Perplexed by Your Patients?  
Mental Health Screening May Have the Answer

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Learning Objectives

After attending this presentation, participants will be able to:

- Identify the strengths and weaknesses of screening approaches to mental illness
- Select practical evidence-based mental illness screening tools
- Follow the steps of the mental illness treatment cascade after a positive screen

Many clinicians have patients with somatic symptoms who appear to have nothing wrong medically. Often these patients are in fact ill, but they have a mental disorder.
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Wednesday, August 24, 2016

Francine Cournos, MD

About this talk

- In this talk mental illness includes substance use disorders and cognitive disorders (as it does in the DSM-5 and ICD-10).
- Always rule out delirium as a cause of abnormal behavior. Clues to this diagnosis include: sudden onset, fluctuations in level of consciousness, confusion, disorientation, and abnormal vital signs.

Case: A 47 year old woman with AIDS, schizophrenia and diabetes mellitus presents with worsening hallucinations.

- The correct answer is check her blood sugar. Everything else can wait.
- Her glucose was 600.
- Her worsening hallucinations cleared following reduction of her blood sugar.
- Always rule out medical causes underlying a change in mental status.

Why Screen? Untreated Mental Illness is Associated with Poorer HIV/AIDS Outcomes

- Multiple studies worldwide show that depression and hazardous substance use are associated with:
  - Increased morbidity and mortality (e.g. HIV+ women with chronic depression twice as likely to die)
  - Failure to initiate antiretroviral treatment (ART)
  - Failure to adhere to ART once initiated
  - Slower virologic suppression (depression)
  - Faster virologic failure (substance use)
  - Increased HIV risk behavior

Reference documents at www.psych.org/aids and www.hivguidelines.org
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Strengths of Mental Health Screening in Primary HIV Care
- Screening increases the likelihood of detecting mental health problems in primary (HIV) care.
- Screening helps to overcome the stigma of mental illness by addressing mental health problems as a routine part of health care.
- Aside from adherence concerns, mental illnesses are common causes of mortality (e.g., suicide, shortened life span), disability and suffering; they deserve treatment in their own right.

Strengths of Mental Health Screening in Primary HIV Care
- People with HIV infection have much higher rates of mental illness than the general population, so detection is particularly relevant to this population.
- There’s truth in the rallying cry of the global mental health movement: “No health without mental health.”

Rates of Selected Psychiatric Disorders: U.S. General Population vs. PLHIV

<table>
<thead>
<tr>
<th>ALCOHOL USE DISORDERS</th>
<th>U.S. GENERAL POPULATION</th>
<th>U.S. POPULATION OF PEOPLE WITH HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current (within 12 months) Alcohol Use Disorder</td>
<td>5-10%</td>
<td>3-12%</td>
</tr>
<tr>
<td>Lifetime Alcohol Use Disorder</td>
<td>14-24%</td>
<td>22-64%</td>
</tr>
</tbody>
</table>

Source: extensive review literature review by presenter and colleagues
Note: general population studies are older + of much better quality
### Rates of Selected Psychiatric Disorders: US General Population vs. PLHIV

<table>
<thead>
<tr>
<th>DRUG USE DISORDERS</th>
<th>U.S. GENERAL POPULATION</th>
<th>U.S. POPULATION OF PEOPLE WITH HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current (within 12 months) Drug Use Disorder</td>
<td>2.4%</td>
<td>2.19%</td>
</tr>
<tr>
<td>Lifetime Drug Use Disorder</td>
<td>6.12%</td>
<td>23.56%</td>
</tr>
</tbody>
</table>

Source: extensive literature review by presenter and colleagues. 
Note: general population studies are older + of much better quality.

<table>
<thead>
<tr>
<th>PSYCHIATRIC DISORDERS</th>
<th>U.S. GENERAL POPULATION</th>
<th>U.S. POPULATION OF PEOPLE WITH HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Depression (within 12 months): Major Depression or Persistent Depressive Disorder (Previously Dysthymia)</td>
<td>6.10%</td>
<td>7.67%</td>
</tr>
<tr>
<td>Lifetime PTSD</td>
<td>8%</td>
<td>30.64%</td>
</tr>
</tbody>
</table>

Source: extensive literature review by presenter and colleagues. 
Note: general population studies are older + of much better quality.

