

Screening for Depression in Adults

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

This final recommendation applies to adults ages 18 or older.

The Task Force reviewed research studies on the potential benefits and harms of screening for depression in adults. This final recommendation statement summarizes what the Task Force learned: Adults, including pregnant women and women who have recently given birth, should be screened for depression.

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.

Facts about Depression

Depression is one of the leading causes of disability in adults. It affects men and women of 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 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, one 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.

People who screen positive for depression should be further evaluated to determine how severe their depression is, whether they have any physical illness that may be contributing to the symptoms, and if they have any other mental health disorders, such as anxiety. There are many different approaches for treating depression, including psychotherapy, medications, or a combination of these approaches. Determining the best approach to care should be a shared decision between a clinician and patient. What treatment will be the most effective for an individual patient depends on how severe the depression is and other considerations, such as the person's life situation, other health conditions, and his or her preferences for health care.

Potential Benefits and Harms of Screening and Treatment for Depression

The Task Force found that screening adults for depression in the primary care setting is accurate, that treatment for people identified through screening is effective at relieving symptoms of depression, and the likelihood of harm from screening and treatment is small.

The Task Force also looked specifically at the potential benefits and harms of treating pregnant women and women who have recently given birth. They found evidence that cognitive behavioral therapy and other talk therapy are effective treatments and have little risk of harm for the woman or baby. The Task Force found that antidepressants can cause serious harm for a fetus, but the risk of this happening is small. Clinicians and pregnant or postpartum women are encouraged to work together to identify the best approach for treating depression that will meet the woman's individual needs.

The Final Recommendation on Screening for Depression in Adults: What Does it Mean?

Here is the Task Force's final 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.

Visit the Task Force Web site to read the full [final 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.

Talking to Your Doctor about Depression

Acknowledging a mental health concern can sometimes be difficult. However, if you have been feeling sad or hopeless, or have lost interest in the things you used to enjoy, talk with your doctor or nurse. He or she will ask you questions that can determine whether you should be evaluated further for depression. If the tests show that you do have depression, treatments are available that can help you feel better. Possible treatments include both medications and talk therapy.

During your conversation with your clinician, make sure all your questions and concerns are addressed. Think about your personal beliefs and preferences for health care and consider scientific recommendations, like this one from the Task Force. Use this information to become fully informed so that you and your doctor or nurse can decide what actions might be right for you.

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*. **Grade B**

Notes

1 *general adult population*
Those ages 18 and older.

postpartum

Having recently given birth.

with adequate systems in place

Screening for depression is only the first step. For screening to be effective, people identified with depression also need accurate diagnosis, effective treatment, and appropriate follow-up. These steps 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 get 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 group 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, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease.

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](#).

USPSTF 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.

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