

Depression Screening Protocol for MS patients in a Neurology Clinic

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Background/ Problem Statement

- Multiple Sclerosis (MS) is the most common chronic, non-traumatic neurological disorder among young adults.
- According to the National Multiple Sclerosis Society (2019), it is estimated that 2.3 million people suffer from MS worldwide and nearly 1 million were living with MS in the United States,
- Depression is most common symptom in MS patients, prevalence 25-50%
- Suicide is high risk in MS patients with uncontrolled depression
- The Patient Health Questionnaires (PHQ-9) is a valid and reliable depression screening tool (scores>10,sensitivity 88%, specificity 88% and Cronbach's alpha 0.89)
- Early detection, diagnosis, and treatment of depression in MS patients can ameliorate negative outcomes and improve quality of life

Purpose

Purpose:

- The purpose of quality improvement project to implement and evaluate effectiveness of Depression Screening Program for adult MS patients.
- Patient Health Questionnaire (PHQ-9) screening tool to assist providers to detect depression and provide interventions and referrals as warranted.

Short- term Goals:

- By December 2020 ,100% of MS providers and MAs to demonstrate knowledge, skills, and favorable attitude towards implementation of the PHQ-9 screening tool.
- By December 2020, there will be 100% of patients screened for depression in the outpatient neurology clinic and 100% who screen positive will receive brief intervention and or referrals, if warranted.

Long- term Goals:

- Within one year post implementation, depression screening and score-based interventions will become standard practice.

Methods

Settings: An Outpatient Neurology clinic in the Mid-Atlantic region

Target Population: Adults 18 years of age and older with diagnosis of Multiple Sclerosis

Screening Tool: The Patient Health Questionnaires (PHQ-9)

Implementation Strategies:

Structure changes:

- 100% of staff members received PHQ -9 education and training
- Depression screening policy created

Process changes:

- The number of the MS patients screened out of total number of MS patients eligible in an Outpatient Neurology
- MS providers documented PHQ-9 screening scores review, intervention, and referrals in visit notes

Outcome: The number of MS patients who initiated new anti-depressant therapy and were adherent to the treatment regimen recommendations.

Results

Implementation of Program:

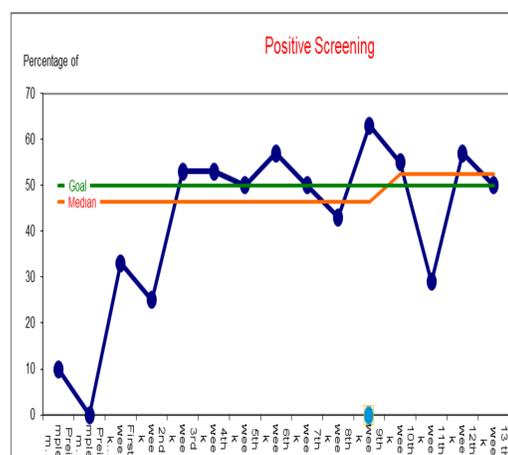
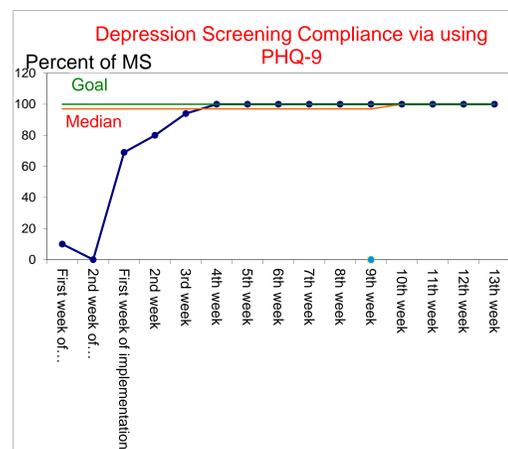
- 100% of MS providers and MAs completed education training
- 144 out of 149 eligible patients screened during 13-week implementation

Depression reported:

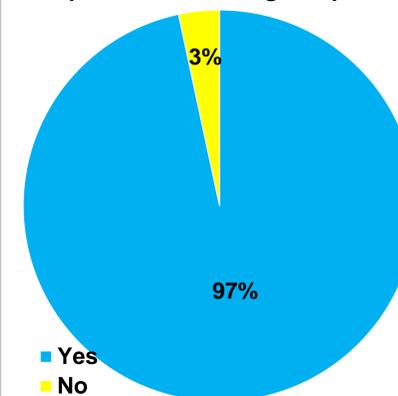
- 50% were positive for depression (n=72)
- 59.7% had mild depression (n=43)
- 27.7% had moderate depression (n=20)
- 12.5% had severe depression (n=9)

Provider responses:

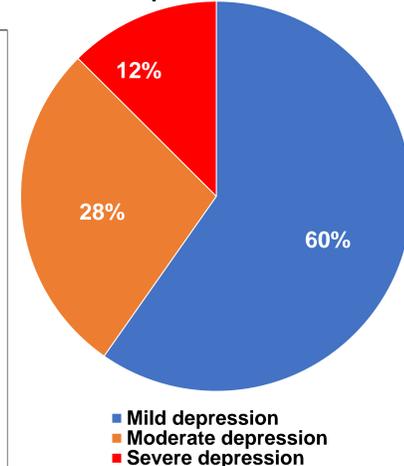
- 100% PHQ-9 screening scores were discussed and reviewed by an MS provider
- 27.7% were started antidepressant by an MS provider
- 12.5% were referred to mental health provider
- One patient had suicidal ideation necessitating emergency department transfer



Depression screening compliance



Depression Level



Discussion

- 100% MS providers and MAs were trained on the PHQ-9 screening tool implementation
- The PHQ-9 screening compliance was decreased in the first 3 weeks of implementation (adherence rate was 97%).
- One patient had suicidal ideation, needed an urgent transfer to the emergency department (ED).
- All the MS providers demonstrated knowledge and skills of PHQ-9 scores.
- Appropriate interventions were initiated and completed in a timely manner on positive PHQ-9 scores patients.
- Change champions reported that the PHQ-9 tool was easy to administer, time efficient, did not impede workflow, and was well received by most patients.

Limitation:

- Time constraint of MS providers during Tele visit in completing the PHQ-9 screening tool.
- Program barriers include lack of awareness, forgetfulness, and time constraint.



Conclusions

- Depression screening using the PHQ-9 tool is a cost-effective, and time-efficient approach to identifying depression in adult MS patients and ensuring subsequent treatment or referral to mental providers.
- Early detection, treatment or referral of adult MS patients may help prevent ED visit or hospitalizations and will improve the quality of life for these patients.
- Plans for Sustainability:**
 - Continued staff education
 - Continued stakeholder support
 - Identify clinic champion who will continue to support MS providers and clinic staffs to use the screening tool in the post-implementation period.
 - Add in alert to the EHR if the screening is completed and positive
 - Inform primary care physician of screening results
 - Spread implementation to other subspecialty clinic settings

References

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