PHQ-2 Screening for Depression

Quick Screen
A quick way of screening patients for depression is to ask patients these two questions:

During the past month, have you often been bothered by:
1. Little interest or pleasure in doing things?  
   - Yes  
   - No
2. Feeling down, depressed or hopeless?  
   - Yes  
   - No

If the patient's response to both questions is "no", the screen is negative.
If the patient responded "yes" to either question, consider asking more detailed questions or using PHQ-9 patient questionnaire, Appendix A.

* PHQ-9 is described in more detail at the McArthur Institute on Depression & Primary Care website www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

Figure 2. Phases of Treatment for Major Depression

Table 4. Information the Patient Needs to Know

Clearly communicate the following with patients:

Common. Depression is one of the most common illnesses treated by doctors.

Risk factors for depression include:
- Being female
- Anxiety disorder
- Major medical conditions, including coronary artery disease, stroke, diabetes, COPD, chronic back pain.

Responsive. Depression is as responsive to treatment as are other major chronic diseases, but several visits, and medication and dosage adjustments may be required before full remission is achieved.

Delayed response. All antidepressant medications require several weeks to produce their full effects.

"Not tranquilizers." Antidepressant medications are neither “tranquilizers” nor addicting, although withdrawal syndromes may exist, especially for agents with shorter half-lives (see above).

Recurrence. Depression is frequently a recurrent condition.