



UNIVERSITY *of* WASHINGTON

PSYCHIATRY & BEHAVIORAL SCIENCES

School of Medicine

PATIENT HEALTH QUESTIONNAIRE - 9

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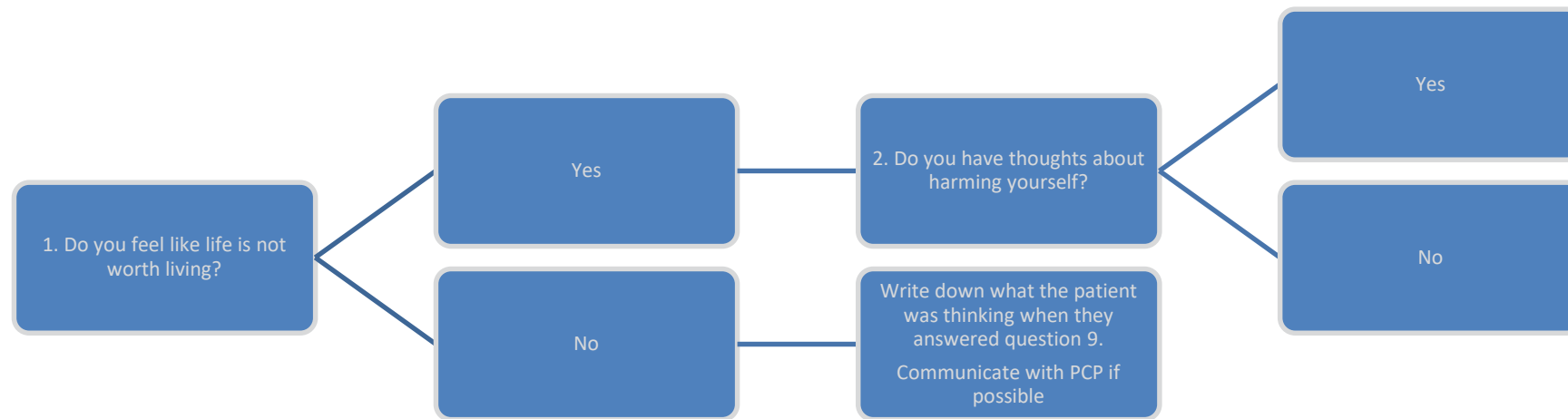
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University of Washington

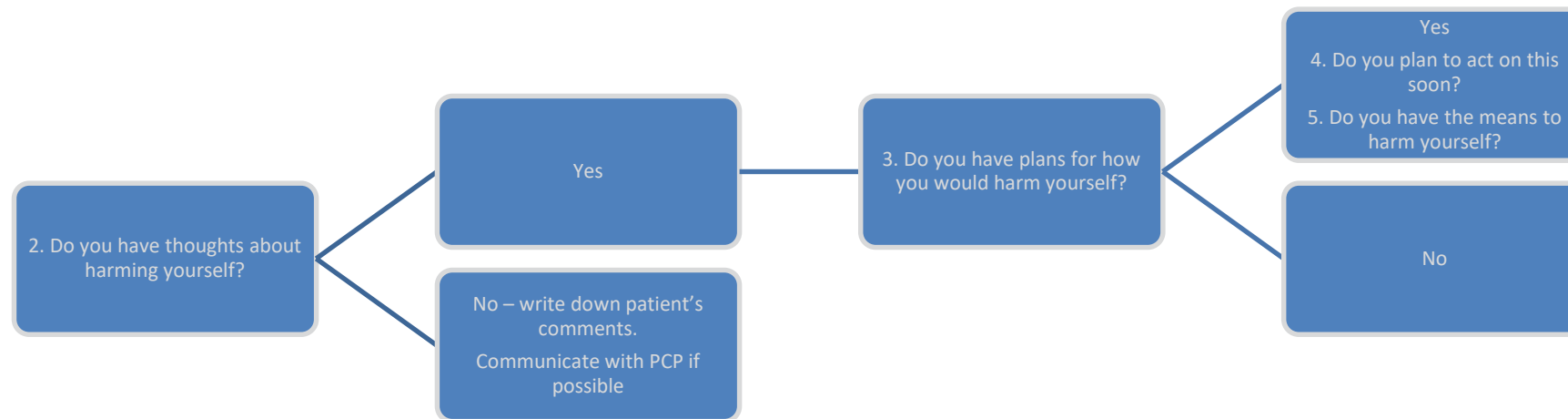
DISCLAIMER

These guidelines are a general recommendation only. The final assessment of whether immediate action is needed is up to licensed professionals within their scope of practice.

PHQ – 9 QUESTION 9




PHQ – 9 QUESTION 9 - CONTINUED



THE SPECTRUM OF PERINATAL MOOD DISORDERS

COMMON POSTPARTUM MOOD CHANGES

Increasing Severity 

	Postpartum Blues	Postpartum Depression (PPD)	Postpartum Psychosis
Incidence (per delivery)	50%	5-15%	0.1%
Time of onset (postpartum)	2-5 days	Up to 1 year postpartum	2 weeks
Duration	Days	Weeks – months	Weeks – months
Symptoms	Low / labile mood, irritability, crying	Low mood, decreased pleasure, disturbed sleep / appetite, guilt, suicidal thoughts, impaired bonding	Elation / irritability / low mood, confusion, delusions / hallucinations
Prognosis	Transient. Risk factor for PPD	Long lasting without treatment. Risk factor for major depression / bipolar disorder	Recovers with treatment. Risk factor for bipolar disorder
Treatment	Support	Behavioral activation, cognitive behavior therapy, Interpersonal therapy, antidepressants, mother baby therapy	Psychiatric emergency. Inpatient treatment, antipsychotics / mood stabilizers, ECT