

The U.S. Preventive Services Task Force (USPSTF) recommends screening adults for depression in clinical practices when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

Rating: [B Recommendation](#)

Rationale: The USPSTF found good evidence that screening improves the accurate identification of depressed patients in primary care settings and that treatment of depressed adults identified in primary care settings decreases clinical morbidity. Trials that have directly evaluated the effect of screening on clinical outcomes have shown mixed results. Small benefits have been observed in studies that simply feed back screening results to clinicians. Larger benefits have been observed in studies in which the communication of screening results is coordinated with effective follow-up and treatment. The USPSTF concluded the benefits of screening are likely to outweigh any potential harms.

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

Rating: [I Recommendation](#).

Rationale: The USPSTF found limited evidence on the accuracy and reliability of screening tests in children and adolescents and limited evidence on the effectiveness of therapy in children and adolescents identified in primary care settings.

MaineHealth has chosen the Patient Health Questionnaire (PHQ-9) which efficiently screens patients for depression with 2 questions concerning anhedonia and depressed mood. A positive screen should trigger a full evaluation with the remaining questions on the PHQ-9. See eLearn Module 1 for a complete description of this tool:
<http://elearn.mmc.org/depression>.

Optimal screening interval is unknown. Recurrent screening may be most productive in patients with a history of depression, unexplained somatic symptoms, comorbid psychological conditions (e.g., anxiety, substance abuse – see Module 4 on eLearn).

Clinical practices that screen for depression should have staff-assisted depression care supports in place to ensure that positive screening results are followed. Multidisciplinary team-based primary care that includes self-

management support and care coordination has been shown to be effective in management of depression.

‘Staff-assisted depression care supports’ would include the resources that MaineHealth and the MMC PHO provide to practices, including the use of the Clinical Improvement Registry to follow these patients and use of Care Managers to help with follow-up care and self-management support.

With regard to the pediatric population, 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. Clinicians should remain alert for possible signs of depression in younger patients.

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USPSTF Updated Depression Guidelines for Screening
<http://www.ahrq.gov/Clinic/3rduspstf/depression/depressrr.htm>