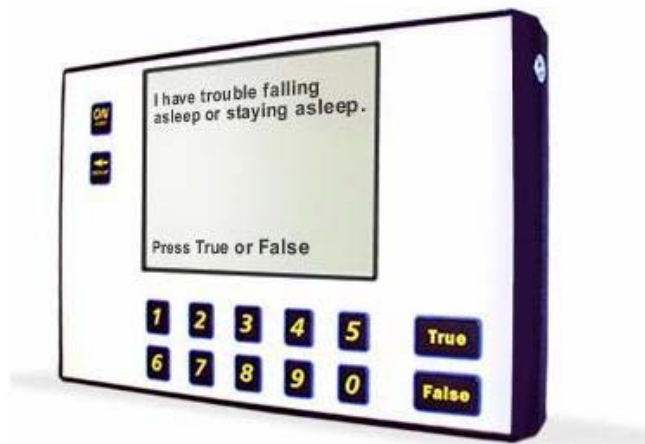


QPDTM panel

Shedler Quick PsychoDiagnostics Panel
Version 7.3

USER'S GUIDE



Background

Patients with psychiatric disorders are more likely to seek help from their physicians than from mental health professionals.¹ They tend to present with somatic rather than emotional complaints and physicians often overlook the psychiatric disorders. Psychiatric disorders are present in approximately 20% of medical outpatients¹⁻² and physicians fail to diagnose 50% to 75% of these cases.³⁻¹¹

Patients with undiagnosed psychiatric disorders suffer needlessly. Additionally, they are high utilizers of health care services as they repeatedly seek relief from symptoms that are not properly diagnosed or treated. They contribute disproportionately to rising healthcare costs.¹²⁻¹⁵

Until now, tests to screen for multiple psychiatric disorders have been impractical for routine use in busy medical clinics. They have required too much time from physicians or clinic staff, or they have not provided results in a form helpful to physicians.

The Shedler QPD Panel™ (an acronym for *Quick PsychoDiagnostics Panel*) is the product of extensive research into the needs of primary care physicians. It integrates easily into busy medical clinics and provides valid diagnostic information in a user-friendly format.

The QPD Panel is fully automated. Patients self-administer the test in approximately six minutes using portable, hand-held computer tablets. The test screens for nine common psychiatric disorders. Physicians immediately receive a computer-generated “lab report” (see sample report on pages 8-9).



Patients self-administer the test using portable, hand-held computer tablets.

Disorders Screened

The QPD Panel detects the following disorders by querying patients about psychiatric symptoms, based on criteria specified by the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*¹⁶ (DSM-IV). The test also screens for suicide risk and domestic abuse.

- Major Depression
- Dysthymic Disorder
- Bipolar Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Posttraumatic Stress Disorder
- Alcohol/Substance Abuse
- Bulimia Nervosa
- Somatization
- Obsessive Compulsive Disorder*

*optional module

When to Use the QPD Panel

The QPD Panel can be used with all new or established patients or it may be administered when a mental health problem is suspected. Given the ease of administration and the high prevalence of psychiatric disorders in primary care, routine administration is recommended.

The QPD Panel can be re-administered as often as desired to monitor patient progress or assess treatment outcome. The QPD Panel "lab report" includes a trending graph showing change over time.

How to Administer the QPD Panel

The hardware consists of a portable handheld computer tablet and a docking station. The docking station connects to an office PC.

Patients may be given the handheld computer tablet when they check in and can self-administer the test in the reception area or waiting room. The handheld tablet displays diagnostic questions on a video screen and patients answer by pressing True/False response buttons. The procedure is self-explanatory and the questions require only a fifth grade reading level. Patients complete the test in 6.2 minutes, on average. A Spanish version is also available.

Once the patient completes the test, the handheld computer tablet is placed on the docking station and the "lab report" prints automatically.

The QPD Panel Report

The QPD Panel provides a computer-generated report with a “look and feel” familiar to physicians, resembling a standard blood chemistries report (please see sample report on pages 8-9).

