WASHINGTON, D.C. – April 23, 2013 – The U.S. Preventive Services Task Force (Task Force) today posted a final evidence report and draft recommendation statement on screening for suicide risk in adolescents, adults, and older adults. The Task Force is providing an opportunity for public comment on the draft recommendation until May 20. All public comments will be considered as the Task Force develops its final recommendation statement.

Suicide is a major public health issue in America. More than 37,000 people, both young and old, including those who have served our country in the military, have their lives cut short each year by suicide.

The Task Force considered whether screening all adolescents, adults, and older adults for risk factors for suicide is effective. After completing a systematic review of the evidence, the Task Force concluded that the current evidence is insufficient. Therefore, the Task Force has issued a draft I statement, which means that there is not enough evidence to make a definitive recommendation for or against screening.

“We all would like to find ways to prevent the suffering of those who commit or attempt suicide, as well as the families and communities they may leave behind. Unfortunately, at this time we don’t know if asking everyone who visits their doctor or nurse about their risk factors for suicide leads to fewer suicides and suicide attempts,” said Task Force member David Grossman, M.D., M.P.H.

This draft recommendation statement applies to adolescents, adults, and older adults without a current mental health disorder or history of mental illness. In the absence of clear evidence, a health care professional should consider a number of things when providing guidance to patients, including current scientific research, expert opinion, professional knowledge and experience, as well as the health histories, values, and preferences of patients and their families. The Task Force also continues to recommend that adults and adolescents be screened for depression. Evidence has shown that screening for depression coupled with available treatments is effective.

“It is important to note that we are not addressing the needs of people who show symptoms of depression or certain other mental health conditions and may be at higher risk,” said Grossman. “For these individuals, having clinicians ask about suicidal thoughts should be part of managing their disease.”

Suicide risk varies by gender, age, and ethnicity, with higher risk found among men and older adults of most ethnicities. Among adolescents, Hispanic girls and American Indian/Alaskan Natives are known to commit suicide at higher rates.

“The Task Force calls on the research community to prioritize studies to develop screening tools that can better identify people without symptoms who are at risk for suicide and to create effective support and treatment programs for people with risk factors for suicide,” said Grossman. “We know that many
people who attempt suicide have visited a health care professional within a month before their attempt. This means that we have a real opportunity to help if we find better tools.”

The Task Force’s draft recommendation statement has been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from April 23 to May 20 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine who work 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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