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### Weaknesses and Limitations of Mental Health Screening in Primary HIV Care

- Screening is usually limited to the most common mental disorders; there are hundreds of mental disorders and it’s not possible to screen for all of them in primary care.
- Sensitivity and specificity limitations of screening instruments, as well as cultural factors, can lead to false negatives and false positives.
- Further patient evaluation is often needed for definitive diagnoses.
Screening is not effective unless all the other steps are in place that lead to effective treatment.

Because research is very limited, we have only limited evidence that treating mental illnesses improves negative HIV-related outcomes, such as non-adherence and early death.

Weaknesses and Limitations of Mental Health Screening in Primary HIV Care

- Depression
- Alcohol and other substance use disorders
- PTSD
- Anxiety disorders
- Neurocognitive disorders

Mental Illnesses Commonly Screened for in Primary HIV Care

Choose Practical Screening Tools

A screening tool is practical in primary care when:

- It's short
- It's easily scored
- It's free
- There's evidence that the tool works in primary care
- A range of providers can administer it without specific training and/or it can be self-administered
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Screening for Depression: PRIME-MD PHQ2

Over the last two weeks how often have you been bothered by:

- Little interest or pleasure in doing things.
  - 0=Not at all
  - 1=Several days
  - 2=More than half the days
  - 3=Nearly every day
- Feeling down, depressed or hopeless
  - 0=Not at all
  - 1=Several days
  - 2=More than half the days
  - 3=Nearly every day
- Feeling down, depressed or hopeless
  - 0=Not at all
  - 1=Several days
  - 2=More than half the days
  - 3=Nearly every day

If the score is 3 or more, major depression is likely; screen with the PHQ9. Can also be answered as “yes”/“no”: if yes to either, screen with PHQ20.

Screening for Depression: PRIME-

MD PHQ2

Kroenke, et. al: Medical Care 2003

Diagnostic Instrument for Depression:

PHQ9 – Items Rated from 0-3

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down

Diagnostic Instrument for Depression:

PHQ9 – Items Rated from 0-3

7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

Spitzer et al. JAMA, 1999

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Assessment for Depression

- Evaluate for contributing biological factors, for example prescribed medications, alcohol and other substances, hypothyroidism, hypogonadism, etc.
- Try to rule out bipolar disorder
  - Ask: Past or family history of mania?
  - Ask: In the past year, while not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?

Screening for Risk of Suicide

- The PHQ-9 builds in one question about suicide:
  “Do you have thoughts that you would be better off dead or of hurting yourself in some way?”
- A patient who says yes to this question needs further assessment by someone who is comfortable assessing suicide risk.
- Asking about suicide does not increase risk for suicide.

Screening for Risk of Suicide:
The Columbia Suicide Severity Rating Scale

This scale has six items that assess the following domains in the order of increasing risk severity:
- Wish to be dead
- Suicidal thoughts
- Suicidal thoughts with thoughts of a method
- Suicide intent without specific plan
- Suicide intent with specific plan
- Has ever engaged in suicidal behavior

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Diagnostic Instrument for Generalized Anxiety Disorder: GAD-7 – Items Rated from 0-3

1. Feeling nervous, anxious or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid as if something awful might happen

Spitzer et al, Arch Intern Med 2006

Primary Care PTSD Screen

In your life, have you ever had any experience that was so upsetting, frightening, or horrible that you:

• Have nightmares about it or think about it when you do not want to?
• Try hard not to think about it or go out of your way to avoid situations that remind you of it?
• Are constantly on guard, watchful, or easily startled?
• Feel numb or detached from others, activities, or your surroundings?

Three yes answers = a positive screen

Prins, et. al. Primary Care Psychiatry, 2004

Screening for Hazardous Alcohol Use: Audit-C Questionnaire

• There are 3 questions:
  • How often do you have a drink containing alcohol?
  • How many standard drinks containing alcohol do you have on a typical day?
  • How often do you have six or more drinks on one occasion?

• Each item is rated on a five-point scale used to identify hazardous alcohol use and alcohol use disorders.

• The Audit-C is easily accessed online at no charge.

Bush et. al., Arch Intern Medicine, 1998
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Diagnostic Instrument for Substance Use: DAST 10 – Items Rated Yes or No

These questions refer to the past 12 months only:
1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had “blackouts” or “flashbacks” as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parent) ever complain about your involvement with drugs?
7. Have you neglected your family because of your drug use?

