Screening Adults for Depression in Primary Care

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KEYWORDS

• Depression screening • Depression treatment • Collaborative care
• Population health

KEY POINTS

- The burden of depression in the United States is substantial. A growing body of evidence supports the benefits of screening for depression in all adults, including older patients and pregnant and postpartum women, when coupled with appropriate resources for management of disease.
- Developing, implementing, and sustaining a high-fidelity screening process is an important first step for improving the care of patients with depression in primary care.
- Initial treatment for depression should include psychotherapy, pharmacotherapy, or a combination of both.
- Collaborative care models are evidence-based approaches to depression treatment and follow-up that can be feasibly initiated in the primary care setting.

INTRODUCTION

Depression: Epidemiology and Burden of Disease

Depressive disorders, including major depressive disorder (MDD), persistent depressive disorder, and other subsyndromal disorders, are important direct causes of morbidity and an indirect cause of mortality, in the United States and worldwide. The lifetime prevalence of depression has been estimated to be 10% to 15%. In the United States, 12-month prevalence for depressive disorders is 9.0%, and 3.4% for major depression.[1] Data from the National Health and Nutrition Examination Study (NHANES) collected from 2009 to 2012 suggest that 7.6% of the US population aged 12 and older had moderate or severe depressive symptoms.[2] Worldwide, approximately 350 million people are affected by depressive disorders, making it one of the top 3 causes of morbidity as measured by disability-adjusted life-years.[3]

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Moderate and severe depression is associated with significant effects on quality of life, with impact in multiple domains, particularly social, work, and home functionality. Those with moderate or severe depressive symptoms were much more likely to report difficulties in these realms, compared with those with mild symptoms (74%–88% vs 46%).[2] Depressive disorders also have an enormous economic impact, estimated for the United States at more than $210 billion in 2010, up from $173 billion in 2005.[4]

Depressive disorders in adults begin to increase in prevalence in those ages 20 to 30, and continue to increase into middle age, with women more likely to be affected than men. In the United States, persons living below the poverty level are more than twice as likely to have moderate or severe depressive symptoms as those with higher incomes. After taking into account income, depressive symptom prevalence does not vary significantly across different races or ethnic groups. Depression is more common among those who are unmarried, divorced, or widowed, compared with those who are married; in those who have suffered traumatic life events; and in those with a family history of depression.[2] However, rates of depression remain significant even in those without these risk factors. Depression itself is associated with increased risk from other comorbid conditions, including cardiovascular disease.[5] Unfortunately, more than 70% of patients who screen positive for depression do not receive treatment.[6]

Who Should Be Screened?

The US Preventive Services Task Force (USPSTF) recommends screening all adults for depression.[7] The Task Force emphasizes that "screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up." The American Academy of Family Physicians makes a similar recommendation.[8] In contrast, the Canadian Task Force on Preventive Health Care (CTFPHC) does not recommend routine screening. The CTFPHC sites a lack of evidence on benefits and harms of screening in asymptomatic individuals, complicated by a concern for potential harms through false positives and unnecessary treatment.[9]

Special Populations

Older adults

For adults older than 65, the evidence base supporting screening is less robust due to a lack of trials specific to older adults. Nonetheless, in 2016, the USPSTF recommended screening in older adults based on the totality of the evidence across the age spectrum and called for more research into the best approach for screening and treatment in older adults.[7] Identifying depression in older adults can be more complicated than in younger adults, because depression may manifest as somatic complaints, such as weight loss, fatigue, insomnia, and poor concentration that mimic physical ailments common in older patients. Depression is also more likely to coexist with medical comorbidities, including cancer, neurologic impairment, arthritis, and cardiovascular disease.[10]

Pregnant and postpartum women

Both the USPSTF and the American College of Obstetrics and Gynecology (ACOG) note the particular importance of screening women during pregnancy and the postpartum period, when the risk of depression is increased.[7,11]

Screening Instruments

A variety of screening tests are used for depression screening in asymptomatic patients without a history of depression. The Patient Health Questionnaire (PHQ) is validated and widely used in a variety of clinical settings. The PHQ-2, a 2-question form of