

Original Excerpt

The Primary Care Evaluation of Mental Disorders (PRIME-MD) was an instrument developed and validated in the early 1990s to efficiently diagnose five of the most common types of mental disorders presenting in medical populations: depressive, anxiety, somatoform, alcohol, and eating disorders. Patients first completed a one-page 27-item screener and, for those disorders for which they screened positive, were asked additional questions by the clinician using a structured interview guide. However, this 2-stage process took an average of 5-6 minutes of clinician time in patients without a mental disorder diagnosis and 11-12 minutes in patients with a diagnosis. This proved to be a barrier to use given the competing demands in busy clinical practice settings.

Therefore, in two large studies enrolling 6000 patients (3000 from general internal medicine and family practice clinics and 3000 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 have gained increasing use in both research and practice. The original PRIME-MD 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 7-item anxiety scale using a response set similar to the PHQ-9 was initially developed to diagnose generalized anxiety disorder (hence its name, the GAD-7) and validated in 2740 primary care patients. Though originally developed to diagnose generalized anxiety disorder, the GAD-7 also 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 studies and is increasingly used to assess somatic symptom severity and the potential presence of somatization and somatoform disorders.

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. 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. 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.

The final question on the PHQ (and some of its abbreviated versions) asks the patients to report —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? This single patient-rated difficulty item is not used in calculating any PHQ score or diagnosis but rather represents the patient's global impression of symptom-related impairment. It may be useful in decisions regarding initiation of or adjustments to treatment since it is strongly associated with both psychiatric symptom severity as well as multiple measures of impairment and health-related quality of life.

Stylistic & Rhetorical Problems

The excerpt from the "Background" section of phqscreeners.com has many problems with clarity.

Many such problems are with vague referents: "This proved to be a barrier..." and "It may be useful in decisions..."

The excerpt also suffers from needless repetition- the most jarring example says, "...have gained increasing use..." Similarly, the details in the passage below can be cut significantly while retaining the information necessary for understanding.

However, this 2-stage process took an average of 5-6 minutes of clinician time in patients without a mental disorder diagnosis and 11-12 minutes in patients with a diagnosis. This proved to be a barrier to use given the competing demands in busy clinical practice settings.

The excerpt also uses several words specifically listed by the text as ambiguous: "It may be useful in decisions..." and "...adjustments to treatment since it is..."

One of the worst errors in clarity came from following passage: "GAD-7 also proved to have good sensitivity..." The italicized phrase can easily be replaced with one word.

Full Revision

History

The PHQ's predecessor, the Primary Care Evaluation of Mental Disorders (PRIME-MD) was a diagnostic tool developed and validated in the early 1990s. The PRIME-MD efficiently diagnosed five of the most common types of mental disorders presenting in medical populations.

Patients first completed a one-page 27-item screener. Patients who screened positive for a disorder were asked additional questions by the clinician. However, this 2-stage process was too time-consuming for a busy clinical practice, and the original PRIME-MD is now largely of historical interest and seldom used except in a few types of research studies.

Creating the PHQ

In response to the need for a more efficient diagnostic process, two large studies were conducted. Six thousand patients (3000 from general internal medicine and family practice clinics and 3000 from obstetrics-gynecology clinics) were given a self-administered version of the PRIME-MD called the Patient Health Questionnaire (PHQ). As a result of these studies, the PHQ was developed and validated.

PHQ Status and Variations

The PHQ in general (and the PHQ-9 depression scale in particular) has gained use in both research and practice.

Megan 2/13/13 7:39 AM

Comment [1]: Use words with a clear meaning.

Megan 2/13/13 10:31 AM

Comment [2]: Removed needless repetition.

Megan 2/28/14 11:34 AM

Comment [3]: "gained increasing"= needless repetition

The popularity of the PHQ-9 (for assessing and monitoring depression severity), led to the creation of other similar scales:

- **GAD-7:** a 7-item anxiety scale using a response set similar to the PHQ-9. The GAD-7 was initially developed to diagnose generalized anxiety disorder (hence its name). This scale was validated in 2740 primary care patients. Though the GAD-7 was originally developed to diagnose generalized anxiety disorder, this scale has demonstrated good sensitivity and specificity as a screener for panic, social anxiety, and post-traumatic stress disorder.
- **PHQ-15:** derived from the original PHQ studies. The PHQ-15 is used to assess somatic symptom severity and the potential presence of somatization and somatoform disorders.

The PHQ was originally developed to detect five disorders; however, the depression, anxiety, and somatoform modules (in that order) have turned out to be the most popular. 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.

PHQ Use

The PHQ modules can be used alone, in combination with each other, or as part of the full PHQ.

Alternative or abbreviated versions of the PHQ-9 and GAD-7 are sometimes used in certain screening or research settings.

The final question on the PHQ (and some of its abbreviated versions) asks the patients to report the following: "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?" This patient-rated difficulty item is not used in calculating any PHQ score or diagnosis but rather represents the patient's overall impression of symptom-related impairment. This item can be useful in decisions regarding initiation of or adjustments to treatment because it is strongly associated with both psychiatric symptom severity as well as multiple measures of impairment and health-related quality of life.

Megan 2/13/13 10:55 AM

Deleted: , the GAD-7) and

Megan 2/13/13 10:18 AM

Comment [4]: Clarifying syntax

Megan 2/13/13 8:00 AM

Comment [5]: Avoid vague referents

Megan 2/13/13 10:12 AM

Comment [6]: Use words with a clear meaning- may is one of the listed ambiguous words.

Megan 2/13/13 10:11 AM

Comment [7]: Use words with a clear meaning- since is one of the listed ambiguous words.