WHAT'S NEW
From the U.S. Preventive Services Task Force

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Screening for Depression

How Common Is Depression In Primary Care?

Depression is a disabling illness especially common among primary care patients. Between 5% and 9% of adult patients in primary care suffer from depression and up to 2% of children and 4% of adolescents suffer from this illness. Depression increases health care utilization and costs $17 billion in lost workdays each year.

Women, those with a family history of depression, the unemployed, and those with chronic disease are at increased risk for depression. However, the presence of these risk factors alone cannot distinguish which patients are likely to have depression.

Despite its high prevalence in primary care and its substantial economic impact, depression often goes unrecognized in the primary care setting. Patients whose depression is undetected cannot be treated appropriately.

Does the USPSTF Recommend Screening Primary Care Patients for Depression?

The current U.S. Preventive Services Task Force (USPSTF) recommends screening adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and careful follow-up. Benefits from screening are unlikely to be realized unless such systems are functioning well.

Many tools to screen for depression are available, and there is little evidence to recommend one over another. Clinicians can choose the tools they prefer, and those that best fit their patient population and practice setting. Asking the following two questions may be as effective as using longer screening instruments: 1) Over the past 2 weeks, have you ever felt down, depressed, or hopeless? 2) Over the past 2 weeks, have you felt little interest or pleasure in doing things?

Adults should be screened for depression when accurate diagnosis, effective treatment, and careful follow-up can be assured.

All positive screening tests should trigger full diagnostic interviews that use standard diagnostic criteria (for

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in the Systematic Evidence Review, Summary of the Evidence, and USPSTF Recommendations and Rationale, which can be found on the Agency for Healthcare Research and Quality's (AHRQ) Web site (http://www.ahrq.gov/clinic/uspstfix.htm), through the National Guideline Clearinghouse (http://www.guideline.gov), in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov), and in the May 21, 2002 issue of the *Annals of Internal Medicine*. [136(10):765-776.]

example, the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition [DSM-IV]) to determine the presence or absence of specific depressive disorders.

Patient outcomes improve significantly when depression recognition and management are integrated into usual care.

The USPSTF identified randomized, controlled trials examining the effectiveness of screening for depression in primary care settings. Some examined the effectiveness of screening patients and providing feedback on the screening to clinicians. The combination of screening and feedback generally increased clinicians' recognition of depression. However, screening and feedback alone had no significant effect on the number of patients who received treatment for depression. When screening and feedback were combined with treatment advice or other system supports, the number of patients treated for depression increased. Patient outcomes improved significantly when depression recognition and management programs were integrated into usual care. Integrated programs included feedback, provider and/or patient education, access to case management and/or mental health care, telephone follow-up, and institutional commitment to quality improvement.

The USPSTF concludes the evidence is insufficient to recommend for or against routine screening of children or adolescents for depression. Although depression also affects these patient groups and can be treated effectively, the clinical impact of routine depression screening has not been studied in pediatric populations in primary care settings. Clinicians should remain alert for possible signs of depression in younger patients.

How Does This USPSTF Recommendation Differ From Its Previous Position?

In 1996, the USPSTF found insufficient evidence to recommend for or against routine screening for depression using standardized questionnaires. At that time, the USPSTF found no clear evidence that screening patients in primary care settings led to better health outcomes.

For more information on screening and treatment for depression, contact the following organizations:

Healthfinder
http://www.healthfinder.gov

National Institute of Mental Health
http://www.nimh.nih.gov

U.S. Department of Health and Human Services

Agency for Healthcare Research and Quality
www.ahrq.gov

U.S. Preventive Services Task Force

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the USPSTF are:

Alfred O. Berg, MD, MPH
Chair

Janet D. Allan, PhD, RN, CS
Vice-chair

Paul S. Frame, MD

Charles J. Homer, MD MPH

Mark S. Johnson, MD, MPH

Jonathan D. Klein, MD, MPH

Tracy A. Lieu, MD, MPH

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Nola J. Pender, PhD, RN

Albert L. Siu, MD, MSPH

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Carolyn Westhoff, MD, MSc

Steven H. Woolf, MD, MPH