THE UNIVERSITY OF ARIZONA
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EXAMINING CURRENT DEPRESSION SCREENING PRACTICES FOR NURSE PRACTITIONERS IN SOUTHERN ARIZONA WHO CARE FOR PATIENTS WITH HEART FAILURE

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Background

Heart Failure (HF) is a costly disease with a high rate of morbidity and mortality affecting approximately 5.1 million Americans annually (CDC, 2015).

- One of the most costly medical diagnoses ($30 billion in 2012)
- Two year mortality rate of 30% and ten year mortality of 78%
- Self-reported depressive symptom prevalence ranges from 10-79% with an average of 29%
- Patients report a 'low mood' for an average of 4 years prior to receiving a diagnosis of depression
- Depression is an independent predictor of all cause mortality
- Patients with HF who report depressive symptoms are 4-5 times more likely to have hospital readmissions than those with HF who do not report depression
- Providers recognize depression less than 50% of the time

Purpose and Aims

Purpose is to describe Nurse Practitioners (NP) depression screening practices for patients with HF

Specific aims include identifying:

- If NPs do screen for depression
- At what intervals does screening occur
- What is done with the information obtained
- What are possible barriers to screening

Methods

Design: Quantitative descriptive study using an anonymous online survey

Participants: Southern AZ NPs that provide care to patients with HF who are members of the Southern Arizona Advanced Practice Nurse/Nurse Practice Society or Allied Health Professionals of Yuma listservs (315 total members)

Data Collection: Survey platform Qualtrics

- 24 Questions
- Data collection over 3 week period
- Survey tool developed by Chieka (2016). Consisted of multiple choice and likert scale items as well as quantitative open-ended responses to assess NPs depression screening practices, attitudes and beliefs, and knowledge about depression in HF

Results

16 Nurse Practitioners completed the survey

Table 1. Sociodemographic Characteristics

16 Participants • 15 female (93.8%) • 1 male	**Degree** • MSN: 9 (56.3%) • DNP: 6 • Certificate/Other: 1	**Practice Setting** • PCP: 9 (56.3%) • Inpt: 1 • HF Clinic: 2 • Cards Clinic: 4
Specialty • FNP: 10 (62.5%) • AGACNP: 5 • Other (women's health): 1	**Years in Practice** • >10 yr: 7 (43.8%) • <1 yr: 2 • 2-4 yr: 6 • 5-10 yr: 1	**Type of Setting** • Urban: 13 (81.3) • Rural: 3

Table 2. Frequency of Depression Screening

I don't screen for depression	N=5
Initial visit or PRN	N=4
Only when the patient appears depressed	N=4
Every Visit	N=3

Table 3. How often do you believe providers recognize depression?

Less than 25% of the time	12
25-50% of the time	3
50-75% of the time	1

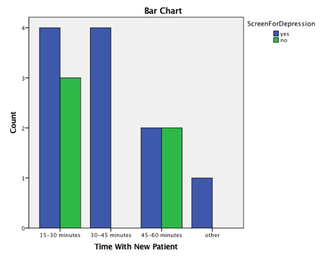
Table 4. What is done with a positive screen?

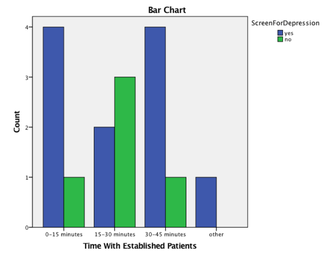
Encourage Counseling	N=6
Medicate for Depression	N=3
Refer to PCP	N=2
Refer to Psychiatry	N=2
Defer to Patient Wishes	N=2

- Providers who believed there is a higher rate of depression in patients with HF screened more frequently.
- Appointment time was not a limiting factor for providers who believed depression screening to be important.

Results (continued)

Graphs 1 & 2. Appointment Time and Screening Practices





Advanced education was associated with higher rates of depression screening.

- MSN graduates: 55% screened
- DNP graduates: 83% screened

Conclusion

- All participants believed treating depression led to better outcomes
- Providers who reported screening for depression did so regardless of time available if depression was believed to be of concern

Recommendations

- Annual continuing education regarding depression and outcomes associated with poor mental health and heart failure
- Allowing patients take the PHQ-2 while waiting for their appointment at every visit
- A positive screen would be followed up with the more comprehensive PHQ-9
  - Mild depressive symptoms: follow up with the patient during a subsequent visit and provide support and education
  - High depressive symptoms: address the results with the patient during that appointment

References available upon request