Prime MD Today – Screening and Diagnostic Tool

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INTRODUCTION

Depression, one of the most frequent of all medical illnesses, is a damaging illness.[1] It is associated with episodes of long duration, high rates of chronicity, relapse and recurrence, psychosocial and physical impairment, and mortality and morbidity—with a 15% risk of death from suicide in patients with more severe forms of depression.[1] Depression is found to be comorbid with medical illnesses such as coronary artery disease (CAD), myocardial infarction, hypertension, arthritis, diabetes, and cerebral stroke. Depression may be an independent risk factor for the development of CAD and type 2 DM.[2,3] Depression is associated with increased mortality after acute myocardial infarction.[4]

THE SIZE OF THE PROBLEM:SOME FACTS AND FIGURES

Using the Disability Adjusted Life Years (DALYs)* measure, major depressive disorder (MDD) is slated to be second only to ischemic heart disease in magnitude of disease burden in established market economies by 2020.[5] Although epidemiological data from large, well-conducted prevalence studies is not available, MDD is thought to be quite common throughout India. A cross-cultural study conducted by WHO at 14 sites (Üstün & Sartorius 1995; Goldberg & Lecrubier 1995) to study prevalence of mental disorders in primary care settings across the sites showed the prevalence of depression in Bangalore was 9.1%.[6] Roughly translated, this would mean that one out of every ten patients visiting a primary care physician would be suffering from depression.

NEED FOR A DIAGNOSTIC AID

Studies have consistently shown that primary care physicians (PCPs) in office settings fail to diagnose and treat 50% - 75% of patients suffering from common mental disorders.[7] Major obstacles to the recognition of mental disorders by PCPs include inadequate knowledge of the diagnostic criteria, uncertainty about the best questions to ask to evaluate whether those criteria are met, and time limitations inherent in a busy practice setting.[7]

* DALYs measure lost years of healthy life regardless of whether the years were lost to premature death or disability. The disability component of this measure is weighted for severity of the disability. For example, disability caused by major depression was found to be equivalent to blindness or paraplegia whereas active psychosis seen in schizophrenia produces disability equal to quadriplegia.

PRIME MD TODAY™* - A DIAGNOSTIC AID

PRIME MD TODAY™ (Primary Care Evaluation of Mental Disorders) [Figure 1] is the first patient self-administered screening instrument designed to both screen and diagnose depression in busy practice settings. The Prime MD Today™ was developed by Robert L Spitzer, MD (Professor of Psychiatry, Columbia University, New York), Janet B W Williams, DSW (Professor of Clinical Psychiatric Social Work, Psychiatric Institute, New York), and Kurt Kroenke, MD (Senior Scientist, Regenstrief Institute For Health Care, Indiana). They were supported by an advisory committee, which included psychiatrists, internists, and obstetricians and gynecologists. This project was funded by an educational grant from Pfizer Inc. The brief patient health questionnaire (BPHQ) [a part of PRIME MD TODAY™] diagnoses MDD using diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM), and has been validated against the same. The sensitivity and specificity of the BPHQ for the diagnosis of major depression is 73% and 98% respectively.[8]

Per the BPHQ, the patient is asked whether patient has experienced any of the nine symptoms ["a" to "i"] during the past two weeks. If patient has experienced any of the nine symptoms, patient has to specify the duration during the past two weeks [several days (less than half the days) / more than half the days / nearly every day]. Analogous to the DSM-IV criteria, the diagnosis is made if five out of the nine symptoms (these five should include either "a" or "b") are present on more than half the days or nearly every day. Symptom "i" (thoughts that you would be better off dead or of hurting yourself in some way) should be considered if present at all irrespective of duration.

The BPHQ offers several advantages to a busy primary care physician. It takes less than three minutes to review the answers and make a provisional diagnosis of MDD. It has been field tested and validated in large primary care patient samples. It helps improve recognition rates of MDD and has been proved to enjoy high patient and physician acceptance.[8]

PRIME MD TODAY™ has been widely used in over 30 countries and also finds mention in Harrison's Principles of Internal Medicine, 15th Edition. Internationally, it is available in English, Spanish, Greek, Italian, and Vietnamese. In India, the English version of the BPHQ has been translated into

