



Evaluating the use of the mood tool, Patient Health Questionnaire (PHQ-9) for acute stroke patients 2015

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Key Problem

- Following a stroke, it is very common for patients to experience changes in their mood. Experiencing changes in mood or depression after a stroke can impact a patients recovery. The National stroke guidelines state that up to a third of stroke patients experience depression following a stroke. The recommendation was for stroke patients to have their mood assessed.
- Mood screening is undertaken by Social Workers (SW) to identify patients who are at risk of developing depression or mood changes
- Once changes in mood are identified, early intervention can be implemented to improve outcomes for patients
- Initially the SW team utilised the Hamilton Rating Scale for Depression. The SW team found following a short trial of using this mood tool it was not as useful with acute stroke patients.
- The team then decided to trial the use of the mood tool, Patient Health Questionnaire (PHQ-9)

Aim of this innovation

- To determine the usefulness and appropriateness of using the PHQ-9 mood tool in screening for mood changes with acute stroke patients.
- To see if the tool was more user friendly and time efficient to administer to acute stroke patients to screen mood.
- To see how many patients were screened as having mood changes as a result of using the PHQ-9 mood tool, compared with not using the tool.
- It's important to note that the project team were not measuring if the tools were effective tools, but rather if they were suitable to use with acute stroke patients.

Baseline Data

- Following a brief trial of the Hamilton mood tool, the SW team found it was not as user friendly to use with acute stroke patients as it took too long to administer and had a medical focus.
- To ensure that mood changes were being assessed, the SW team agreed another trial using an alternate mood tool was required.
- A 5 month trial period with small group of consenting stroke patients under the Neurological bed card was undertaken

Key Changes Implemented

Key Summary points:

- PHQ-9 was a shorter questionnaire than the Hamilton Mood Scale, which therefore required less time for completion/administration which suited stroke patients who are often fatigued.
- PHQ-9 questions were easier for patients to understand compared to the Hamilton Depression Scale which has a strong medical focus.
- The mood tool seemed to facilitate early detection of patients who experienced mood changes
- Some patients did not score as being depressed but clinical judgement and patient symptom presentation suggested otherwise. These patients were still referred for further follow up
- Some questions had to be re-phrased for some patients, particularly for those patients where English is a second language.

Key Changes Implemented

- Prior to the implementation of the project, changes in mood of acute stroke patients was not being assessed or detected. SW assessed mood as that was the recommendation of the National Stroke Guidelines.
- When patient's were screened using the PHQ-9, the responses to the questions did not always appear to reflect the patient's mental health, therefore clinical judgement was used when using the mood tool.
- Some patients were referred on for further assessment of their mood if clinical judgement deemed that patients appeared to have changes in their mood.
- When the questions were asked in a more conversational style, patient's responses appeared more forthcoming and better reflective of their mood.

Outcomes so far

	With mood tool N = 30	Without mood too N = 30
With possible depression	10 (33%)	0 (0%)
Without depression	20 (67%)	30 (100%)

- An audit of case notes were undertaken to compare the results of when a mood tool was used vs when a mood tool wasn't being used. When the mood tool wasn't being used to screen mood, changes in mood was not being picked up by other members of the stroke team.
- Developing rapport with patients resulted in patients being more willing to participate in the mood tool screening process
- When mood was screened too early into the admission, patients did not appear to be ready to participate in the mood tool assessment so the mood tool was used on about day 3 of their admission.

Lessons Learnt

Implications for Social Work practice:

- Administering the PHQ-9 did detect mood changes in acute stroke patients – without the mood tool, mood changes were not being assessed or detected
 - The PHQ-9 was a more user friendly and time efficient tool to use
 - Early detection, leads to early intervention which can lead to improved patient outcomes
 - Using the mood tool to screen changes in mood, prompted discussions about possible mood changes and where to seek help post discharge if required
 - Would recommend Social Worker's in other acute stroke units, to implement using a mood screening tool such as the PHQ-9 for stroke patients
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