

New tool aims to improve measurement of primary care depression outcomes

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Primary care doctors have long been on the front lines of depression treatment. Depression is listed as a diagnosis for 1 in 10 office visits and primary care doctors prescribe more than half of all antidepressants.

Now doctors at the University of Michigan Health System have developed a new tool that may help [family physicians](#) better evaluate the extent to which a patient's depression has improved.

The issue, the researchers explain, is that the official definition of when a patient's symptoms are in remission doesn't always match up with what doctors see in a real-world practice, especially for patients with mild to moderate symptoms. The study will be published in the upcoming issue of *General Hospital Psychiatry*.

"Rather than simply going down a list and checking off a patient's lack of individual symptoms, we believe there are also positive signs that are important – a patient's feeling that they are returning to 'normal,' their sense of well-being, their satisfaction with life and their ability to cope with life's ups and downs," says lead author Donald E. Nease Jr., M.D., who was an associate professor of family medicine at the U-M Medical School and member of the U-M Depression Center at the time of the research.

Nease and his colleagues developed a series of five questions – such as, "Over the last two weeks, did you feel in control of your emotions?" – that they hope will help doctors better understand a patient's inner

landscape.

The remission criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) doesn't necessarily correspond to a patient's own sense of recovery, Nease explains.

For example, a patient could meet all the criteria for full remission, but still not feel that he had recovered. The U-M questionnaire, which is called Remission Evaluation and Mood Inventory Tool, or REMIT, is intended to add the patient's subjective sense of recovery into the equation.

Rather than a replacement for current tools and measurements, REMIT is intended to compliment them, say Nease, who is currently an adjunct professor at U-M.

The researchers used the REMIT tool alongside the current "gold standard" for monitoring people with depression, the Patient Health Questionnaire (PHQ), Nease explains.

The data showed that by adding in the REMIT questions, about one-third of patients with mild [depression](#) were not in remission, as their PHQ score would indicate. Additionally, about one-third of moderately depressed patients were doing better than their PHQ scores alone would denote.

"Using just the PHQ score across our study population, we saw about 60 percent accuracy in reflecting a patient's remission compared to the patient's sense of his or her own recovery," Nease says. "If you add in the REMIT questions, we get above 70 percent. This can give doctors new insights when making treatment choices, such as changing a patient's medication or dosage."

The current research looked at a single snapshot in time for nearly 1,000 [patients](#). The next step will be to track patients' scores over time.

Unlike other tools that require a company's permission to use, the REMIT tool is available to any doctor who wants to use it, Nease says.

More information: "Toward a more comprehensive assessment of depression remission: the Remission Evaluation and Mood Inventory Tool (REMIT)," General Hospital Psychiatry, [DOI: 10.1016/j.genhosppsy.2011.03.002](#)

Provided by University of Michigan Health System

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