



# Depression Relapse Active Monitoring (DRAM)

## Participant Manual

## **DEPRESSION RELAPSE ACTIVE MONITORING (DRAM) MANUAL**

As part of your participation in the DARE project, we are inviting you to learn more about depression, its core symptoms, and how to use the Patient Health Questionnaire (PHQ) to help you detect symptoms of depression early should they recur.

### **What is depression?**

Depression is a common and disabling condition. While all of us feel low in mood from time to time, in depression this low mood is much more severe – it persists for at least two weeks, is associated with other symptoms and it causes significant distress or interferes with the ability to function at home or at work.

### **What are the symptoms of depression?**

There are 9 core symptoms of depression which include:

1. Depressed mood for most of the day, nearly every day
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
3. Difficulty sleeping or sleeping too much nearly every day
4. Feeling tired or lacking in energy nearly every day
5. Significant weight loss when not dieting or weight gain or change in appetite nearly every day
6. Feeling worthless or excessively guilty nearly every day
7. Difficulty concentrating or making decisions nearly every day
8. Moving or speaking so slowly that other people notice or becoming fidgety and restless and moving around a lot more than usual – nearly every day
9. Repeated thoughts that you would be better off dead, of death, or harming yourself

To be diagnosed with depression, five or more of these symptoms are present during the same 2-week period and must include either depressed mood or loss of interest or pleasure in activities. The symptoms are sufficiently severe so as to cause significant distress or difficulty in functioning at work or at home.

## **Why is it important to monitor for symptoms of depression?**

One in five people will experience at least one episode of depression during their life. At least 60% of people who have had one episode of depression will have another. Those with 3 or more previous episodes of depression are at even higher risk of having a fourth.

Despite its high prevalence, depression frequently goes unrecognised. Although depression is a very treatable condition, if it is unrecognised it cannot be treated. If symptoms are present, it can be tempting to try to ignore them and “soldier on” rather than take action to actively manage them and any stressful situations or personal issues that may be related to how you are feeling. However, left untreated, depression is a condition that is likely to get worse. While sometimes depression can go away without treatment, this may take many months.

The addition of regular monitoring of depressive symptoms will mean that episodes of depression are likely to be picked up and treated earlier than would be the case without such monitoring, resulting in reduced severity and duration of the condition.

## **Why are instruments like the Patient Health Questionnaire (PHQ) useful for screening symptoms of depression?**

It is increasingly recognised that patient education and supported self-management strategies are vital in effectively treating conditions that have relapsing pattern such as depression. In the case of depression, it can be difficult for patients to look at the description of depression and make an accurate and objective judgement using the diagnostic criteria that professionals use. It can also be difficult to distinguish fleeting from more persistent mood symptoms.

Screening questionnaires such as the PHQ are designed as a simple first step to see if your symptoms match the symptoms of depression and whether they are sufficiently persistent as to warrant professional follow-up.

## **Why is it important to seek diagnosis for depression from a qualified health professional?**

A screening questionnaire cannot be used to diagnose depression. One reason for this is that a diagnosis of depression requires ruling out a number of other possible causes of the symptoms and excluding other diagnoses. The evaluation of individual symptoms is also more complex than what is possible using a simple screening questionnaire.

## How is the PHQ used in the DARE project to screen symptoms of depression?

There are two different formats of the PHQ. The PHQ-9 is the complete questionnaire and screens for all 9 symptoms of depression. If you have any symptoms, the PHQ-9 also has an additional question (question 10) that assesses the impact of those symptoms on your day-to-day functioning.

The PHQ-2 is the first two questions only of the PHQ-9. It screens for the two critical and defining symptoms of depression: depressed mood and lack of interest or pleasure. If neither of these symptoms is present, depression is highly unlikely to be the diagnosis, even if other symptoms are present from the PHQ-9 such as problems sleeping or difficulty concentrating. On the other hand, if depressed mood or lack of interest or pleasure are present and are present to a significant degree, it is likely that there will be other symptoms of depression as well.

