



The Role of the Primary Care Provider in the Diagnosis and Management of Depression, Anxiety, and Substance Use Disorder: Use of Screening Tools

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Primary Care Providers play a critical role in identifying mental health conditions, such as depression, anxiety, and substance use disorders. They are often the first point of contact for patients within the Health System. Patients often manifest symptoms during routine consultations or express their concerns within the context of their primary complaint. Early identification of these symptoms and their proper management can make a significant difference in the health and well-being of patients.

In addition to being aware of the symptoms presented during the consultation, it is crucial that the Primary Care Providers use valid screening tools. These tools help identify patients who could benefit from further evaluation by a Mental Health Professional.

PHQ – 9: Screening for Depression

The **PHQ-9** is one of the most widely used tools, validated for the detection of depressive symptoms and the monitoring of the response to treatment in patients diagnosed with major depression. This questionnaire, known as the Patient Health Questionnaire-9 (PHQ-9), has been validated for use in the Puerto Rican population and consists of nine (9) questions that assess the symptomatology of a depressive episode. In addition, it includes an additional question that explores the level of dysfunction caused by symptoms. Although this instrument facilitates the identification of cases, it does not replace a comprehensive evaluation carried out by a Mental Health Professional. It's also important to rule out that the symptoms aren't due to subjacent medical conditions, such as substance use or other disorders.

Once these symptoms have been identified or upon obtaining positive results when administering PHQ-9, it is crucial that the Primary Care Provider refer or communicate with a Mental Health Professional to ensure appropriate specialized management. Follow-up and collaboration between both professionals are essential to optimize treatment and ensure that patients receive appropriate care.

PHQ-9 interpretation and recommendations for intervention:

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered
by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your
work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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Punctuation	Description of the result	Intervention recommendations
0-4	Minimal depression	Psychoeducation and re-evaluation at least annually.
5-9	Mild depression	Support counseling, psychoeducation, and guidance on re-evaluation in case of deterioration of symptoms.
10-14	Moderate depression	Psychological therapy or considering drug treatment if symptoms interfere with functioning.
15-19	Moderately severe depression	Combination of psychological therapy and pharmacological treatment. Close follow-up of 2-4 weeks to assess response.
20 or more	Severe depression	Combination of psychological therapy and pharmacological treatment. Suicide risk assessment. Consider hospitalization if there is an imminent risk or serious deterioration.

Question number 9, of the PHQ-9 specifically assesses suicide risk. In cases where the patient answers yes to this question, it is essential to ensure the patient's safety. In these cases, immediate action should be taken to ensure the patient's protection by hospitalization or crisis intervention measures, as needed.

GAD-7: Generalized Anxiety Disorder Screening

The **GAD-7** is a validated seven (7) question tool that allows Primary Care Professionals to identify generalized anxiety symptoms in adults. Anxiety is a condition that can go unnoticed, especially in primary care settings, where physical symptoms can overlap emotional ones. Using the **GAD-7** can help us to:

- Detect symptoms of anxiety in a systematic approach;
- Assess the severity of symptoms in patients;
- Direct early intervention, avoiding exacerbation of symptoms and their effects on health.

The **GAD-7** score helps determine the level of intervention required, from monitoring to professional evaluation of specialized Mental Health services when necessary.

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Punctuation	Interpretation
0 - 4	No anxiety is observe
5 - 9	Mild anxiety symptoms are observed
10 - 14	Moderate anxiety symptoms are observed
15 - 21	Severe anxiety symptoms are observed
0 - 4	No anxiety is observe

Intervention: If the patient presents a score greater than 10, it is recommended to refer for an evaluation by a Mental Health Professional.

DAST-10: Substance Use Screening

Problem substance use is a growing public health concern that affects both the mental and physical health of individuals. The *Drug Abuse Screening Test (DAST-10)* is a ten (10) question instrument, easy to administer and evaluate, that facilitates the identification of patterns of substance use in adult patients. By performing the DAST-10 we can:

- Detect substance use problems in early stages;
- Direct the patient to resources and services that help them modify or stop substance use;
- Reduce the risk of medical complications associated with substance use, such as cardiovascular, liver, and psychiatric diseases.

This screening is especially useful in patients who may have a history of substance use or have physical and emotional symptoms that could be related to substance use.

DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right.
You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

Interpreting the DAST 10

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Abuse Suggested Action.

DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4),363-371.

DAST-10 Interpretation and Intervention Recommendations:

The patient receives one (1) point for each "Yes" answered, except for question #3, in which the answer "No" receives one (1) point.

DAST-10 Score	Problem related to drug abuse by Level	Suggested Intervention
0	No problem	Not at this time
1-2	Low Monitoring Level	Re-evaluate later
3-5	Moderate level	Further research
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Other Useful Tools:

Drug Abuse Evaluation (DAST-28)

Instructions for this Screening Tool: The following questions pertain to your involvement with drugs. Drug abuse refers to (1) the use of prescription or over-the-counter medications in excess of indications, and (2) any non-medical use of drugs. Consider the last year (12 months) and read each statement carefully. Then decide if your answer is YES or NO and mark the appropriate space. Be sure to answer all questions.

