

One-page questionnaire is effective screening tool for common psychiatric disorders

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A one-page, 27-item questionnaire that is available free online is a valid and effective tool to help primary care doctors screen patients for four common psychiatric illnesses, a study led by University of North Carolina at Chapel Hill researchers concludes.

Results of the My Mood Monitor (M-3) <u>checklist</u> study are published in the March/April 2010 issue of <u>Annals of Family Medicine</u>. The checklist was developed by M-3 Information of Bethesda, Md., and is available at <u>www.mymoodmonitor.com</u>.

"About one in 10 Americans who suffer from depression and anxiety-related mental health disorders never receives treatment because they don't understand what's wrong, and when they go to their family doctor these treatable illnesses are too often missed," said Bradley Gaynes, M.D., M.P.H, lead author of the study and an associate professor of psychiatry in the University of North Carolina at Chapel Hill School of Medicine.

"For these millions of people and their primary care providers, the M-3 screener is a tremendously helpful resource," Gaynes said.

The M-3 checklist is designed to screen for depression, <u>bipolar disorder</u>, anxiety disorders and post-traumatic stress disorder (PTSD). For most people who suffer from any of these conditions, Gaynes said, their initial diagnosis is made by a primary care provider, not by a psychiatrist. In addition, the majority of prescriptions for antidepressant medications are



written by <u>primary care physicians</u>. For those reasons, a single tool that can screen for multiple disorders would be very helpful, Gaynes said.

To evaluate the M-3 checklist, Gaynes and study co-authors enrolled 647 adults age 18 or older who sought care at the UNC Family Medicine Center between July 2007 and February 2008. Each participant filled out a paper version of the checklist while waiting to see their doctor. Each participant's completed checklist was then given to their doctor, and the doctors used the checklist to discuss emotional health with their patients.

Researchers later interviewed each person who filled out the checklist, within 30 days of their doctor visit, and assigned final diagnoses after reviewing each interview with Gaynes. These diagnoses were then compared to the answers each participant gave on their checklists. The results showed that the M-3 was effective in screening for any mood or anxiety disorder 83 percent of the time and for a specific disorder in 76 percent of cases.

Gaynes said the research team is currently designing a second study to measure the effectiveness of the M-3 checklist when used by individuals to monitor their mental health status over time. The company has developed a mobile phone version of the checklist that will be released later.

Provided by University of North Carolina School of Medicine

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