

Implementation of Depression Screening in an Independent, Community Pharmacy

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Background: Affecting nearly 16 million adults, major depressive disorder is a prominent mental condition in the United States. Community pharmacists are often one of the most accessible healthcare providers in rural areas, putting them in a unique position to administer the validated nine-item Patient Health Questionnaire (PHQ-9) for depression screening and monitoring.

Objective: The primary objective of this study was to compare questionnaire completion rate for three different methods of PHQ-9 administration. Secondary objectives include pharmacists' time spent, number of participants referred for treatment, and participants' perceived value of this service.

Methods: This was a prospective, cross-sectional study conducted in an independent, community pharmacy in rural North Carolina. Fifty questionnaires were randomly administered through each of three different methods: (1) questionnaire with written instructions for completion as a bag stuffer, (2) questionnaire with verbal instructions from the pharmacist, and (3) pharmacist-led interview. A random sample of participants ≥ 18 years old who presented to the pharmacy were given a questionnaire. Participants in the first two groups who returned a completed questionnaire within 30 days of receiving it were included. The questionnaire included demographic information, including current or history of depression diagnosis or treatment, the PHQ-9 questionnaire, and a question to gauge the participant's perceived value of the service. Score interpretation and medication-related counseling, if needed, were provided, by the pharmacist, to all participants upon returning the questionnaire, regardless of administration method or score. Participants who scored higher than 10 on the PHQ-9 were referred to their primary care provider. Upon questionnaire completion, participants had the option of entering their name into a drawing for one of two \$50 gift cards. Descriptive statistics were used to analyze study results. An emergency protocol was developed to assist patients with urgent or emergent mental health crises.

Preliminary Results: The response rate to each method was: 1/50 from the bag stuffer group (2%), 36/50 from the personal ask group (72%), and 7/7 from the interview group (100%). The interview method is still ongoing. To date, an average of 2 minutes were spent with each patient in the bag stuffer method, 3 minutes 40 seconds in the personal ask method, and 6 minutes 30 seconds in the interview method. A total of nine patients scored higher than 10 on the PHQ-9, thus requiring referral for treatment or follow-up. Three of those nine patients required activation of the emergency protocol due to an urgent need for care. 39 of the 40 patients (97.5%) that answered the perceived value question indicated that offering depression screenings in a community pharmacy was at least somewhat valuable.

Conclusion: The personal ask method, when compared to a bag stuffer, was a more effective method to administer the PHQ-9 questionnaire. We believe that the interview method will have at least similar response rate to the personal ask method, however it does involve more time spent by the pharmacist. Administration of the PHQ-9 in an independent, community pharmacy was successful, is able to be implemented into workflow, and increases access to care for patients.