

This fact sheet explains the Task Force's draft recommendations on screening for depression in adults. It also tells you how you can send comments about the draft recommendations to the Task Force. Comments may be submitted from July 28 to August 24, 2015. The Task Force welcomes your comments.

## Screening for Depression in Adults

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation** on *Screening for Depression in Adults*.

This draft recommendation applies to adults ages 18 or older, including older adults, pregnant women, and women who have recently given birth.

*What is depression?*

**Depression is a medical illness that causes a person to have feelings of sadness that do not go away. A person with depression also often feels hopeless, has low energy, and has no interest in activities that he or she may have enjoyed in the past. Depression can affect thoughts, feelings, behavior, mood, and physical health.**

The Task Force reviewed research studies on the potential benefits and harms of screening for depression in adults. This draft recommendation statement summarizes what the Task Force learned: Adults, including older adults, pregnant women, and new mothers, should be screened for depression.

### Facts about Depression

Depression is one of the leading causes of disability. It affects men and women all ages, races, and social and economic groups. Depression has a major impact on a person's quality of life and can increase the risk of suicide. It also can make it more difficult for people to care for other health conditions they may have. Depression also can affect family members – especially children.

### Screening for Depression

The goal of screening is to identify people who have depression so that they can get the help they need. In the United States, the most common screening test for depression is the Patient Health Questionnaire (PHQ). The PHQ is a short questionnaire that asks patients to report how often they are bothered by problems such as a lack of pleasure in doing things, sad or hopeless feelings, sleep problems, or trouble concentrating. The PHQ also asks whether these problems are getting in the way of carrying out daily activities.

Other screening tests are often used to identify depression in older adults and in pregnant women and new mothers.

Depression can be treated in a number of ways, including brief counseling, talk therapy, medications, or a combination of these approaches. Treatment depends on how severe the depression is and other considerations, such as the person's life situation, other health conditions, and preferences for health care.

## Potential Benefits and Harms of Screening and Treatment for Depression

The Task Force found that screening and appropriate treatment relieve symptoms and reduce the number of people suffering from depression.

The Task Force looked at the potential benefits of treating pregnant women and new mothers who had been identified with depression through screening. They found evidence that talk therapy can help with depression. They found no studies on medication treatment in these women.

The Task Force also looked at potential harms of depression screening and treatment. They found that screening adults in general had few harms. For treatment, talk therapy had little negative risk in pregnant women and new mothers, but using depression medications during pregnancy and while nursing could be harmful for the baby.

## The Draft Recommendation on Screening for Depression in Adults: What Does It Mean?

Here is the Task Force's draft recommendation on screening for depression in adults. Recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (**Grade B**), it is because it has more potential benefits than potential harms. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the studies the Task Force reviewed.

**1** The Task Force recommends screening for depression in the *general adult population*, including pregnant and *postpartum* women. Screening should be implemented *with adequate systems in place* to ensure accurate diagnosis, effective treatment, and *appropriate follow-up*. **B Grade**

## Notes

- 1** *general adult population*  
Those ages 18 and older, including older adults.
- postpartum*  
Having recently given birth.
- with adequate systems in place*  
Screening to identify whether a person may have depression is only one component of helping the person. For screening to be effective, the primary care provider also should make sure the patient gets the other essential components—accurate diagnosis, optimal treatment, and appropriate follow-up. This can happen either within the primary care practice or through referrals to outside mental health professionals.
- appropriate follow-up*  
Over time, making sure that patients with depression are getting the help and support they need and making sure that the treatment approach is working.

### What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

### Click Here to Learn More About Depression

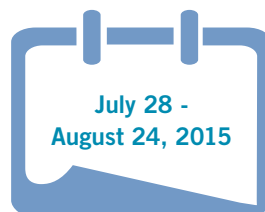
- Depression** (Medline Plus)
- Depression** (National Institute of Mental Health)
- National Suicide Prevention Lifeline** (Substance Abuse and Mental Health Services Administration)

Task Force Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

### Click Here to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between **July 28** and **August 24, 2015**.



All comments will be considered for use in writing final recommendations.