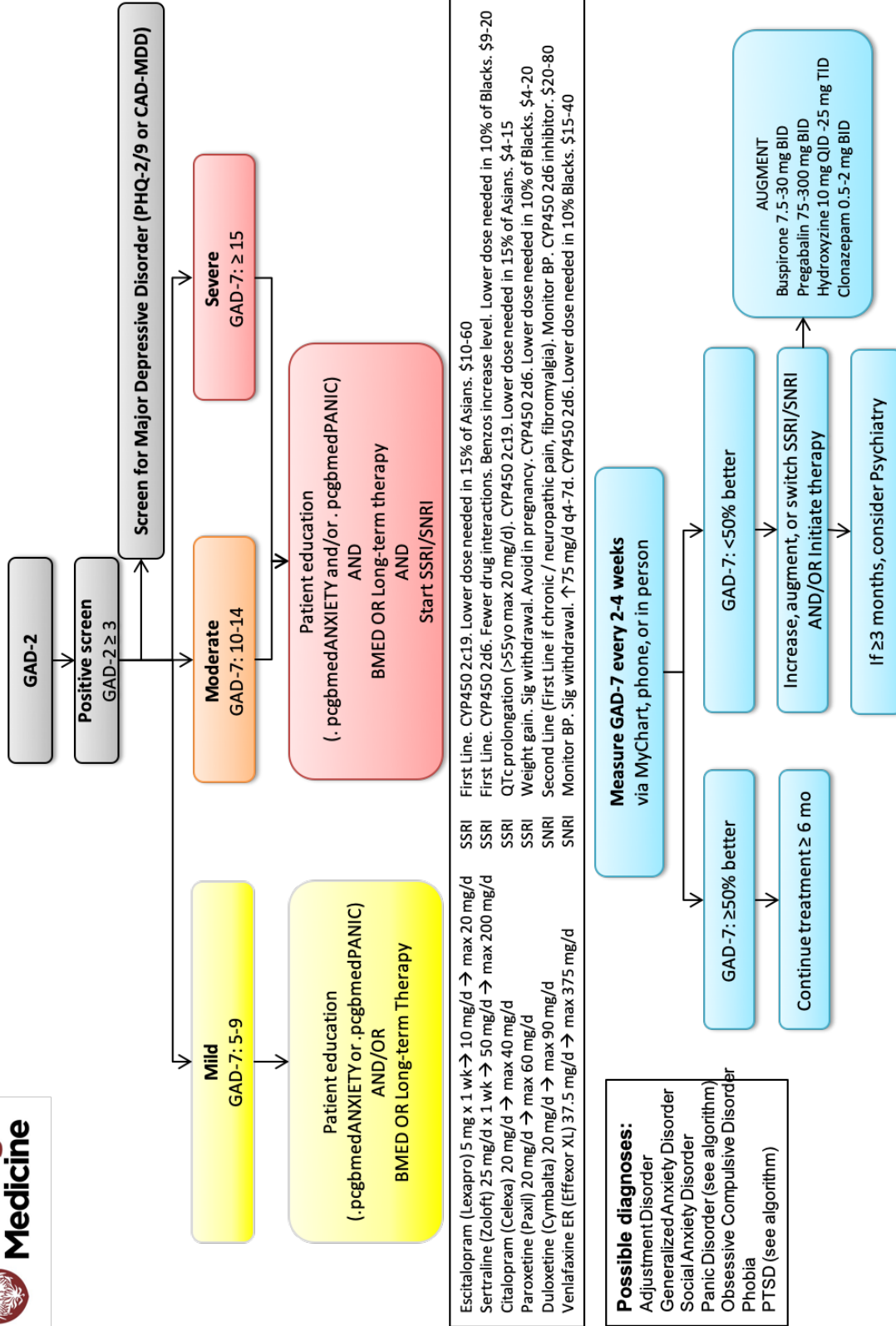
Escitalopram (Lexapro) 5 mg x 1 wk → 10 mg/d → max 20 mg/d
 Sertraline (Zoloft) 25 mg/d x 1 wk → 50 mg/d → max 200 mg/d
 Fluoxetine (Prozac) 20 mg/d → max 60 mg/d
 Citalopram (Celexa) 20 mg/d → max 40 mg/d
 Paroxetine (Paxil) 20 mg/d → max 60 mg/d
 Duloxetine (Cymbalta) 20 mg/d → max 90 mg/d
 Venlafaxine ER (Effexor XL) 37.5 mg/d → max 375 mg/d
 Bupropion XL (Wellbutrin XL) 150 mg/d → max 300 mg/d