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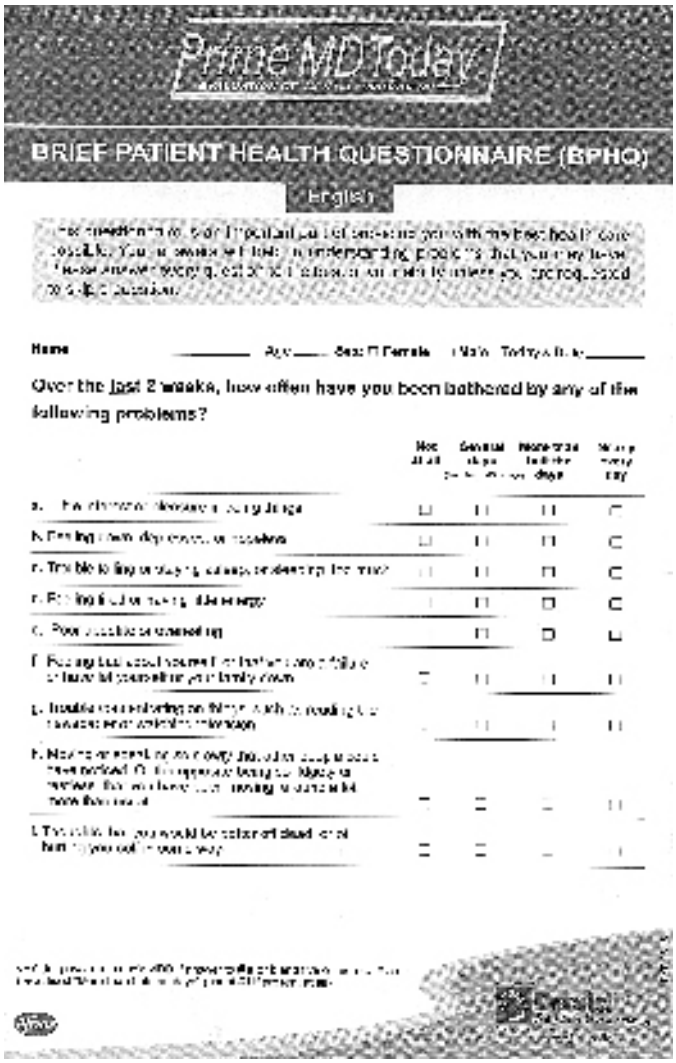

Fig. 1

Hindi, Marathi, Gujarati, Oriya, Malayalam, Assamese, Telugu, Kannada, Bengali, Punjabi, and Tamil. Each of these (except the Punjabi version) translated versions have been validated against the DSM-IV criteria in up to 300 patients per language. Validation of the Punjabi version is underway.

The BPHQ can be administered to patients complaining of symptoms of depression such as loss of pleasure or interest in activities, feeling down, depressed, or hopeless, insomnia or sleeping too much, feeling tired or having little energy, poor appetite or overeating, etc. It can also be administered to patients in whom you suspect underlying depression or patients complaining of recurrent somatic symptoms without any biological basis such as indigestion, headache, cramps, palpitations, or diarrhea or patients complaining of symptoms of anxiety. This instrument is also useful to screen and diagnose MDD in patients with chronic disorders such as stroke (25% - 79% develop MDD),[9] epilepsy (20% to 30% develop MDD),[10] renal disease (5% to 22% develop MDD),[10] myocardial infarction (20% develop MDD)[10] and diabetes mellitus (24% develop MDD)[11]

REFERENCES

1. Hirschfeld RM, Keller MB, Panico S, Arons BS, Barolow D, Davidoff F, et al. The national depressive and manic-depressive association consensus statement on the undertreatment of depression. *JAMA* 1997;277: 333-340.
2. Ariyo AA, Haan M, Tangen C, et al: for the Cardiovascular Health Study Collaborative Research Group. Depressive symptoms and risks of coronary heart disease and mortality in elderly Americans. *Circulation* 2000;102:1773-1779.
3. Goodnick PJ, Hernandez M. Treatment of depression in comorbid medical illness. *Exp Opin Pharmacother* 2000;1:1367-1384.
4. Frasure-Smith N, Lespérance F, Talajic M. Depression and 18-month prognosis after myocardial infarction. *Circulation* 1995;91:999-1005.
5. Christopher J.L. Murray and Alan D. Lopez, The global burden of disease. A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. World Health Organization Geneva, Switzerland. Available from: URL: http://www.who.int/msa/mnh/ems/dalys/intro.htm (last accessed on 27.09.04)
6. The World Health Report 2001 Available from: URL:http://www.who.int/whr2001/2001/main/en/contents.htm (last accessed on 27.09.04)
7. Spitzer RL; Williams JBW; Kroenke K; Linzer M; deGruy FV; Hahn SR; Brody D; Johnson JG. Utility of a new procedure for diagnosing mental disorders in primary care (Eng). *JAMA* 1994;272:1749-56.
8. Robert Spitzer MD, Kurt Kroenke MD, Janet Williams DSW and the Patient Health Questionnaire Primary Care Study Group. Validation and utility of a self- report version of PRIME MD. *JAMA* 1999;282: 1737-1744.
9. MA Ouimet, F Primeau, MG Cole, Psychosocial risk factors in poststroke depression: A systematic review. *Can J Psychiatry* 2001;46:819-828.
10. Sheldon H. Preskorn, M.D. Outpatient Management of Depression. A Guide for the Practitioner. In: Use of Antidepressants with other medications. Second Edition. Professional Communications, Inc.; 1999 Available from URL: http://preskorn.com/books/omd_open.html (last accessed on 27.09.04)
11. Carney C. Diabetes mellitus and major depressive disorder: An overview of prevalence, complications, and treatment (Eng). *Depress Anxiety* 1998; 7:149-57.