



[Kurt Kroenke, MD](#) is Chancellor's Professor of Medicine at Indiana University and a Research Scientist at the [Regenstrief Institute](#). His research focuses on evaluation and management of common physical symptoms and mental disorders in primary care. In addition to developing a number of patient-reported outcome measures including the PHQ-9 and GAD-7, the [Society of General Internal Medicine](#) recently awarded him the 2018 [Glaser Award](#) for his "tremendous impact" on primary care.



In preparation for his visit to Pittsburgh, the [Center's](#) Julia Holber had the opportunity to ask Dr. Kroenke about his research on symptoms, the challenges he's encountered, and advice for clinicians who want to make an impact.

Julia: Tell us about your background and training.

Kurt: I attended Washington University in St. Louis for medical school, where I enrolled in the Uniform Services Health Scholarship Program. I originally enrolled because they helped to pay for medical school, but I soon realized I enjoyed the clinical practice, teaching, and research I was doing at several army teaching hospitals. I stayed there for twenty years! After that, about 21 years ago, I came to Indiana University.

Julia: Now, at Indiana University, you are the Director of Education and Training Programs and a Research Scientist at the [Regenstrief Institute](#). What does the institute aim to accomplish?

Kurt: The Regenstrief Institute is a clinical research institute. There are three main areas: (1) biomedical informatics, (2) geriatrics, and (3) health services research. I'm in the latter area; the kinds of research I do fall along the line of health services research. All clinicians like myself have an appointment in the Department of Medicine.

Julia: Your research is focused on evaluating and managing symptoms. Can you explain what drew you to this research and why it is important?

Kurt: In a single word, I was drawn to symptoms. Much of what we're trained as doctors to deal with and research is *diseases*. There are many symptoms, including pain, headache, trouble sleeping, that don't match up clearly with just one disease. I was initially drawn as a primary care physician because, while my training as a medical student and resident focused more on diseases, many of my patients were coming in complaining of symptoms. There was a deficit there, and I was interested in addressing it. My early work focused on the reasons patients came in with common symptoms, how often symptoms get better on their own, and the role of testing and evaluations.

Julia: Your more recent work has focused specifically on [SPADE symptoms](#). Can you elaborate on those?

Kurt: The SPADE symptoms in particular are five of the most common: sleep, pain, anxiety, depression, and low energy/fatigue. They cross all medical and mental disorders, they often occur together, they're frequently undertreated even though they often respond to some common treatments.

Julia: What are the biggest challenges in treating these symptoms? Why are these symptoms commonly undertreated?

Kurt: The first challenge is a lack of research. Symptoms have garnered less funding than public health diseases like cancer, heart disease, stroke, and diabetes. I believe there has also been less research because they're more complex. They're not so easily reducible to a cellular, a single mechanism, or a lab test; they're high-level human phenomena. The second challenge is that symptoms are not a focus of training. In part because they are so complex, we don't spend a lot of time teaching clinicians to effectively evaluate and manage symptoms. Additionally, in

primary care visits, where many of these symptoms are first encountered, there are many other items on the agenda that must be addressed. These challenges combined- lack of research, training, and reimbursement for the care- contribute to why symptoms are often undertreated.

Julia: You have also developed a number of measures to evaluate symptoms. How did you come up with idea to develop the [PHQ-9](#)?

Kurt: Going back about twenty-five years, [Bob Spitzer](#) was the godfather of DSM classification, which is how we classify mental disorders. He wanted to develop something that was easy and efficient to use in primary care, where a lot of common mental disorders including depression, anxiety, and alcoholism are first detected. Together, we developed the [PRIME-MD](#), a depression screener where the clinician was required to ask three to five minutes of questions. We found that took too much time. The next version was entirely self-administered, and we called that the [Patient Health Questionnaire](#) or the PHQ. It focused on depression, anxiety, alcohol-use, and somatization. The depression component took off. The nine questions that ask about depression are called the PHQ-9.

Julia: Why do you think it was instantly so popular?

Kurt: There was a huge emphasis at the time on recognizing and treating depression. It was also brief. It focused only on the nine criteria for depression. It was free, so anyone could access it at no cost. And now, it's been translated into nearly one hundred languages!

Julia: Wow! Speaking of the PHQ-9 becoming so widely used, you received the [Robert J. Glaser award](#) at SGIM last year for the “tremendous impact” you have left on modern primary care. What advice would you give researchers looking to increase their impact on clinical practice?

Kurt: First, determine where the gaps are in your practice. Second, make your work your play. Research something you're particularly interested in. You might have to be creative with funding. In my case, symptoms were not a particular NIH interest, so I sometimes had to focus specifically on symptoms that were of interest to the NIH, like depression or pain. I also attached symptoms to other topics, sometimes cancer or stroke. I always say, “sometimes you have to attach your interest like a barnacle onto a whale.” The whale is what people are interested in funding, like cancer or heart disease, but if you're interested in a piece of it, like symptoms, you may be able to attach your interest to the more easily funded topic.

Julia: What accomplishments are you most proud of?

Kurt: There are three that we've touched on. I'm proud of my research on symptoms and of increasing awareness about how to manage them. Second, I'm proud of the measures I've developed. There are no blood pressure cuffs for evaluating symptoms, and they are hard to measure without these measures. I'm also proud that they are free. And finally, I was humbled to receive the Glaser Award, because that's from my colleagues in general internal medicine. It means a lot to receive an award from your colleagues.

Julia: We're very excited for your visit next week. What will you be presenting while you're in Pittsburgh?

Kurt: My grand rounds talk will focus on what I call a practical and evidence-based approach to common symptoms. I'll discuss some general strategies that can help you decide how to evaluate and manage a range of common symptoms. In the Health Services Research Seminar, I will talk about the PHQ, other practical measures, and some of the lessons we've learned along the way.

Join us on Monday, September 24 at 12 pm for Dr. Kroenke's Health Services Research talk at the new 3609 Forbes Conference Room; and Tuesday, September 25 at 12 pm for his Department of Medicine Grand Rounds presentation in the 7th Floor UPMC-MUH LHAS auditorium.

