

Resources For Depression An Anthology

The John D. and Katherine T. MacArthur Foundation Initiative on Depression and Primary Care

<http://www.depression-primarycare.org/clinicians/toolkits/>

The MacArthur Foundation Initiative on Depression and Primary Care has created a Depression Tool Kit, which is intended to help primary care clinicians recognize and manage depression. The Tool Kit includes easy to use instruments and information sources to assist with:

- Recognizing and diagnosing depression;
- Educating patients about depression, assessing treatment preferences, engaging their participation and explaining the process of care;
- Using evidence-based guidelines and management tools for treating depression; and
- Monitoring patient response to treatment.

Patient Health Questionnaire

The depression scale of the Patient Health Questionnaire (PHQ) was developed in and for primary care. The items addressed in the tool come directly from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) criteria for diagnosing major depression. The tool also provides a severity measure which can be repeated to guide treatment decisions.

The PHQ-9 is adapted from PRIMEMDTODAY, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. The names PRIME-MD® and PRIMEMDTODAY™ are trademarks of Pfizer Inc.

The Edinburgh Postnatal Depression Scale

Instructions for users:

1. The mother is asked to underline the response which comes closest to how she has been feeling in the previous 7 days.
2. All ten items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
5. The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

Name: _____

Address: _____

Baby's Age: _____

As you have recently had a baby, we would like to know how you are feeling. Please **UNDERLINE** the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

1. I have been able to laugh and see the funny side of things.
As much as I always could
Not quite so much now
Definitely not so much now
Not at all
2. I have looked forward with enjoyment to things.
As much as I ever did
Rather less than I used to
Definitely less than I used to
Hardly at all
3. * I have blamed myself unnecessarily when things went wrong.
Yes, most of the time
Yes, some of the time
Not very often
No, never
4. I have been anxious or worried for no good reason.
No, not at all
Hardly ever
Yes, sometimes
Yes, very often
5. * I have felt scared or panicky for not very good reason.
Yes, quite a lot
Yes, sometimes
No, not much
No, not at all

6. Things have been getting on top of me.

Yes, most of the time I haven't been able to cope at all
Yes, sometimes I haven't been coping as well as usual
No, most of the time I have coped quite well
No, I have been coping as well as ever

7. * I have been so unhappy that I have had difficulty sleeping.

Yes, most of the time
Yes, sometimes
Not very often
No, not at all

8. * I have felt sad or miserable.

Yes, most of the time
Yes, quite often
Not very often
No, not at all

9. * I have been so unhappy that I have been crying.

Yes, most of the time
Yes, quite often
Only occasionally
No, never

10. * The thought of harming myself has occurred to me.

Yes, quite often
Sometimes
Hardly ever
Never

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an asterisk are reverse scored (i.e. 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items. Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

Cox, JL; Holden, JM & Sagovsky, R. (1987). The Edinburgh Postnatal Depression Scale (EPDS). *British Journal of Psychiatry*, 150. Accessed May, 2005 at <http://www.wellmother.com/articles/edinburgh.htm>

ZUNG SELF-RATING DEPRESSION SCALE

Patient's Name/Initials: _____

Date of Assessment: _____

Please read each statement and decide how much of the time the statement describes how you have been feeling during the **past several days**.

Place a check mark in the appropriate column.	A little of the time	Some of the time	A good part of the time	Most of the time
1. I feel down-hearted and blue.				
2. Morning is when I feel the best.				
3. I have crying spells or feel like it.				
4. I have trouble sleeping at night.				
5. I eat as much as I used to.				
6. I still enjoy sex.				
7. I notice that I am losing weight.				
8. I have trouble with constipation.				
9. My heart beats faster than usual.				
10. I get tired for no reason.				
11. My mind is as clear as it used to be.				
12. I find it easy to do the things I used to.				
13. I am restless and can't keep still.				
14. I feel hopeful about the future.				
15. I am more irritable than usual.				
16. I find it easy to make decisions.				
17. I feel that I am useful and needed.				
18. My life is pretty full.				
19. I feel that others would be better off if I were dead.				
20. I still enjoy the things I used to do.				

KEY TO SCORING THE ZUNG SELF-RATING DEPRESSION SCALE

Consult this key for the value (1-4) that correlates with the patient's responses to each statement. Add up the numbers for a total score. Most people with depression score between 50 and 69. The highest possible score is 80.

Place a check mark in the appropriate column.	A little of the time	Some of the time	A good part of the time	Most of the time
1. I feel down-hearted and blue.	1	2	3	4
2. Morning is when I feel the best.	4	3	2	1
3. I have crying spells or feel like it.	1	2	3	4
4. I have trouble sleeping at night.	1	2	3	4
5. I eat as much as I used to.	4	3	2	1
6. I still enjoy sex.	4	3	2	1
7. I notice that I am losing weight.	1	2	3	4
8. I have trouble with constipation.	1	2	3	4
9. My heart beats faster than usual.	1	2	3	4
10. I get tired for no reason.	1	2	3	4
11. My mind is as clear as it used to be.	4	3	2	1
12. I find it easy to do the things I used to.	4	3	2	1
13. I am restless and can't keep still.	1	2	3	4
14. I feel hopeful about the future.	4	3	2	1
15. I am more irritable than usual.	1	2	3	4
16. I find it easy to make decisions.	4	3	2	1
17. I feel that I am useful and needed.	4	3	2	1
18. My life is pretty full.	4	3	2	1
19. I feel that others would be better off if I were dead.	1	2	3	4
20. I still enjoy the things I used to do.	4	3	2	1

