

Barometer Programmes

A Rapid Mental Health Screening Tool

Addressing an unmet mental health need in patients with retinal disease

Several studies have demonstrated that depression and anxiety are more prevalent among patients with neovascular age-related macular degeneration (nAMD) compared with the general population.¹⁻⁴ A systematic literature review conducted by the Barometer Program reported that the prevalence of depression and anxiety in patients with nAMD ranged from 8% to 42% and 15% to 26%, respectively.⁵ Major sources of anxiety were fear of losing eyesight due to disease activity and/or prognosis, or concerns about treatment effectiveness, while depression was correlated with visual acuity of the treated or better eye, duration of nAMD, and the number of previous nAMD treatments.⁵

Despite studies highlighting a high prevalence of undiagnosed anxiety and depression among patients with nAMD, and up to 90% of patients with symptoms of clinical anxiety and depression not receiving appropriate psychological and psychiatric treatment for their condition, screening for mental health issues is not common practice in ophthalmology clinics.¹

To address this, a rapid mental health screening tool for screening of patients with retinal disease was developed at the Manchester Royal Eye Hospital, UK.

The tool was validated using a cohort of 104 patients who were evaluated for anxiety and depression at The Princess Alexandra Eye Pavilion, Edinburgh, UK.⁶ The rapid screening approach was shown to be **effective at identifying patients at risk of both anxiety and depression** and facilitated prompt management of these conditions.² Additionally, rapid screening was found to be compatible with clinic flows, caused no change to appointment start or end times, and required minimal extra time overall.⁶

The rapid screening approach involves the following steps:

1. A patient well-being form comprising two sets of two questions each to **screen for depression (PHQ-2) and anxiety (GAD-2)** is to be completed by the patient in waiting room.
2. If possibility of depression or anxiety is revealed (i.e., if a patient scores more than 3 points on that respective part of the well-being form), then **proceed with the relevant full PHQ-9 and/or GAD-7 questionnaire**. PHQ-9 and GAD-7 are previously validated questionnaires used to screen for and assess depression and anxiety, respectively.
3. Based on the patient score, **a tiered proforma algorithm guides next steps**, ranging from low vision support, counselling, and training, which may be provided by patient organization and/or patient support groups (Level 1), to GP referral (Level 1–2) and rarely formal psychiatric review (Level 3). **Template letters for referrals are provided** as part of the tool, if needed.

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Leadership Coalition member and lead developer of the rapid mental health screening tool in ophthalmology, Professor Tariq Aslam (Manchester Royal Eye Hospital, UK) said, ***“Clinicians are increasingly aware of the importance of patient well-being when treating patients with chronic eye diseases and multiple publications have highlighted unacceptable levels of anxiety and depression in our patients. However, managing this as well as the patient’s eye disease can be a challenge given already busy clinics and limited access to trained psychological support. This tool provides a template for an efficient and effective means of managing patient well-being, using simple questionnaires and guides that are compatible with use in busy ophthalmology units”.***

Patient Well-Being Form
Please fill in this form and hand it to the clinic staff member who does your first eye test (below)

PHQ-9
Over the last 2 weeks how often have you been bothered by the following?
Please circle your answer

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

Total score: 0-27

GAD-7
Over the last 2 weeks how often have you been bothered by the following?
Please circle your answer

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

Total score: 0-21

Patient well-being form

General Anxiety Disorder Questionnaire (GAD-7)
Over the last 2 weeks how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

Total score: 0-21

Patient Health Questionnaire (PHQ-9)
Over the last 2 weeks how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling/ staying asleep, waking too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
Feeling hopeless or thinking about death, such as thinking about suicide or hurting yourself	0	1	2	3
Thinking 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
Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Total score: 0-27

PHQ-9 and GAD-7 questionnaires

Proforma
A structured form for recording patient information, including sections for patient details, clinical history, and management plans.

Proforma

Referral letter templates
Standardized templates for writing referral letters, including sections for patient information, clinical findings, and recommendations.

Referral letter templates

1. Senra H et al. *Am J Ophthalmol.* 2017; 177: 213–224.
2. Cimarolli VR et al. *Clin Ophthalmol.* 2015; 10: 55–63.
3. Talks SJ et al. *Ophthalmol Ther.* 2023; 12: 561–575.
4. Weinstein O et al. *Ophthalmic Epidemiol.* 2022. doi: 10.1080/09286586.2022.2090007.
5. Gale RP, et al. *Acta Ophthalmol.* 2023;101:e26–e42.
6. Clancy N et al. *Ann Gen Psychiatry.* 2022;21:15.

This tool was developed by Professor Tariq Aslam, University of Manchester, with multidisciplinary input from University and Hospital colleagues in ophthalmology and psychology. The tool is licensed under [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/). The original depression and anxiety questionnaires can be accessed and downloaded without copyright restriction here: <https://www.phgscreeners.com/>. Bayer was not involved in the development of, or funding for, the rapid mental health screening tool or associated materials. The links to the tool and questionnaires are provided as a convenience. In providing these links, Bayer does not give approval to their contents, nor does Bayer accept any liability for damage or injury resulting from the use of the tool, in whatever form. Users access and use the tool at their own risk. Intended for healthcare professionals only.

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