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
- 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

<table>
<thead>
<tr>
<th>Degree</th>
<th>Number of NPs</th>
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<tbody>
<tr>
<td>MSN: 9</td>
<td>5 (31.3%)</td>
</tr>
<tr>
<td>DNP: 6</td>
<td>4</td>
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<tr>
<td>Certificate/Other: 1</td>
<td>3</td>
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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 N=12
25-50% of the time N=1
50-75% of the time N=1

Table 4. What is done with a positive screen?

Encourage Counseling N=3
Medicate for Depression N=3
Refer to PCP N=2
Refer to psychiatrist N=2
Refer to Patient Wishes N=2

Recommendations
- Annual continuing education regarding depression and outcomes associated with poor mental health and heart failure
- Allowing patients to 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

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

References available upon request