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## Would a provider-performed PHQ-2 followed by a PHQ-9 improve detection of depression during the pandemic in a clinic at an Urban University Hospital Based Family Practice Center?

The coronavirus disease 2019 (COVID-19) pandemic has caused a high burden of depression symptoms is US adult patients.1 We are traditionally continuing to screen our patients once a year with a PHQ-9 questionnaire by the triage nurse in our clinics. Currently, we have not adapted our approach in detecting major depressive disorder (MDD) in our clinics despite the pandemic and expected increased incidence and prevalence of MDD in the society due to the added burden of the pandemic on nursing staff. Hence, screening for MDD at every patient encounter may be warranted during the pandemic. However, completing a PHQ-9 at every visit is time consuming and not practical for both the staff and the providers; therefore, we proposed the utilization of provider-performed PHQ-2 for a quicker screening process followed by PHQ-9 in cases of a positive PHQ-2 screening. PHQ-2 screening was performed on 72 patients without prior diagnosis and/or treatment of MDD or anxiety disorder during the months of November 2020 - February 2021. All patients who scored 1 or greater on PHQ-2 were screened with the PHQ-9 questionnaire to assess severity and true-positivity rate of PHQ-2. To assess the efficacy of PHQ-2 screening for detecting MDD, RN-performed PHQ-9 scores of 70 random patients without prior diagnosis and/or treatment of MDD or anxiety disorder were obtained from the medical records for the months of September-November 2020 for comparison. A total of 21% of our patients screened had a positive PHQ-2 score with a score of  $\geq 1$ . Of the patients that were tested positive on PHQ-2, 53.3% had a score of  $\geq 10$  on PHQ-9, leading to a false-positivity rate of 46.7%. After implementing a provider-performed PHQ-2 screening, our study detected 8 patients with a PHQ-9 score of  $\geq 10$  leading to a detection rate of 11% from the months of November 2020 to February 2021. Staff-performed screening from the months of September and November of 2020, nine months into the pandemic showed a rate of 3%.

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