

Efficacy of PHQ-2 vs PHQ-9 Screener in Pediatric Visits

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Introduction. Rates of adolescent depression are increasing. As such, it is essential that clinics who provide care to pediatric populations utilize a depression screener. The University of Kansas Health System (TUKHS) recently standardized workflows utilizing the Patient Health Questionnaire (PHQ) screeners within the electronic health record system. The primary objective is to investigate the completion rates of the PHQ-2 and PHQ-9 screener in both the Department of Pediatrics and the Department of Family Medicine. The secondary and tertiary objectives are to assess the outcomes of the shortened version of the screener against the full-length questionnaire and to evaluate if patients received interventions based on the results of the screener.

Methods. This study was determined as Quality Improvement by the University of Kansas Medical Center IRB. Patients must have completed an outpatient appointment in Family Medicine or Pediatrics in a three-month time frame. They must be between the ages of 12 and 18 at the time of the visit and must be English or Spanish speaking. Eligible visits included well child visits, new patient visits, physicals, return visits, and telemedicine visits. Retrospective chart review investigated if any interventions were implemented for patients with a PHQ-9 screener score 10 and greater. This subset also was evaluated for chronic diseases and mental health conditions on the problem list. Statistical significance is set at $p = 0.05$.

Results. The Department of Pediatrics screened 69.3% of eligible patient visits and the Department of Family Medicine screened 64.5%, with overall 68% of eligible patient visits screened. There was not a statistically significant difference in completion rates between departments ($p = 0.38$). In the Department of Pediatrics, 17 patients scored a two or less on the PHQ-2 but a 10 or greater on the PHQ-9. Our sensitivity is 60% and our specificity is in the process of data abstraction. Analysis of additional objectives is ongoing.

Conclusions. Our study suggests that current rates of depression screening at pediatric visits is below the standard in the literature. Future analysis will investigate completion rates by visit type. Additional analysis will evaluate interventions, chronic disease, and problem list diagnoses.