

Abstract

Depression is highly prevalent among people living with HIV (PLHWA) and is associated with negative health outcomes. Nonetheless, it remains underrecognized and undertreated by healthcare providers. The purpose of this DNP project was to assist a city HIV outpatient clinic integrate and sustain a standardized screening protocol for depression using the PHQ-9 screening tool, and consequently increase the number of patients identified and treated. It was a pre and post design implemented over a 12-week period. A pre-and post-test was administered to assess for knowledge before and after an educational intervention, and staffs' attitudes were assessed using the Revised Depression Attitudes Questionnaire (R-DAQ. Chart audit of PHQ-9 completion rates at baseline and during the 12 weeks following the educational training was performed. The Iowa model of evidenced based practice served as a guide for this project. Knowledge was assessed and compared using pre and posttests among the N=8 participants. Descriptive statistics and Wilcoxon matched pair signed-rank test were conducted. Mean scores showed significant increase in knowledge from 85.7% to 98.8 % after educational training with $p = .0067$. The R-DAQ showed an overall positive attitude towards depression with a Cronbach's alpha value of .841. Chart review pre and post intervention results showed an increase in depression screening from 6% to 54%, a Pearson Chi square significance of .650, depression positivity rate of 44 % and referral/treatment rate of 58 %. This project revealed that developing depression screening protocols and using reliable screening tools like the Patient Health Questionnaire (PHQ-9) is a feasible approach to improve identification and treatment of depressed patients in HIV care settings.

Keywords: Depression, Screening, Quality Improvement, PHQ-9, people living with HIV/AIDS, Guidelines, Protocols.