

Name of Patient: _____

Name of Physician: _____

Date: _____

PSYCHIATRIC SCREENING CHECKLIST

Depression and potential for suicide have been reported during and after therapy. In some of these patients, depression has subsided with discontinuation of therapy and recurred when isotretinoin therapy was reintroduced. Emotional instability has been reported with isotretinoin.

Psychiatric evaluation should be part of monthly assessment during **Clarus**[®] therapy. All patients should sign the Patient Information/Consent/Agreement which is available on the **Clarus**[®] website at <http://www.clarusclearprogram.ca/> or by calling the toll-free number at 1-800-575-1379.

If symptoms of depression develop or worsen during treatment, the drug should be discontinued promptly and the patient referred to appropriate psychiatric treatment. The full product monograph and the Consumer Information can be found on the Clarus[®] website at <http://www.clarusclearprogram.ca/> or by calling the toll-free number at 1-800-575-1379.

Prior to prescribing **Clarus**[®], a careful assessment of the patient's mental state should be made, including whether or not the patient has a **personal or family** history of previous psychiatric illness.

It may be useful for physicians to screen patients prior to prescribing **Clarus**[®] and/or monitor patients during **Clarus**[®] therapy using available tools. The Patient Health Questionnaire (PHQ-9) is provided as an example in this package. Please be advised that this questionnaire has not been validated specifically for use in patients taking isotretinoin products for treatment of acne. Patient input from the Patient Health Questionnaire (PHQ-9) is meant to provide guidance in assessing your patient's mental health status. This information, along with other clinical information, may be used to modify treatment or make further referrals to a psychiatric consult, upon clinical discretion on a case-by-case basis. Specific management of depression detected through screening is at the discretion of the physician. Other checklists may also be available and appropriate in the physician's professional judgment.

Patient Health Questionnaire (PHQ-9)*

	Not at all	Several days	More than half the days	Nearly every day
1. Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHQ-9 Questionnaire for Depression Scoring and Interpretation Guide
For physician use only

Scoring:

Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all	(#) _____ x 0 = _____
Several days	(#) _____ x 1 = _____
More than half the days	(#) _____ x 2 = _____
Nearly every day	(#) _____ x 3 = _____
Total score:	_____

Interpreting PHQ-9 Scores

	Score
Minimal depression	0-4 < 4
Mild depression	5-9
Moderate depression	10-14 > 5 - 14
Moderately severe depression	15-19
Severe depression	20-27 > 15