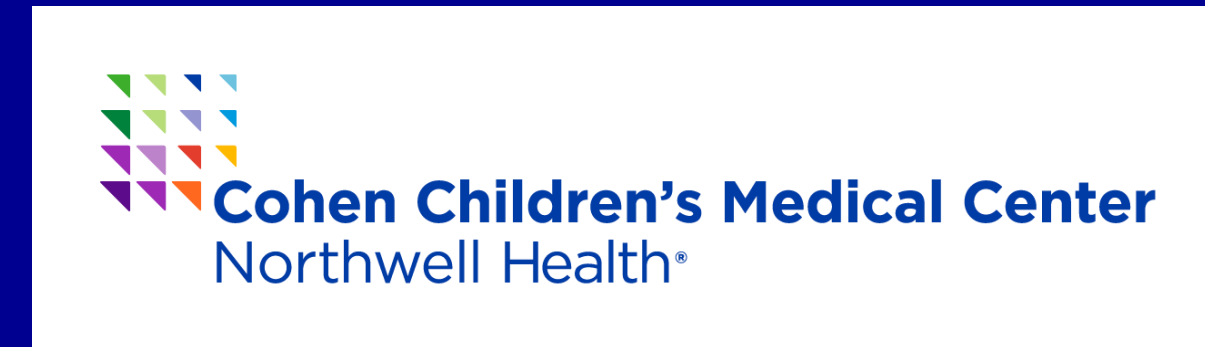
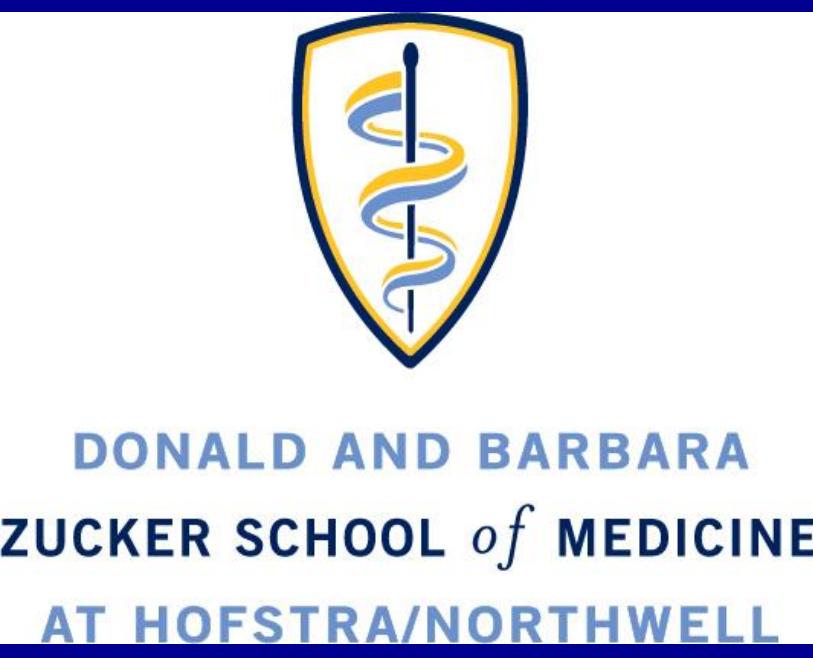


Increasing Depression Screening Rates of Adolescents with Connective Tissue Diseases or Juvenile Idiopathic Arthritis in an Ambulatory Setting

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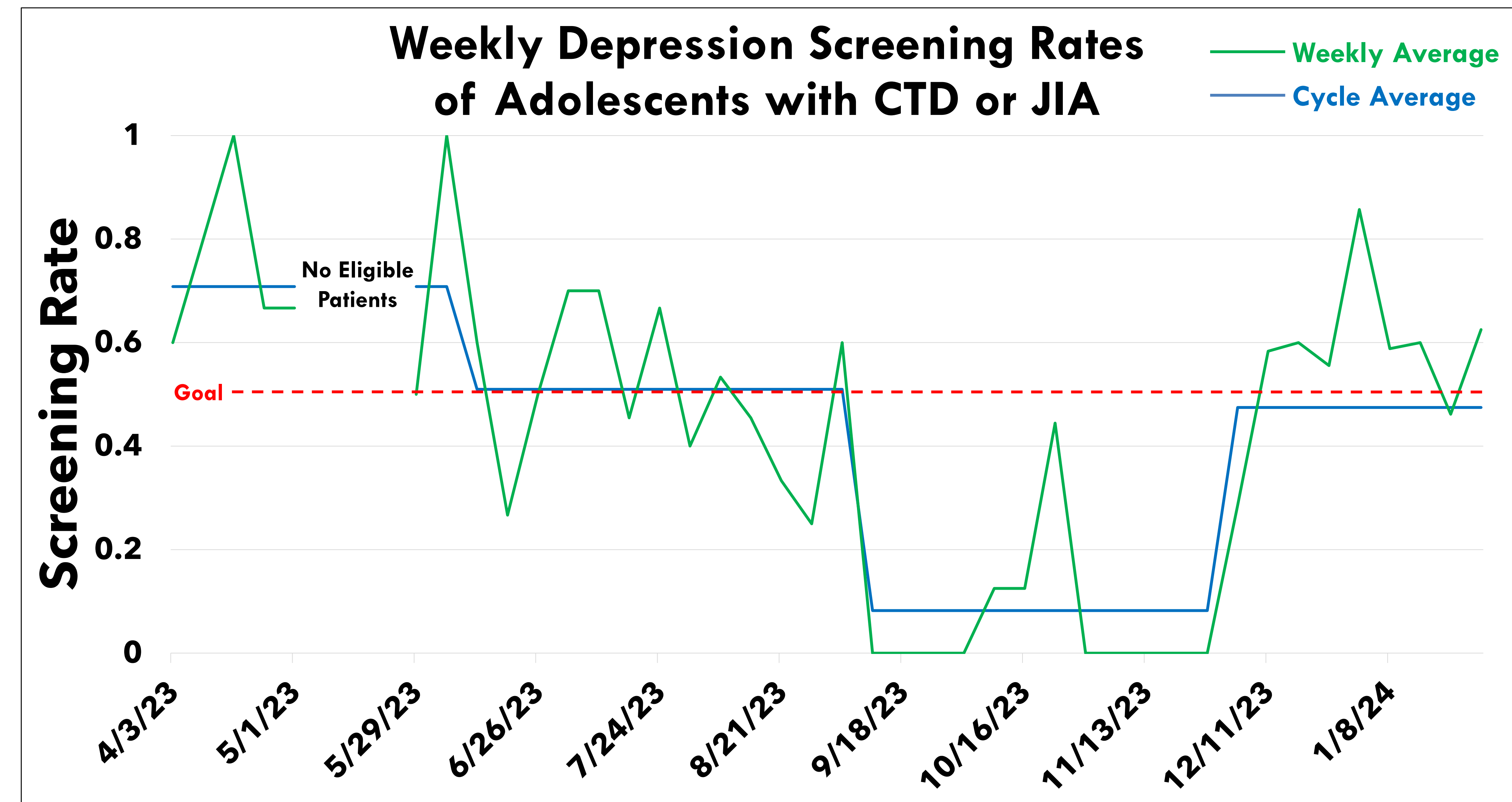
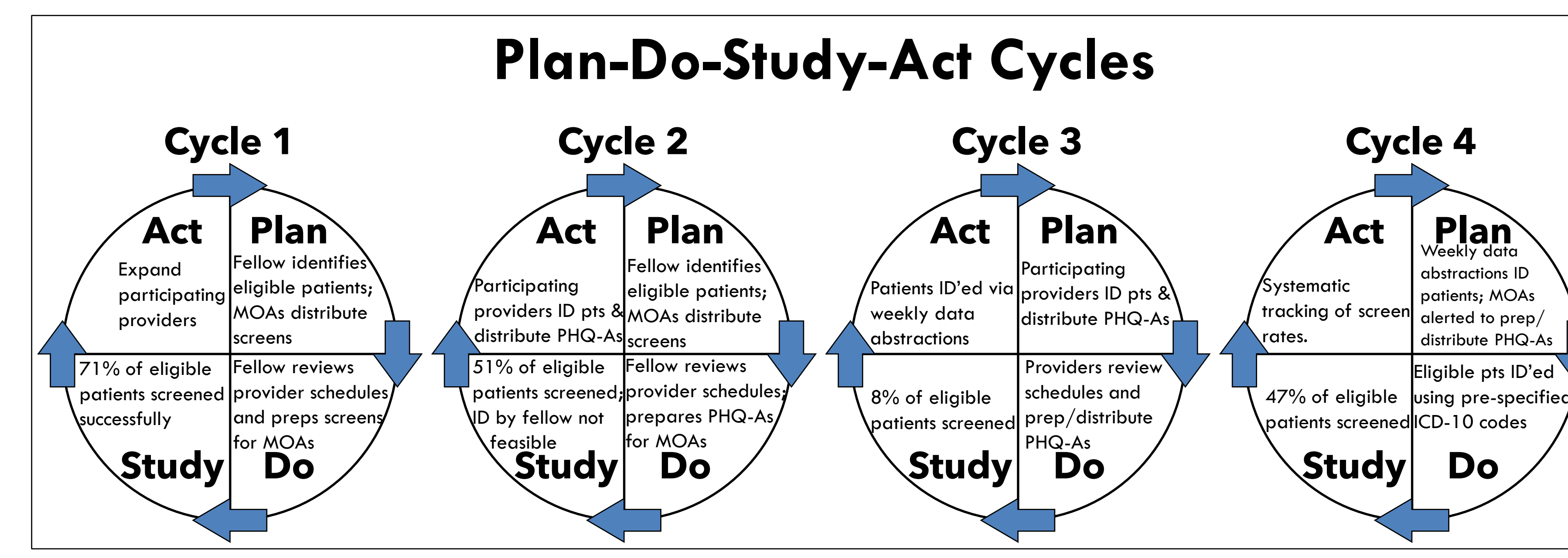
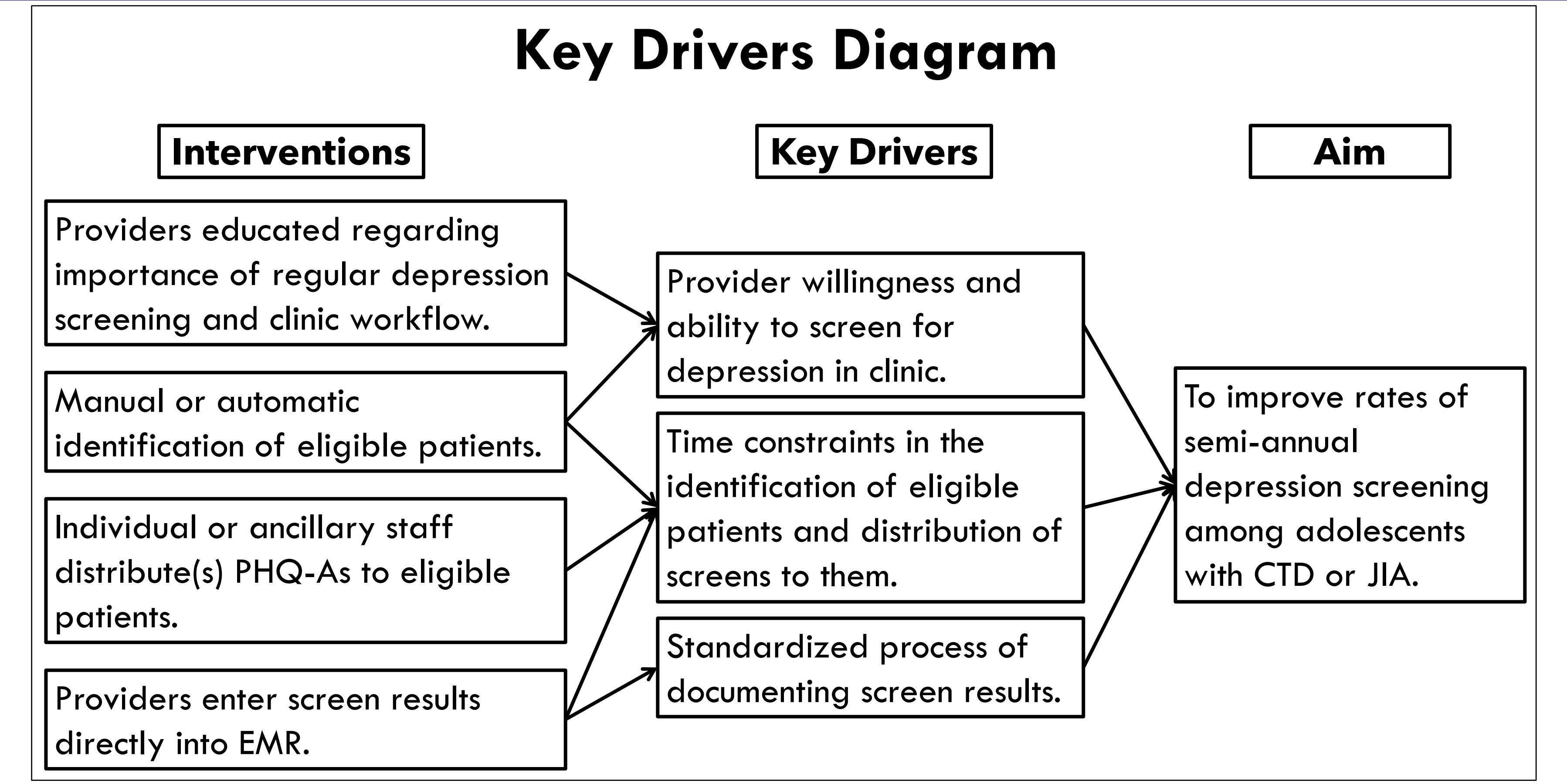
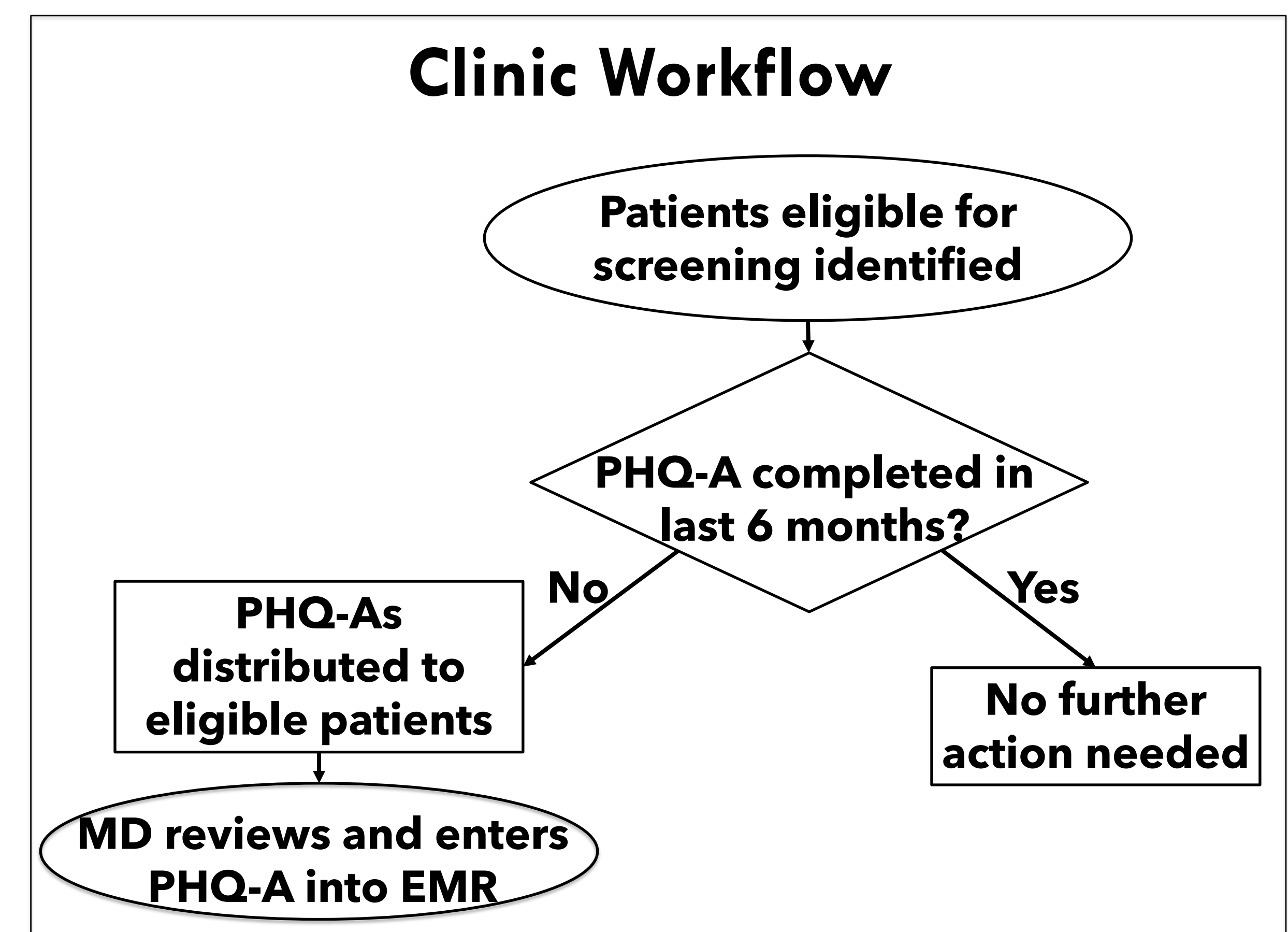
