

Depression in patients with coronary heart disease

A practical tool for screening your patients

The prevalence of depression is high in patients with coronary heart disease (CHD). Rates of major depressive disorder of around 15% have been reported in patients after myocardial infarction or coronary artery bypass grafting. The benefits of treating depression include improved quality of life and adherence to therapy, and potentially improved CHD prognosis.¹

The Heart Foundation recommends that all patients with CHD be routinely screened for depression by their GP or health professional at first presentation, using the questions below. Repeat at the next follow-up appointment.

A follow-up screen should occur 2–3 months after a CHD event. Screening should then be considered on a yearly basis, as for any other major risk factor for CHD. See *Reducing risk in heart disease* for more information, available at: http://www.heartfoundation.org.au/SiteCollectionDocuments/Reducing-risk-in-heart-disease.pdf.

Patient Health Questionnaire (PHQ-2) – yes/no version²

- YES NO
- 1. During the past month, have you often been bothered by feeling down, depressed or hopeless?
- 2. During the past month, have you often been bothered by little interest or pleasure in doing things?



If the patient answers yes to either question in the PHQ-2, it is recommended that the full PHQ-9 is then completed (see over page or http://www.phqscreeners.com/). PHQ-9 can be used to quantify depression severity and assess change over time and response to treatment. It may be useful to file in the patient's records. The calculated score can be interpreted using the table opposite.

PHQ-9 score	Depression severity
0–4	None-minimal
5–9	Mild
10–14	Moderate
15–19	Moderately severe
20–27	Severe

The short-form Cardiac Depression Scale (CDS)³ is an alternative simple initial screening tool that can be used and is available at: http://www.austinmedicine.unimelb.edu.au/research/Cardiac%20&%20Vascular/index.html

References

- 1. Colquhoun DM, Bunker SJ, Clarke DM, et al. Screening, referral and treatment for depression in patients with coronary heart disease. A consensus statement from the National Heart Foundation of Australia. Med J Aust 2013; 198 (9): 483–484.
- 2. Elderon L, Smolderen K, Na B, et al. Accuracy and prognostic value of AHA-recommended depression screening in patients with coronary heart disease. Data from the Heart and Soul Study. Circ Cardiovasc Qual Outcomes 2011; 4: 533–540.
- 3. Hare DL, Davis CR. Cardiac depression scale: validation of a new depression scale for cardiac patients. J Psychosom Res 1996; 40: 379–386.

To be completed by your patient.



Patient Health Questionnaire (PHQ-9)

Patient name:	Date of visit:

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Total score :	_	
Total score :	=	

If you checked off any problems, 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?

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult	
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