

Short Psychiatric Screen Useful in Primary Care

BY DAMIAN McNAMARA

HOLLYWOOD, FLA. — A screen that detects multiple psychiatric disorders in primary care is accurate, fast, and easy to use, according to a validation study of 647 consecutive adults at a primary care clinic.

Psychiatric clinicians and researchers designed the 27-item My Mood Monitor checklist for primary care physicians to detect anxiety, depression, post-traumatic stress disorder (PTSD), and bipolar disorder. The study showed that the combined screening tool has sensitivity and specificity rates similar to that of single-disorder screens commonly used in

4 minutes to fill out, can be completed on paper or online at www.mymoodmonitor.com, so patients can complete it at home or in a waiting room. An immediate score is available after completing the screening tool electronically, he said.

"It is helpful to review mental health symptoms and emotional symptoms," Dr. Gaynes said. A total of 80% of doctors found it was helpful to review pa-

tients' emotional health, he added.

My Mood Monitor is available for free and is written at a sixth-grade reading level, Dr. Gaynes said.

A reference standard diagnostic interview showed that about one-third of the study cohort screened positive for a disorder. Anywhere "from 25% to 35% [of the general primary care population] might have a psychiatric illness, so we're in the right general ballpark."

The study was funded by M-3 Information. Dr. Gaynes received grants and research support from the M-3 Corp., a developer of educational software.

Dr. Gaynes has also received support from or been a consultant for Bristol-Myers Squibb Co., Novartis, Pfizer Inc., Ovation Pharmaceuticals, Shire Pharmaceuticals, and Wyeth-Ayerst. He has also received a speaker's honorarium from GlaxoSmithKline. ■



The checklist, which takes about 3 to 4 minutes to fill out, can be completed on paper or online.

DR. GAYNES

primary care, according to Dr. Bradley N. Gaynes, associate professor of psychiatry at the University of North Carolina in Chapel Hill.

"I was surprised it did so well with multiple disorders. I didn't think it would line up so well with the single measures," Dr. Bradley said in an interview at his poster during a meeting of the New Clinical Drug Evaluation Unit, sponsored by the National Institute of Mental Health.

The My Mood Monitor, created for M-3 Information, a not-for-profit entity, had an overall sensitivity of 83% and specificity of 76% (as a screen for any of the four disorders). Sensitivity and specificity for anxiety were 82% and 78%, respectively; for depression, 84% and 80%; for PTSD, 88% and 76%; and for bipolar disorder, 88% and 70%.

For each diagnosis, sensitivity and specificity met or exceeded that for single-item screeners such as the Generalized Anxiety Disorder-7 scale (GAD-7) for anxiety, the Patient Health Questionnaire-9 (PHQ-9) for depression, the Clinician-Administered PTSD Scale (CAPS), and the Mood Disorders Questionnaire for bipolar disorder, Dr. Gaynes said.

The checklist, which takes about 3 to

NOW APPROVED

For more information, visit
www.onglyza.com

Internal Medicine News

Thanks For
Making Us

Source: PERQ/HCI
Focus® Medical/Surgical
June 2009 Readership Summary;
Internal Medicine Specialties Section, Tables
501-503 Projected Average Issue Readers.