

INTER-RELATIONSHIP OF THE FUNCTIONAL STATUS QUESTION OF THE PHQ-9 AND DEPRESSION REMISSION AFTER SIX MONTHS OF COLLABORATIVE CARE MANAGEMENT

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Introduction: In collaborative care management (CCM) for depression, a restoration of premorbid functional status is as important as symptom reduction.

Objectives: The goal of this study was to investigate if the baseline functional status of the patient (as determined by the tenth question of the PHQ-9) was an independent predictor of clinical outcomes six months after enrollment into CCM and the interdependence of clinical outcomes on functional improvement at six months.

Methods: One thousand eighty three adult patients who were enrolled in CCM for the diagnosis of major depression or dysthymia and had a PHQ-9 score of 10 or greater were retrospectively reviewed.

Results: Using a multiple regression model for clinical remission six months after enrollment into CCM; age, race and gender were not significant predictors of remission, however, being married was (OR 1.323 CI 1.013-1.727, $P=0.040$). Patients in the Extremely Difficult category had an odds ratio of remission of 0.610 (CI 0.392-0.945, $P=0.028$) at six months compared to the Somewhat Difficult group. Also, the odds of a patient achieving normal functional status at six months was highly correlated to clinical remission ($\text{PHQ-9} < 5$) with an odds ratio of 218.530 ($p < 0.001$).

Conclusions: Depressed patients with worsening functional status at enrollment into CCM are less likely to achieve remission after six months, independent of all other variables studied. Also, improvement of a patient's functional status at six months was highly correlated with clinical remission.