Numeric Scores

The first section of the report displays numeric scores indicating the severity of 1) depression, 2) anxiety, 3) panic disorder, 4) posttraumatic stress, 5) bulimia, 6) alcohol/substance abuse and 7) somatization. Higher scores indicate more distress. Normal reference ranges are included on the printout, and scores outside the reference range signify clinically significant disturbance.

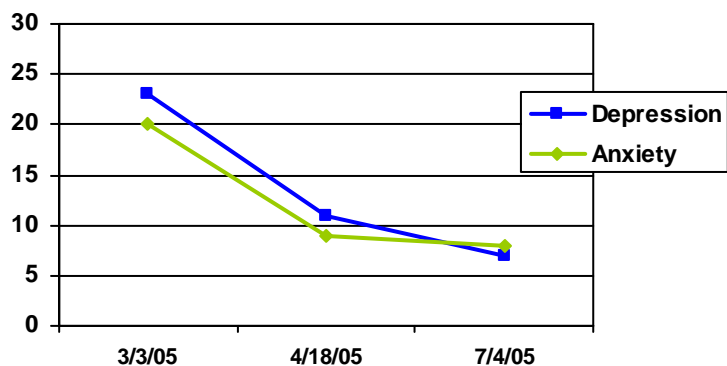
The scores are sensitive to change over time. If the test has been administered previously, the physician can compare scores to evaluate change. For the depression and anxiety scores, changes of 5 or points or more are clinically meaningful (corresponding to approximately one standard deviation).

Diagnostic Notes

Below the numeric scores, the “notes” section lists applicable DSM-IV diagnoses (e.g., major depressive episode, dysthymic disorder, generalized anxiety disorder). Special notes identify patients who report suicidal ideation, who are imminent suicide risks, or who are victims of domestic abuse. Finally, the report lists the specific symptoms the patient has reported.

Tracking Change

When a patient completes the QPD Panel more than once, the report displays a trending graph showing change in anxiety and depression over time. The trending graph allows physicians to track patient progress and assess treatment outcome.



Sample patient trending graph

Rule Out Organic Factors

The QPD Panel is designed as an aid to qualified healthcare providers making psychiatric diagnoses. Findings are based solely on information reported by the patient, and the provider should consider other relevant information before making a final diagnosis. Additionally, the provider should rule out organic factors that may cause symptoms resembling those of a psychiatric condition. Additional tests may be warranted depending on the patient's history and presentation.

Validity

The QPD Panel has been validated against the SCID (Structured Clinical Interview for DSM-IV) diagnostic interview, widely regarded as the "gold standard" for psychiatric diagnosis. The test has high sensitivity and specificity.^{17,18} For journal reprints, visit us at www.digitaldiagnostics.com.

Third Party Reimbursement

There are several options for submitting health insurance claims. The provider may request reimbursement for QPD Panel administration using Current Procedural Terminology (CPT) code 96103 for *computerized psychological testing*.

For physicians who bill using Evaluation and Management (E/M) codes, the review of psychological systems and the inclusion of psychological data in making a differential diagnosis may warrant the use of a higher level E/M code for the office visit. The QPD Panel report in the patient file provides documentation of the additional data reviewed and services provided.

Support

For assistance and additional information, please visit us on the web at www.digitaldiagnostics.com, send e-mail to support@digitaldiagnostics.com, or telephone us at 800-559-9885. We provide training and consultation on clinical and research issues.

Diagnostic Notes on the QPD Panel Report

The following diagnostic notes may appear on the QPD Panel report. This section provides further information about the diagnostic notes and general treatment guidelines.

Diagnostic Note

“Patient appears to meet criteria for Major Depressive Episode (296.2)”

At least five of the following symptoms have been present for two weeks or longer, and one of the symptoms is depressed mood or diminished interest in activities: (1) depressed mood most of the day, nearly every day, (2) diminished interest or pleasure in activities, (3) increased or decreased appetite, (4) insomnia or hypersomnia, (5) psychomotor retardation or agitation, (6) fatigue or energy loss, (7) feelings of worthlessness or guilt, (8) diminished ability to think or concentrate, (9) recurrent thoughts about death.

