

Test your practical understanding of screening for depression and anxiety in clinical practice

1. The number of completed suicides in patients who had contacted their primary care physician in the month preceding the act approached almost:
 - a. 1 in 10
 - b. 1 in 2
 - c. 9 in 10

Screening for depression, anxiety and suicide risk, managing depression and anxiety, and recognizing warning signs of suicide are important to help with suicide prevention. Having an office protocol in place to assess for and manage suicide risk before a suicidal patient is ever identified is critical in primary care (correct answer is B).

2. Which ONE of the following statements about the PHQ-9 for depression screening is FALSE?
 - a. The first two questions of the PHQ-9 (PHQ-2) and the PHQ-9 are both quick tools validated in primary care to screen for depression.
 - b. PHQ-2 and PHQ-9 are interchangeable screening tools, even in patients with Opioid Use Disorder (OUD).
 - c. Completion of the PHQ-9 is the next step following a positive response to the PHQ-2 (score ≥ 3).
 - d. Item 9 on the PHQ-9 screens for suicidal ideation and offers a starting point to help monitor for suicide risk.

PHQ-9 may be the preferred initial screen over PHQ-2 in patients at higher risk for depression. Higher risk includes those: with chronic pain; on chronic opioid therapy for pain management; and/or with mental health disorders, including substance abuse (e.g., OUD [no one on an opioid is at zero risk for OUD and risk can change at any time]) (correct answer is B).

3. Which ONE of the following statements about the GAD-7 for anxiety screening is FALSE?
 - a. The first 2 questions of the GAD-7 can be used as stand-alone questions to initially screen for anxiety.
 - b. The GAD-7 is a useful screen for generalized anxiety disorder (GAD), panic disorder, social anxiety disorder and post-traumatic stress disorder.
 - c. A score of 4 or greater on the GAD-7 should prompt further evaluation.
 - d. Akin to the PHQ-9, there is an additional question on the GAD-7 to help patients qualify the degree to which daily function is affected by any symptoms reported.

Further evaluation of anxiety is recommended for scores ≥ 10 . The 7-item scale, designed primarily to screen for GAD, is also moderately good at screening for panic disorder, social anxiety disorder and post-traumatic stress disorder. A score of 8 or greater may be a better cut-off to optimize sensitivity, especially for anxieties other than GAD (correct answer is C).

4. The PHQ-9 for depression and the GAD-7 for anxiety are examples of symptom-based screening tools that are also used at baseline and ongoing to assess symptom severity and track treatment response.
 - a. True
 - b. False

Measurement-based care (MBC) promotes the use of rating scales to assess and document symptom severity before initiating treatment and at regular intervals to assess patient response. The PHQ-9 for depression is sensitive to change and is a good tool to measure remission (score < 5). The GAD-7 helps

to monitor symptoms and track treatment response in patients with anxiety, although currently there are no formal recommendations on changing treatment based on GAD-7 scores (correct answer is A).