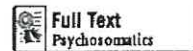


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[Psychosomatics](#). 2009 Nov-Dec;50(6):613-21.

An ultra-brief screening scale for anxiety and depression: the PHQ-4.

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BACKGROUND: The most common mental disorders in both outpatient settings and the general population are depression and anxiety, which frequently coexist. Both of these disorders are associated with considerable disability. **OBJECTIVE:** When the disorders co-occur, the disability is even greater. Authors sought to test an ultra-brief screening tool for both. **METHOD:** Validated two-item ultra-brief screeners for depression and anxiety were combined to constitute the Patient Health Questionnaire for Depression and Anxiety (the PHQ-4). Data were analyzed from 2,149 patients drawn from 15 primary-care clinics in the United States. **RESULTS:** Factor analysis confirmed two discrete factors (Depression and Anxiety) that explained 84% of the total variance. Increasing PHQ-4 scores were strongly associated with functional impairment, disability days, and healthcare use. Anxiety had a substantial effect on functional status that was independent of depression. **CONCLUSION:** The PHQ-4 is a valid ultra-brief tool for detecting both anxiety and depressive disorders.

PMID: 19996233 [PubMed - in process]

An Ultra-Brief Screening Scale for Anxiety and Depression: the PHQ-4

The Patient Health Questionnaire for Depression and Anxiety (PHQ-4) was developed to create an ultra-brief screener for depression and anxiety for use during outpatient or home visits any time during pregnancy or up to one year postpartum. The PHQ-4 can be administered by health care personnel or it can be self-administered. The PHQ-4 combines two validated two-item screeners. A recent study found that increasing PHQ-4 scores were strongly associated with functional impairment, disability days, and health care use, and that anxiety had a substantial effect on functional status that was independent of depression (Kroenke et al.). Total score is determined by adding together the scores for each of the 4 items. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). Any woman with a positive screen (mild, moderate or severe) should be assessed for suicidal ideation. A positive score, the presence of suicidal ideation and/or your clinical judgment can indicate that further assessment is warranted. Immediate referral is recommended for those with suicidal ideation and/or a severe score. Women with a mild or moderate screen could be provided with education and resource information, and re-screened at a later visit as appropriate. The PHQ-4 is only a screening tool and does not diagnose depression – that is done by appropriately licensed health care personnel.

Reference: Kroenke K, Spitzer RL, Williams JBW, Löwe B. An Ultra-Brief Screening Scale for Anxiety and Depression: the PHQ-4. *Psychosomatics*. In press.

PHQ-4

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

(For office coding: Total Score T ___ = ___ + ___ + ___)