

Clinician Follow Up Reference for Supportive Care

PHQ-4 – Anxiety/Depression: MILD/MODERATE/SEVERE SCORE

Start With adding answer scores to get Total Score	Approach	Next Step	Timing
<p>PHQ-4 Anxiety questions:</p> <ul style="list-style-type: none">Feeling nervous, anxious or on edgeNot being able to stop or control worrying <p>PHQ-4 Depression questions:</p> <ul style="list-style-type: none">Little interest or pleasure in doing thingsFeeling down, depressed, or hopeless <p>Answer of:</p> <ul style="list-style-type: none">Not at all (+0)Several Days (+1)More than half the days (+2)Nearly every day (+3) <p>Total score is determined by adding together the scores for each of the 4 inquires. Scores are rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12).</p> <p>Normalize distress with patients sharing that everyone with a cancer diagnosis experiences greater than usual levels.</p>	<p>Total Score 0-2 = Normal</p> <ul style="list-style-type: none">Patients scoring within the category of “Normal”does not need to be assessed further, No follow-up referralInform patient about future routine screenings <p>Total Score 3-5 = Mild Category Total Score 6-8 = Moderate Total Score 9-12 = Severe Category</p> <ul style="list-style-type: none">Recommended that anyone with this category score be screened further for anxiety/depressionA score of 3 or greater in either the Anxiety or Depression screening inquires is considered positive for screening purposes. <p>Share with all patients that anxiety and depression symptoms are common reactions and can be managed.</p> <ul style="list-style-type: none">Provide support and validationEncourage pleasant activity, relaxation, and exercise if appropriate <p>Follow your institution’s internal risk assessment protocol or suicidal/homicidal ideation protocol to further assess SI/HI risk.</p>	<p>Refer to Physician/APC or SW</p> <ul style="list-style-type: none">Assess for SI/HI risk if neededInform patient about supportive care in the community/clinical settingInform patient of follow-up screeningsMid level provider, in consultation with treating physician, can further determine referral for patient if needed <p>Provide education on supportive care in the community/clinical setting.</p> <p>Share Patient Links and Handouts as appropriate</p> <p>See Reference links below for additional information</p>	<p>Sub Acute 1-3 days for those with Mild and Moderate and able to function</p> <p>Same Day For those with any score not able to function</p> <p>Urgent - immediate referral to a physician or to the ER is recommended for those with suicide ideation risk</p>

Notes

Thoughts of death, self-harm, and suicide may be common among patients with cancer, with increased risk among pain, emotional distress, and functional limitations. Therefore, assessment of psychosocial distress must be placed in context of other supportive care needs. Risk of suicide is heightened in the year following cancer diagnosis, but patients may also consider self-harm, suicide, or euthanasia throughout the cancer continuum including the end of life. Thoughts of death without suicidal intent may also occur.

Stage I-IV: Patients with a mild or moderate screen could be provided with education and resource information and re-screened at a later visit as appropriate. Any patient with a positive screen (mild, moderate or severe) should be assessed for suicidal ideation. The PHQ-4 can be administered by health care personnel, or it can be self-administered. (Kroenke et al., 2009)

Stage IV: High-Quality Management of Physical and Depressive Symptoms May Reduce Severe Anxiety at End of Life for Patients with Cancer, Study Finds (see link in References below)

Patient Links and Handouts:

- [American Cancer Society, Emotional, Mental Health, and Mood Changes](#)
- [NIH, Adjustment to Cancer: Anxiety and Distress \(PDQ®\)](#)
- [NIH, Depression \(PDQ®\)](#)
- [Cancer.Net, Anxiety](#)
- [Cancer.Net, Depression](#)

Patient Handouts can be accessed at:

<http://cancer-help.me/pfh-anx-depression>
<http://cancer-help.me/depression>

References:

- [NIH, Adjustment to Cancer: Anxiety and Distress \(PDQ®\)](#)
- [Screening, Assessment, and Care of Anxiety and Depressive Symptoms in Adults With Cancer: An American Society of Clinical Oncology Guideline Adaptation](#)
Andersen, BL, et al. Screening, assessment, and care of anxiety and depressive symptoms in adults with cancer: an American Society of Clinical Oncology guideline adaptation. J Clin Oncol. 2014 May 20;32(15):1605-19.
- [An ultra-brief screening scale for anxiety and depression: the PHQ-4.](#)
Kroenke K, et al. An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics. 2009 Nov-Dec;50(6):613-21.
- [Longitudinal Analysis of Severe Anxiety Symptoms in the Last Year of Life Among Patients With Advanced Cancer: Relationships With Proximity to Death, Burden, and Social Support](#)
Tang, ST, et al. Longitudinal Analysis of Severe Anxiety Symptoms in the Last Year of Life Among Patients With Advanced Cancer: Relationships With Proximity to Death, Burden, and Social Support. J Natl Compr Canc Netw. 2016 Jun;14(6):727-34.