“Patient appears to meet criteria for Dysthymic Disorder (300.4)”

Depressed mood most of the day, more days than not, for two years or longer, with at least two of the following symptoms: (1) poor appetite or overeating, (2) insomnia or hypersomnia, (3) low energy or fatigue, (4) low self-esteem, (5) poor concentration or difficulty making decisions, (6) feelings of hopelessness.

“Patient appears to meet criteria for Bipolar Mood Disorder (296.xx)”

The patient may have experienced a past manic or hypomanic episode. Current depression symptoms may be occurring in the context of a bipolar disorder.

“Clinically significant anxiety secondary to depressive disorder”

Anxiety symptoms have developed in conjunction with depression.

“Patient appears to meet criteria for Generalized Anxiety Disorder (300.02)”

Excessive worry and anxiety, more days than not, for six months or longer, with at least three of the following symptoms: (1) restlessness or feeling keyed up, (2) being easily fatigued, (3) difficulty concentrating, (4) irritability, (5) muscle tension, (6) sleep disturbance.

Treatment Options / Comments

Psychotherapy and antidepressant medication have both proven effective.

Psychotherapy may be effective.

The patient should be referred to a specialist for diagnosis and treatment. Some antidepressant medications may precipitate manic episodes in bipolar patients.

Clinically significant anxiety often accompanies depressive disorders. Treat for depression.

Psychotherapy is generally effective. Some antidepressants have also been approved for treatment of anxiety disorders.

“Patient appears to meet criteria for Panic Disorder (300.01)”

Recurrent unexpected panic attacks, followed by a month or more of worry that the attacks will recur or anxiety about their meaning. A panic attack is the sudden onset of intense fear or distress, accompanied by four or more of the following symptoms: (1) palpitations or racing heart, (2) sweating, (3) trembling, (4) shortness of breath, (5) feelings of choking, (6) chest pain, (7) nausea or abdominal pain, (8) feeling dizzy or faint, (9) feeling unreal or detached from one's body, (10) fear of losing control, (11) fear of dying, (12) numbness or tingling, (13) chills or hot flushes.

“Likely Posttraumatic Stress Disorder (309.81)”

Exposure to a traumatic life event accompanied by at least two of the following symptoms associated with PTSD: intrusive recollections of the event, dreams of the event, feelings of reliving event, psychological distress when exposed to reminders of event, physiological reactivity when exposed to reminders of event, avoidance of stimuli associated with event.

“Patient appears to meet criteria for Obsessive-Compulsive Disorder (300.3)”

Recurrent obsessions or compulsions severe enough to cause marked distress, consume significant time, or interfere significantly with social or occupational functioning.

“Patient appears to meet criteria for Bulimia Nervosa (307.51)”

Episodes of binge eating followed by “purging” through self-induced vomiting, misuse of laxatives, enemas, etc., occurring at least twice a week for three months or longer.

“Likely Alcohol or Substance Abuse (305.x)”

The QPD Panel does not distinguish between abuse of alcohol and other substances. The physician may wish to inquire about the substance(s) being abused.

The patient appears to suffer from substance abuse or dependence. Abuse is a maladaptive pattern of use causing clinically significant impairment. Dependence is characterized by the development of tolerance for the substance, or withdrawal symptoms.

“Patient may be prone to somatization”

The patient has reported numerous physical symptoms unlikely to result from any single medical condition.

Psychotherapy has proven effective in controlled studies.

Consider referral to a mental health professional with expertise in trauma.

Consider referral to a mental health professional with expertise in OCD. Some antidepressants have also been approved for treatment of OCD.

Bulimia is a complex syndrome with a variety of etiologies. Consider referral to a mental health professional with expertise in eating disorders.

Consider referral to AA, NA, or similar Twelve Step program, or referral to a chemical dependency program. In cases of severe dependence, inpatient treatment may be warranted.

Rule out organic causes. If symptoms cannot be attributed to organic factors, consider possible Somatization Disorder. A mental health referral may be warranted.

“Suicidal ideation.”

The patient answered true to: “I think about killing myself.”

“Imminent suicide risk.”

The patient answered true to: “I am planning to kill myself.”

“...score is out of range, but patient does not appear to meet formal diagnostic criteria...”