SSRI First Line. CYP450 2c19. Lower dose needed in 15% of Asians. \$10-60
 SSRI First Line. CYP450 2d6. Fewer drug interactions. Benzos increase level. Lower dose needed in 10% of Blacks. \$9-20
 SSRI Good if adherence issues. Slow onset. CYP450 2d6. Benzos increase. Lower dose needed in 10% of Blacks. \$4-20
 SSRI QTc prolongation (>55yo max 20 mg/d). CYP450 2c19. Lower dose needed in 15% of Asians. \$4-15
 SSRI Weight gain. Sig withdrawal. Avoid in pregnancy. CYP450 2d6. Lower dose needed in 10% of Blacks. \$4-20
 SNRI Second Line (First Line if chronic / neuropathic pain, fibromyalgia). Monitor BP. CYP450 2d6 inhibitor. \$20-80
 SNRI Monitor BP. Sig withdrawal. ↑75 mg/d q4-7d. CYP450 2d6. Lower dose needed in 10% Blacks. \$15-40
 NDRI Use if FH of bipolar. Avoid with anxiety. CYP450 2d6 inhibitor. \$20-40



Developed by the UChicago Medicine Primary Care Group-Behavioral Health Integration Program
 Director: Neda Laiteerapong, MD, MS
 10/6/2020
 Last updated