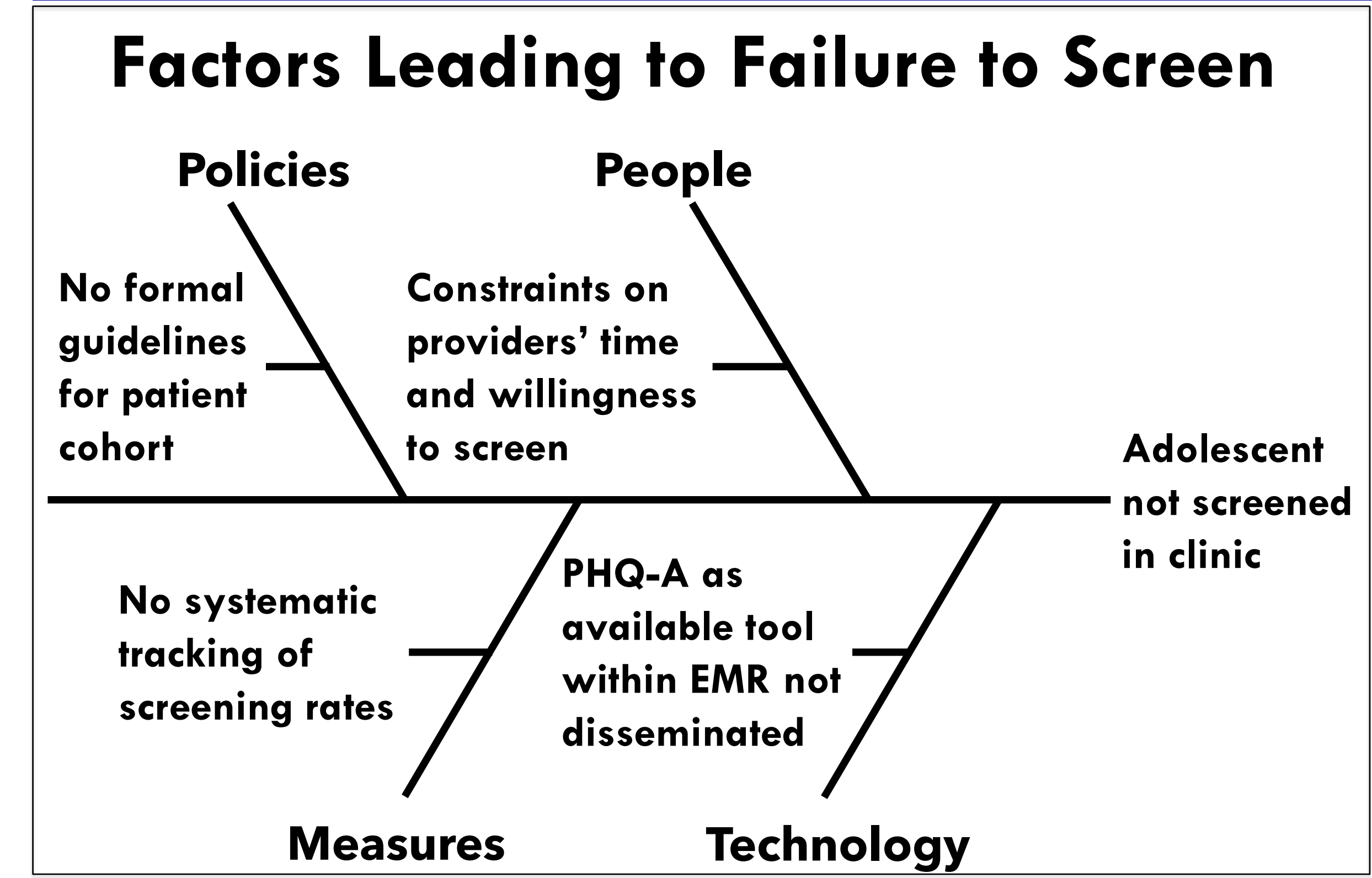
Introduction

- Adolescents with Connective Tissue Diseases (CTDs) and Juvenile Idiopathic Arthritis (JIA) have an increased risk of developing depression.
- While most pediatric rheumatologists agree on the importance of screening this high-risk cohort for depression, only a minority report doing so routinely.
- The American Academy of Pediatrics and the United States