

## **OP01.1**

### **Patient screening tools associated with prediction of depression remission at six months**

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**Background:** Depression is very common in primary care and treatment by collaborative care management has been shown to be extremely effective compared to usual care. Previous studies have demonstrated that self-reported patient screening tools can be predictive of patients who will have issues with persistent depressive symptoms at six months after treatment. This study was developed to determine which screening tools might be predictive for the patient with depression being in remission at six months.

**Methods:** in a retrospective chart review study of 2246 adult patients with depression who were treated with collaborative care management.

**Results:** Logistic regression analysis demonstrated that depression severity (as measured by the PHQ-9), negative screening for bipolar disorder (with a negative MDQ) and minimal anxiety severity (as measured by GAD-7) were consistently associated with increased likelihood of remission at six months. Clinically, a diagnosis of first episode of depression was also seen significantly more often in those patients in remission at six months. A history of being married was also noted to be strongly associated with remission at six months.

**Conclusions:** Patients diagnosed with depression and treated with collaborative care management have significant rates of remission. However, even within this group of patient, there are certain subsets of patients (those who are married, diagnosed with first episode of moderate depression, have a normal MDQ screen and no evidence of significant anxiety) who do much better clinically than others. The presentation will demonstrate the predictive probability of the combinations of self-reported patient screening tools for remission at six months. Patients who are at a high likelihood of remission at six months, may not need as intensive resource utilization as others.