### A. Monthly self-monitoring

Each month you will be prompted by us to self-monitor by completing the PHQ-2. This will be done via your preferred medium of SMS, telephone, mail or email.

We have provided you with a credit card sized card with the PHQ-2 questions to help you self-monitor for depression each month. This card also provides the contact numbers of your sources of support during the research trial, including your local doctor.

If your score is 3 or more on the PHQ-2, you will be prompted by us to complete the PHQ-9 via your preferred medium (internet, email, mail, fax, phone) to check for other symptoms. We will also recommend that you take a copy or printout of your completed PHQ-9 to your doctor or other mental health professional to confirm diagnosis and discuss possible treatments.

This is a WEAK recommendation if: there are less than 5 ticks (✓s) in the blue highlighted section of PHQ-9 and Question 9 has a score of 0.

This is a STRONG recommendation if: there are 5 or more ticks (✓s) in blue highlighted section of PHQ-9 and/or Question 9 has a score of 1 - 3.

A STRONG recommendation means that the DARE team definitely advises you to make this contact. A WEAK recommendation means that the DARE team advise you to make this contact if it seems it will be useful to you.

## **B. Self-monitoring at 4 weeks, 8 weeks and thereafter 3 monthly**

You will be prompted to complete the full PHQ-9 along with a number of other assessment instruments (via mail or internet).

We will ask you to score the first two questions of the PHQ-9 (i.e., the PHQ-2). If your score is 3 or more on these first two questions we will recommend that you take a copy or printout of the PHQ-9 to your doctor or other mental health professional to confirm diagnosis and discuss possible treatments.

This is a WEAK recommendation if: there are less than 5 ticks (✓s) in the blue highlighted section of PHQ-9 and Question 9 has a score of 0.

This is a STRONG recommendation if: there are 5 or more ticks (✓s) in blue highlighted section of PHQ-9 and/or Question 9 has a score of 1 - 3.

A STRONG recommendation means that the DARE team definitely advises you to make this contact. A WEAK recommendation means that the DARE team advise you to make this contact if it seems it will be useful to you.

## **C. Comments on Question 9 of the PHQ-9: thoughts of self-harm**

For some individuals, thoughts about death or harming themselves may develop when they are depressed. It should be remembered that these thoughts and urges are a symptom of depression and should never be acted upon. They will pass in time - more quickly with treatment. In the meantime, if you or those around you have concerns about your safety and welfare, we have included the numbers of the crisis services on your DARE card that are there to assist you in such circumstances. This includes Lifeline, Suicide Helpline and your local area mental health service (24 hour number for information, assessment and referral). Please don't hesitate to immediately contact one or more of these services if you are feeling at risk of harming yourself in any way. If your score on the PHQ-2 is 3 or more, we will also provide you with general written instructions to help you get appropriate help.

The DARE project is not a mental health service or designed to respond to suicide crisis.

However, if you wish to discuss your PHQ score further with the Project Manager or Principal Researcher, you can call 9554 1585 or email [dare@med.monash.edu.au](mailto:dare@med.monash.edu.au)

**START  
HERE**



DARE team will prompt you to complete PHQ-2 (monthly) or PHQ-9 (3 monthly)



No further action this month

No

Score of 3 or more?

Score PHQ-2



Send completed PHQ-2/9 to DARE team

Score PHQ-9

Item 9 ticked?

Yes  
**STRONG**  
Recommendation



Visit Mental Health Professional, taking completed PHQ-9

No

5 or more ticks in blue section?

No  
**WEAK**  
Recommendation

Yes  
**STRONG**  
Recommendation

**Legend**

Forms

Decisions

**Recommendations:**  
**STRONG** – DARE team definitely advises you to make this contact.  
**WEAK** – Consider making this contact if it seems it will be useful to you.