Preventative Services Task Force recommend annual depression screening for all children aged 12 and older.
- There are no guidelines regarding the recommended frequency of depression screening among adolescents with rheumatologic diseases.
- We aimed to increase the rate of semi-annual depression screening using the Patient Health Questionnaire Modified For Adolescents (PHQ-A) among patients aged 13-18 with known diagnoses of CTD or JIA from zero to fifty percent within ten months.

Methods

- PDSA cycles began in April 2023 and continued through February 2024.
- Cycle 1 (4/3-6/9/23): senior fellow manually identified eligible patients in fellows' clinics; prepared PHQ-As for MOAs to distribute.
- Cycle 2 (6/12-9/8/23): participating providers expanded; same process used to identify and distribute PHQ-As to eligible patients.
- Cycle 3 (9/11-12/1/23): individual providers manually identified and distributed PHQ-As to eligible patients.
- Cycle 4 (12/4/23-2/2/24): weekly data abstractions using pre-specified ICD-10 codes identified eligible patients; MOAs automatically notified to prepare and distribute PHQ-As

Results



Discussion/Conclusions

- Depression screening of adolescents with CTD/JIA is feasible in an ambulatory setting.
- While the weekly screening rate dropped when the cohort was expanded to include non-fellow patients, this rate was preserved when scheduled data abstractions were employed.
- All patients were provided with a list of mental health resources and Social Work was available to intervene as needed.
- Future cycles will employ a workflow for, and systematic tracking of, interventions based on screen results.

Selected References

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