Suicidal ideation or non-suicidal self-harm? A mismatch between the DSM-IV criterion and PHQ-9 item nine

JL Browne1,2, G Nefs3, F Pouwer3, J Speight1,2
1The Australian Centre for Behavioural Research in Diabetes, Diabetes Australia – Vic, Melbourne, VIC; 2Centre for Mental Health and Wellbeing Research, School of Psychology, Deakin University, Burwood, VIC; 3Department of Medical and Clinical Psychology, Center of Research on Psychology in Somatic diseases (CoRPS), Tilburg University, Tilburg, The Netherlands.

Background

● People with diabetes are almost twice as likely to experience depression as the general population, and comorbid diabetes and depression is associated with suboptimal self-care and health outcomes1

● International guidelines recommend routine screening for emotional distress in people with diabetes so that common problems, including depression, can be detected and treated

● The 9-item Patient Health Questionnaire (PHQ-9) is a commonly used screening tool for this purpose

The problem with the PHQ-9

According to its developers, the PHQ-9 constitutes “the actual nine criteria upon which the diagnosis of DSM-IV depressive disorders is based”2

We query this claim, as item nine does not assess suicidal ideation alone

The PHQ-9 asks for the frequency with which respondents have experienced the nine diagnostic symptoms of depression over the past two weeks (0=not at all; 3=almost every day)

● Items are summed to form a total score (range: 0-27)

● Item 9 is intended to assess suicidal ideation, defined in the DSM-IV as “recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide”3

● However, the wording of item 9 (“thoughts that you would be better off dead or of hurting yourself in some way”) reveals a mismatch with the diagnostic criterion

● The item assesses both thoughts of death/suicide and self-harm, without distinguishing between them

● “Thoughts of self-harm” is not a DSM-IV diagnostic criterion for depression

Interpretation difficulties due to the wording of item 9

The poor wording of item 9 causes interpretation difficulties, illustrated in Table 1 using data from the Australian4 and Dutch5 Diabetes MILES studies (N=7019)

● The Diabetes MILES studies were national surveys of people with diabetes about psychosocial and behavioural aspects of living with the condition

10% (n=701) of participants endorsed item 9 (indicated by a score ≥1) (Table 1)

● Of those, 29% (n=206) did not meet the criteria for (sub-threshold) depression based on their PHQ-9 total score (≥10)

● It is possible that these people have suicidal thoughts as a result of other physical condition(s) or mental disorders (e.g. personality disorder)

● However, it seems more likely that many are responding to the “hurting yourself in some way” portion of the item, and are having non-suicidal thoughts of self-harm (e.g. cutting), which is not exclusively associated with mental illness, and occurs in nonclinical populations2

● This may explain the unexpectedly large size of this group

<table>
<thead>
<tr>
<th>Study</th>
<th>Type 1 diabetes</th>
<th>Type 2 diabetes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILES - The Netherlands</td>
<td>284</td>
<td>417</td>
<td>701</td>
</tr>
<tr>
<td>MILES – Australia</td>
<td>85</td>
<td>121</td>
<td>206</td>
</tr>
</tbody>
</table>

Possible reason for item 9 being endorsed

The 9-item Patient Health Questionnaire (PHQ-9) is a commonly used screening tool for this purpose

● The item assesses both thoughts of death/suicide and self-harm, without distinguishing between them

Future research needs to assess the strength of the correlation between scores on PHQ-9 item nine and true suicidal ideation in a diabetes population

Discussion and conclusions

● The concerns outlined here apply to use of the PHQ-9 in any population, and authors outside the diabetes field have previously noted some of these issues7,8

● Our large scale Diabetes MILES dataset has enabled confirmation of this problem in an international dataset

● In clinical practice, health professionals need to be aware of the need for careful interpretation of responses to item 9, to minimise over-estimation of depressive symptoms and, in particular, suicidal ideation

● Future research needs to assess the strength of the correlation between scores on PHQ-9 item nine and true suicidal ideation in a diabetes population

Table 1. Participants meeting/not meeting criteria for depression in the group endorsing PHQ-9 item 9, stratified by diabetes type

References

8. Katzan IL et al. Improving suicide screening at the Cleveland Clinic through electronic self-reports: PHQ-9 and the Columbia-Suicide Severity Rating Scale (C-SSRS). JASR 2013 World Congress on Suicide. Montreal Canada 2013

Enquiries: jbrown@acbrd.org.au