Question	YES or NO
1. Have you used drugs other than those required for medical reasons?	
2. Have you abused prescription medications?	
3. Do you abuse more than one drug at a time?	
4. Can you make it through the week without using drugs (except those required for medical reasons)?	
5. Can you always stop using drugs whenever you want to?	
6. Do you abuse drugs on an ongoing basis?	
7. Do you try to limit your drug use to certain situations?	
8. Have you had "blackouts" or "flashbacks" as a result of drug use?	

9. Have you ever felt bad about your drug abuse?	
10. Does your partner (or parents) ever complain about your involvement with drugs?	
11. Do your friends or family know or suspect that you abuse drugs?	
12. Has drug abuse ever created problems between you and your partner?	
13. Has any member of your family been seeking help for problems related to your drug use?	
14. Have you ever lost friends due to your drug use?	
15. Have you ever neglected your family or missed work because of your drug use?	
16. Have you ever had problems at work due to drug abuse?	
17. Have you ever lost a job due to drug abuse?	
18. Have you ever been in a fight while under the influence of drugs?	
19. Have you ever been arrested due to unusual behavior while under the influence of drugs?	
20. Have you ever been arrested for driving under the influence of drugs?	
21. Have you ever participated in illegal activities to obtain drugs?	
22. Have you ever been arrested for possession of illegal drugs?	
23. Have you ever experienced abstinence symptoms as a result of excessive drug use?	
24. Have you had any medical problems as a result of your drug use (e.g., memory loss, hepatitis, seizures, bleeding, etc.)?	
25. Have you ever looked help from anyone for a drug-related problem?	
26. Have you ever been in a hospital for medical problems related to your drug use?	
27. Have you ever participated in a treatment program specifically related to drug use?	
28. Have you been treated as an outpatient for drug abuse-related problems?	

Scoring and Interpretation:

Scoring and Interpretation	A score of "1" is given for each affirmative answer (Yes), except for items 4, 5 and 7, in which a negative answer (NO) receives a score of "1".
Score between 6 and 11	Considered optimal for the detection of substance use disorders. Using a cut-off score of 6 has been shown to be effective, providing excellent sensitivity for identifying patients with substance use disorders, and satisfactory specificity in identifying patients without disorders.
Score less than 11	Lightly reduces sensitivity in identifying patients with substance use disorders but improves accuracy in identifying patients who do not have these disorders.
Score greater than 12	It definitely indicates a substance abuse problem.
Correlation with items	Most of the items correlate moderately well with the total scale scores. However, items 4, 7, 16, 20, and 22 have a weaker correlation with the total scale score.

Exhortation to the Use of Screenings in Primary Care

Incorporating **the PHQ-9, GAD-7, and DAST-10** into primary care practice is a proactive step toward preventing complications and promoting comprehensive care. These instruments do not require much time to be performed and can be administered during routine visits as part of the overall patient evaluation. By identifying these disorders early, we are contributing to better care, to the optimization of health resources in our community, and to the development of a timely, integrated, and effective Treatment Plan for the patient's well-being.

If you identify any screening with positive results, means that intervention by a Mental Health Professional is needed, as a Primary Physician you can refer the patient to receive services from a Co-located (Mental Health Professional within the Primary Medical Group) or to any provider that is part of the Vital Mental Health Provider Network.

For more information and references on these screenings, we invite you to review the resources available from the Centers for Disease Control and Prevention (CDC) and the American Psychiatric Association (APA), which provide up-to-date clinical guidelines on the use of these instruments in primary care settings.

Procedure and Diagnostic Codes for Billing Screening Tests:

Screening Tests	Procedural Codes
PHQ9: Depression	<p>96127 - Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.</p> <p>The following codes have no fees, they are used to report the encounter, HEDIS Measures compliance or CMS reports:</p> <p>G9393 - Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months, as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score of less than five.</p> <p>G9395 - Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months, as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score greater than or equal to five.</p> <p>G9396 - Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days).</p> <p>G9509 - Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months, as demonstrated by a twelve-month (+/-60 days) phq-9 or phq-9m score of less than 5.</p> <p>G9510 - Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months, as demonstrated by a twelve-month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5.</p> <p>G9511 - Index event date PHQ-9 or PHQ-9M score greater than 9 documented during the twelve-month denominator identification period.</p>
GAD7: Anxiety	<p>96127 – Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.</p> <p>G0444 - Annual depression screening, 5 to 15 minutes.</p>

DAST: Substance Use Disorder	G2011 – Alcohol and/or substance (other than tobacco) misuse, structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes.
	G0396 - Alcohol and/or substance (other than tobacco) misuse, structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes.
	G0397 - Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes.
	99408 - Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes.
	99409 - Alcohol and/or substance (other than tobacco) abuse, structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes.

The codes should always be accompanied by diagnoses associated with Anxiety, Depression, and Substance Use Disorders

Code	Diagnosis
F06.4	Anxiety disorder due to known physiological condition
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.980	Cannabis use, unspecified with anxiety disorder
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder

F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F32. To	Depression, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.6	Tobacco abuse counseling

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