Geriatric Depression Scale

Choose the best answer for how you felt in the past week (circle one)

Are you basically satisfied with your life?	YES	NO
Have you dropped many of your activities and interests?	YES	NO
Do you feel that your life is empty?	YES	NO
Do you often get bored?	YES	NO
*Are you hopeful about the future?	YES	NO
Are you bothered by thoughts you can't get out of your head?	YES	NO
*Are you in good spirits most of the time?	YES	NO
Are you afraid that something bad is going to happen to you?	YES	NO
*Do you feel happy most of the time?	YES	NO
Do you often feel helpless?	YES	NO
Do you often get restless and fidgety?	YES	NO
Do you prefer to stay at home, rather than going out and doing new things?	YES	NO
Do you frequently worry about the future?	YES	NO
Do you feel you have more problems with memory than most?	YES	NO
*Do you think it is wonderful to be alive now?	YES	NO
Do you often feel downhearted and blue?	YES	NO
Do you feel pretty worthless the way you are now?	YES	NO
Do you worry a lot about the past?	YES	NO
*Do you find life very exciting?	YES	NO
Is it hard for you to get started on new projects?	YES	NO
*Do you feel full of energy?	YES	NO
Do you feel that your situation is hopeless?	YES	NO
Do you think that most people are better off than you are?	YES	NO
Do you frequently get upset over little things?	YES	NO
Do you frequently feel like crying?	YES	NO
Do you have trouble concentrating?	YES	NO
*Do you enjoy getting up in the morning?	YES	NO
Do you prefer to avoid social gatherings?	YES	NO
*Is it easy for you to make decisions?	YES	NO
*Is your mind as clear as it used to be?	YES	NO

SCORING:

*Nondepressed answers = yes, all others= no
 Score: _____ (Number of "depressed" answers)

Norms: Normal 5 +/- 4; Mildly depressed 15 +/- 6 ;Very depressed 23 +/- 5

American Association for Geriatric Psychiatry
7910 Woodmont Ave
Suite 1050
Bethesda, MD 20814-3004
301-654-7850
f 301-654-4137
www.aagponline.org

Geriatric Mental Health Foundation
7910 Woodmont Ave, Suite 1050
Bethesda, MD 20814
301.654.7850 · Fax 301.654.4137
web@GMHFonline.org

National Institute of Mental Health
Information Resources and Inquiries Branch
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
Telephone: 1-301-443-4513
FAX: 1-301-443-4279
Depression brochures: 1-800-421-4211
TTY: 1-301-443-8431
FAX4U: 1-301-443-5158
Website: <http://www.nimh.nih.gov>
E-mail: nimhinfo@nih.gov

National Alliance for the Mentally Ill
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
Telephone: 1-703-524-7600; 1-800-950-NAMI
Website: <http://www.nami.org>

A support and advocacy organization of consumers, families, and friends of people with severe mental illness-over 1,200 state and local affiliates. Local affiliates can often give guidance to finding treatment.

National Depressive and Manic Depressive Association
730 N. Franklin, Suite 501
Chicago, IL 60601-3526
Telephone: 1-312- 642-0049; 1-800-826-3632
Website: <http://www.ndmda.org>

Purpose is to educate patients, families, and the public concerning the nature of depressive illnesses. Maintains an extensive catalog of helpful books.

National Foundation for Depressive Illness, Inc.
P.O. Box 2257
New York, NY 10016
Telephone: 1-212-268-4260; 1-800-239-1265
Website: <http://www.depression.org>

A foundation that informs the public about depressive illness and its treatability and promotes programs of research, education and treatment.

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971

Telephone: 1-703-684-7722; 1-800-969-6642

FAX: 1-703-684-5968

TTY: 1-800-433-5959

Website: <http://www.nmha.org>

An association that works with 340 affiliates to promote mental health through advocacy, education, research, and services.

Many books have been written on major depression and bipolar disorder. The following are a few that may be helpful:

Andreasen, Nancy. *The Broken Brain: The Biological Revolution in Psychiatry*. New York: Harper & Row, 1984.

Carter, Rosalyn. *Helping Someone With Mental Illness: A Compassionate Guide for Family, Friends and Caregivers*. New York: Times Books, 1998.

Duke, Patty and Turan, Kenneth. *Call Me Anna, The Autobiography of Patty Duke*. New York: Bantam Books, 1987.

Dumquah, Meri Nana-Ama. *Willow Weep for Me, A Black Woman's Journey Through Depression: A Memoir*. New York: W.W. Norton & Co., Inc., 1998.

Fieve, Ronald R. *Moodswing*. New York: Bantam Books, 1997.

Jamison, Kay Redfield. *An Unquiet Mind, A Memoir of Moods and Madness*. New York: Random House, 1996.

The following three booklets are available from the Madison Institute of Medicine, 7617 Mineral Point Road, Suite 300, Madison, WI 53717, telephone 1-608-827-2470:

Tunali D, Jefferson JW, and Greist JH, *Depression & Antidepressants: A Guide*, rev. ed. 1997.

Jefferson JW and Greist JH. *Divalproex and Manic Depression: A Guide*, 1996 (formerly Valproate guide).

Bohn J and Jefferson JW. *Lithium and Manic Depression: A Guide*, rev. ed. 1996.