

Using the PHQ-9 for Depression Screening and Treatment Monitoring for Chinese Americans in Primary Care

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Objective: Because Chinese Americans are known to underutilize mental health services, routine screening for depression in primary care clinics has been advocated as a means of identifying Chinese-American patients with depression and initiating appropriate treatment. This analysis evaluated the utility of the nine-item depression module of the Patient Health Questionnaire (PHQ-9) for depression screening and monitoring treatment outcomes among Chinese Americans at a primary health care setting.

Methods: A total of 3,417 patients who presented for an initial or annual physical examination with their primary care providers were screened for depression between January and October 2003 at the Charles B. Wang Community Health Center, a primary health care center in New York City serving primarily low-income Chinese Americans. The depression screen was a two-tier process: if patients endorsed one or more of three initial questions on an abridged version of the PHQ-9, they were then administered the PHQ-9.

Results: A total of 141 individuals (4.1 percent) had clinically significant depressive symptoms (PHQ-9 score of 10 or higher). Women were more likely to have significant levels of depressive symptoms than men (17.3 percent compared with 11.6 percent). A total of 114 of the 141 patients with clinically significant depressive symptoms received treatment plans initiated by their primary care provider. Forty (35.1 percent) responded to treatment (50 percent decrease in PHQ-9 score) by eight weeks of treatment.

Conclusions: The PHQ-9 can be used to screen for depression as well as guide depression treatment planning among Chinese Americans in primary care. Screening for major depression with the PHQ-9 in primary care settings should be considered for appropriate identification and treatment of depression for Chinese-American patients.

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