This note may appear in conjunction with any of the numeric scores on the QPD Panel lab report. The note indicates that the patient is experiencing a clinically significant level of distress but does not fall clearly into an established DSM-IV diagnostic category.

“Patient reports physical or sexual abuse within past month.”

The patient answered true to one or both of the following statements: 1) “In the past month, someone has hit, shoved, punched, kicked, or otherwise physically hurt me.” 2) “In the past month, someone has forced me to engage in unwanted sexual acts or contact.”

The physician should inquire about the suicidal thoughts in straightforward manner. A mental health referral may be indicated.

The patient should be evaluated by a mental health professional without delay. If the patient is at immediate risk, s/he should be accompanied at all times (e.g., by a family member or friend). Hospitalization may be necessary.

A review of the symptoms listed on the QPD Panel report will provide further insight into the patient’s condition.

Treatment or referral to a mental health professional may be warranted.

DSM-IV diagnosis codes for “Depressive Disorder NOS” (not otherwise specified) or “Anxiety Disorder NOS” may be applicable.

Follow clinic policy and applicable regulatory guidelines.

Sample report, first page

Shedler QPD Panel (v7.1)

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Name: John Doe
ID: 123456789
Date: 2/20/2006 10:25 AM

Sex: M
Age: 44

Diagnostic Report

Test	Results		Reference Range
	within range	out of range	
Depression*		21	0 - 10
Manic Episode	0		0 - 3
Anxiety	9		0 - 10
Panic Disorder	5		0 - 8
PTSD		6	0 - 3
Bulimia	0		0 - 4
Alcohol / Substance Abuse	1		0 - 2
Somatization	6		0 - 11

Notes:

- Patient appears to meet criteria for Major Depressive Episode (296.2)
- Patient appears to meet criteria for Posttraumatic Stress Disorder (309.81)

*11-14 mild / 15-19 moderate / >19 severe

Sample report, second page (listing of specific symptoms reported by patient)

ID: 123456789
Date: 2/20/2006 10:25 AM

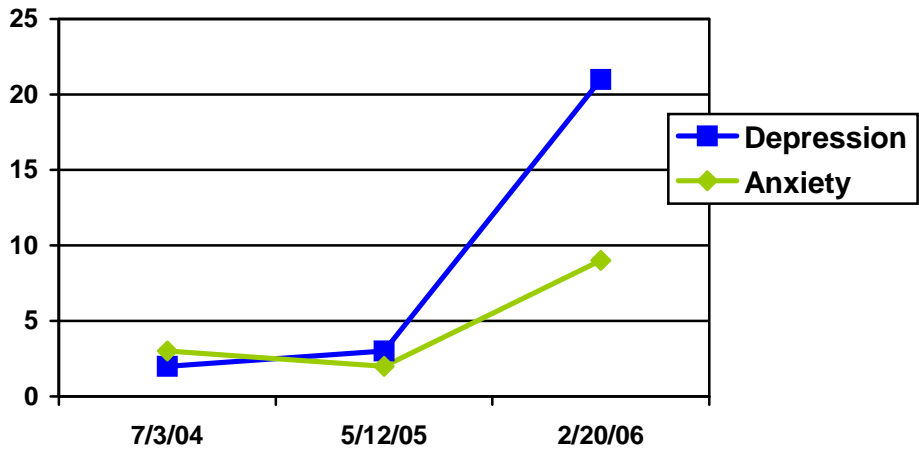
Depression Symptoms

- depressed mood, nearly every day, 2 weeks or longer duration
- diminished interest or pleasure in activities, 2 weeks or longer duration
- weight loss
- insomnia
- fatigue, loss of energy
- feelings of worthlessness or guilt
- impaired concentration
- diminished self-esteem
- hopelessness

PTSD Symptoms

- intrusive recollections of traumatic event
- distressing dreams of traumatic event
- relives or has flashbacks of traumatic event
- distress or physiological reactivity when reminded of traumatic event

Trending: Change in Depression and Anxiety Over Time



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11102 WEST COOPER DRIVE
LITTLETON, CO 80127
800.559.9885
www.DigitalDiagnostics.com