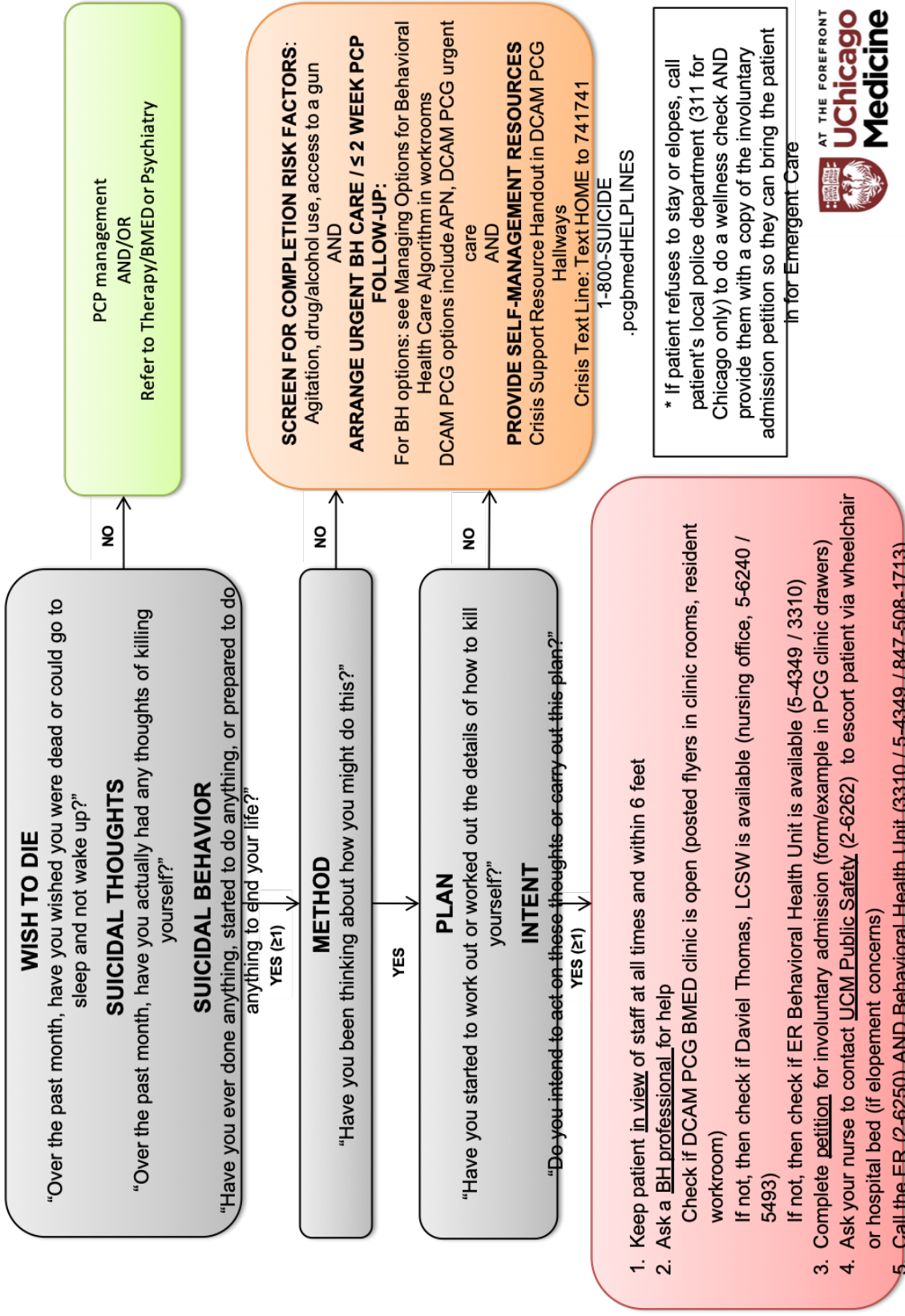
Adult Anxiety Screening and Management



Developed by the UChicago Medicine Primary Care Group-Behavioral Health Integration Program. Adapted from Bandelow et al. Intl J Psych Clin Pract 2012. 16:77-84.
Director: Neda Laitteerapong, MD, MS
10/6/2020

Last updated

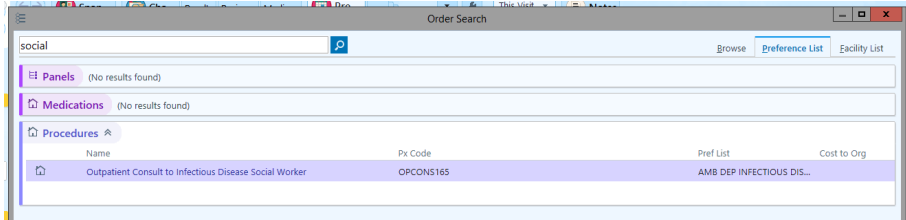
Adult Suicide Screening and Management



Adapted from the [UChicago Medicine Primary Care Group Behavioral Health Integration Program](#)
Last updated 2/19/2020

Infectious Disease – HIV Patients

For patients living with HIV who meet symptom criteria for major depressive disorder or generalized anxiety disorder, refer patients to the **ID social worker** using the new order.



In the order, please mark the reason for referral, which can help with triage.

The screenshot shows the "Outpatient Consult to Infectious Disease Social Worker" order form. The form includes the following fields and options:

- Class:** UCMC Outp. (with a search icon) and a "Print Script" button.
- Status:** Normal (selected), Standing, Future.
- Priority:** ROUTINE (selected), ELECTIVE (Patient to call for appt), ROUTINE (Next available appointment), URGENT (Appt within 2 weeks), STAT (Provider Arranges).
- Process Inst.:** Please select a referring provider or location when placing external orders.
- Reason for referral:** Mental health (checked), Housing, Transportation, Medication access, Insurance, Food insecurity (checked), Other.
- Comments:** A text area with a rich text editor toolbar.
- Sched Inst.:** + Add Scheduling Instructions.
- Referral:** # of visits: 1.
- Provider Specialty:** A search field.

At the bottom of the form, there are "Next Required" and "Accept/Cancel" buttons.