U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Screening for Depression in Children and Adolescents

Task Force recommends screening for major depressive disorder in adolescents ages 12 to 18

WASHINGTON, D.C. – September 8, 2015 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for major depressive disorder (MDD) in children and adolescents, stating that adolescents ages 12 to 18 should be screened for MDD when adequate systems are in place for diagnosis, treatment, and monitoring.

The Task Force is providing an opportunity for public comment on this draft recommendation statement and draft evidence review until October 5. All public comments will be considered as the Task Force develops its final recommendation and final evidence review.

Major depressive disorder is a serious form of depression. People with depression feel down and experience a lack of interest in normal activities—and with MDD, these feelings last more than 2 weeks. Depression can make it difficult for adolescents to function, relate, and develop, which can affect their performance at school or work and their interactions with family and peers. By screening for depression and identifying young people with MDD, support and treatment can be put in place to alleviate symptoms and lessen the risk of suicide.

“Major depressive disorder can be a debilitating condition for adolescents and their families,” says Task Force member Alex Kemper, M.D., M.P.H., M.S. “Screening in a primary care setting can help to identify youth with depression who might not otherwise be identified.”

The Task Force found that adolescents ages 12 to 18 who were screened and identified in primary care as having MDD, and provided treatment, experienced improved depression symptoms and daily functioning. However, the Task Force found that there was not enough evidence to assess the benefits and harms of screening for MDD in children age 11 years and younger.

“By screening for MDD, doctors and other primary care clinicians can have a meaningful discussion with young patients and their parents or guardians about treatment options and supports that can improve health, life, and relationships,” says Task Force member Alex Krist, M.D., M.P.H. “We are calling for more research into whether screening children younger than 12 would result in the same benefits.”

The Task Force’s draft recommendation statement and draft evidence review has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from September 8 to October 5, 2015 at www.uspreventiveservicestaskforce.org/tfcomment.htm. A fact sheet that explains the draft recommendation statement in plain language is also available.
The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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