Diagnostic Instrument for Substance Use: DAST 10 – Items Rated Yes or No

These questions refer to the past 12 months only:
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)?

The questionnaire and scoring information are available online.

Assessment Instruments for Mental Disorders Among Children and Adolescents

- Often include observations of child by parents / teachers
- Apply as early as infancy
- Include assessments for depression, anxiety, attention deficit hyperactivity disorder, behavioral difficulties, and the presence of any DSM psychiatric diagnosis
- Many instruments also exist for assessing learning disabilities
- Unlike adult screening instruments, many instruments for children and adolescents cost money to use.

Questions to Briefly Screen for Cognitive Impairment

- Do you experience frequent memory loss (e.g., do you forget the occurrence of special events, even the more recent ones, appointments, etc.)?
- Do you feel that you are slower when reasoning, planning activities, or solving problems?
- Do you have difficulties paying attention (e.g., to a conversation, a book, or a movie)?

Screening questions recommended by the European AIDS Clinical Society (EACS)

5-10 Minute Screens for Severe Neurocognitive Impairment

- HIV Dementia Scales: original (includes saccadic eye movements), modified (removes eye movements), and international versions
- Montreal Cognitive Assessment (MoCA)—free, online, translated into multiple languages
- Both can be used to screen for HIV associated dementia (HAD). For milder impairment, these scales fall short, having moderate sensitivity and poor specificity.


Approaches to Further Care and Treatment Following Positive Screens

The treatment cascade for mental illness:

- Screening for mental illness
- Diagnosing mental illness after a positive screen
- Linking the patient to care
- Retaining the patient in care
- Providing successful treatment
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The Treatment Cascade for Mental Illness:
Most People Do Not Receive Treatment

- In the U.S., it’s estimated that about 20% of people with a mental illness received treatment between 1990 and 1992, and this increased to 33% receiving treatment between 2001 and 2003.
- Most people with mental illness receive no treatment.

Kessler et. al, NEJM, 2005

The Mental Illness Treatment Cascade:
Diagnosing Mental Illness

- In severe cases certain screens (such as the PHQ-9) may be sufficient to make a diagnosis.
- With other screens (such as for PTSD and cognitive impairment), and in people with mild to moderate symptoms, further assessment is usually required to make a diagnosis.
- Instruments used to establish diagnoses in research studies can be used for more definitive diagnoses, but they require training to use and take longer to administer.

The Mental Illness Treatment Cascade:
Diagnosing Mental Illness

- Co-morbidity is common so more than one illness may be present.
- Unlike HIV infection, we do not currently have biological tests that can be used for diagnosis.
- Not every patient fits well into our diagnostic categories.
- Not every patient is able or willing to accurately provide information to establish a diagnosis.
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The Mental Illness Treatment Cascade:
Linkage to Care
Ease with which patients are linked to care, in descending order:
- The practitioner making the diagnosis can also provide the treatment.
- There is on-site integrated mental health care. Various collaborative care models exist for facilitating this in primary care settings.
- There is co-located care but it's not well integrated.

The Mental Illness Treatment Cascade:
Linkage to Care
Ease with which patients are linked to care, in descending order:
- Off-site referral is available with case management to help patients make a successful transition.
- Off-site referral is available without case management.
- You live in a mental health desert and you're on your own. This leads back to the first option—the primary care clinician needs to provide treatment.

The Mental Illness Treatment Cascade:
Retention in Care
Factors that promote successful retention in care at the health care system level:
- Ease of appointments
- Approachability and continuity of providers
- Rapid follow up after changes in treatment
- Crisis intervention and outreach
- Flexibility with missed/unscheduled appointments
- Maximizing reimbursement opportunities
The Mental Illness Treatment Cascade: Providing Successful Treatment

Factors that promote successful treatment at the clinician level:
- Ability to use evidence-based guidelines
- Offering combined medication and psychotherapy
- Teaching self-management skills
- Consultation with colleagues
- Persistent trial and error
- Ongoing monitoring with response to changes

The Mental Illness Treatment Cascade: A Note of Encouragement

- According to the WHO, the #1 cause of disability in the world is back pain.
- According to the WHO, the #2 cause of disability in the world is depression.
- Despite all the necessary steps, depression is easier to treat successfully than back pain!
- With a greater commitment to the diagnosis and treatment of mental illnesses, we can improve the mental illness treatment cascade.
SUGGESTED READINGS


