

SCREENING FOR DEPRESSION ADULTS

The 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 follow-up.

Clinical Considerations – There is little evidence to recommend one screening method over another, so clinicians can choose the method that best fits their personal preference, the patient population served and the practice setting.

1. Asking 2 simple questions about mood and anhedonia may be as effective as using longer instruments.¹
 - “Over the past 2 weeks, have you felt down, depressed, or hopeless?”
 - “Over the past 2 weeks, have you felt little interest or pleasure in doing things?”

If one or both of the above is present use one of the following screening tools as a formal evaluation or perform a standard interview:
2. Many formal screening tools are available:
 - Zung Self-Assessment Depression Scale
 - Beck Depression Inventory
 - General Health Questionnaire (GHQ)
 - Center for Epidemiologic Study Depression Scale(CES-D)²
 - Patient Health Questionnaire PHQ 9 (Quick Depression Assessment)
3. All positive screening tests should trigger an interview using standard diagnostic criteria:
 - 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders [DSM-IV]³
 - The severity of depression and comorbid psychological problems (e.g., anxiety, panic attacks, or substance abuse) should be addressed.
 - Bi-polar disorder
4. Risk factors for depression are common, but the presence of risk factors alone cannot distinguish depressed from non-depressed patients:
 - Female gender (especially postpartum)
 - Family history of depression
 - Unemployment (poverty)
 - Chronic disease
5. The optimal interval for screening is unknown. Recurrent screening may be most productive in patients with:
 - History of depression
 - Unexplained somatic symptoms
 - Comorbid psychological conditions (e.g., panic disorder or generalized anxiety)
 - Substance abuse
 - Chronic pain/Chronic medical illness
6. Clinical practices that screen for depression should have systems in place to ensure that positive screening results are followed by:
 - Accurate diagnosis
 - Effective treatment
 - Careful follow-up
7. Treatment may include the following alone or in combination:
 - Antidepressants
 - Specific psychotherapeutic approaches:
 - Cognitive behavioral therapy
 - Brief psychosocial counseling

This guideline is not expected to apply to all patients or situations. Practitioners must use their own judgment in adapting guidelines to any particular patient and circumstance.

For more detailed information on this subject see the following websites:

- Agency for Healthcare Research and Quality (AHRQ) at www.ahrq.gov/clinic/3rduspstf/depression/
- National Guideline Clearinghouse™ at <http://www.guideline.gov>
- Treating Major Depressive Disorder: A Quick Reference Guide – Detection, Diagnosis, and Treatment <http://www.mentalhealth.com/bookah>

Source:

1. U.S. Preventive Services Task Force (USPSTF) Screening for Depression. What's New from the USPSTF, AHRQ Publication No. APPIPO@-0019, May 2002. Agency for Healthcare Research and Quality, Rockville, MD, and Ann Intern Med 2002;136:760-764
 - a) Whooley MA Avinns AL, Miranda J. Browner WS. Case-finding instruments for depression: Two questions are as good as many. J Gen Intern Med 1997;12439-445.
 - b) Williams JW, Hitchcock Noel P. Cordes JA Ramienez G. Pignone M. Rational clinical examination. Is this patient clinically depressed? JAMA 2002;287;1160-1167
 - c) American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-IV 4th Statistical Manual of Mental Disorders: DSM-IV 4th ed Washington, DC: American Psychiatric Association; 1994
2. Treating Major Depressive Disorder, A Quick Reference Guide, 2004, American Psychiatric Association, p 1-23.

SCREENING FOR DEPRESSION CHILDREN

The USPTF concludes the evidence is insufficient to recommend for or against routine screening of children or adolescents for depression.

1. The benefits of routinely screening children and adolescents for depression are not known.
2. The existing literature suggests that screening tests perform reasonably well in adolescents and that treatments are effective, but the clinical impact of routine depression screening has not been studied in pediatric populations in primary care settings.
3. Clinicians should remain alert for possible signs of depression in younger patients.
4. The predictive value of positive screening tests is lower in children and adolescents than in adults, and research on the effectiveness of primary care-based interventions for depression in this age group is limited.

This guideline is not expected to apply to all patients or situations. Practitioners must use their own judgment in adapting guidelines to any particular patient and circumstance.

Source:

1. U.S. Preventive Services Task Force (USPSTF) Screening for Depression. What's New from the USPSTF, AHRQ Publication No. APPIPO@-0019, May 2002. Agency for Healthcare Research and Quality, Rockville, MD, and Ann Intern Med 2002;136:760-764
 - a) Whooley MA Avinns AL, Miranda J. Browner WS. Case-finding instruments for depression: Two questions are as good as many. J Gen Intern Med 1997;12:439-445.
 - b) Williams JW, Hitchcock Noel P. Cordes JA Raminez G. Plgnone M. Rational clinical examination. Is this patient clinically depressed? JAMA 2002;287:1160-1167
 - c) American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders: DSM-IV 4th Statistical Manual of Mental Disorders: DSM-IV 4th ed Washington, DC: American Psychiatric Association; 1994
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