Federal Panel Recommends Screening For Depression

By Gil Ross — January 27, 2016

The United States Preventive Services Task Force [1], which is charged with determining the strength of the evidence supporting various treatments, procedures and preventive screenings for the American public, has recommended screening for depression to detect this potentially devastating problem among all adults, and added a focus on both post-partum depression and depression among pregnant women as well.

The panel released a new report [2], "Screening For Depression in Adults," which expands their recommendations for such screening from its last report on the topic, issued in 2009.

The lengthy background studies upon which the USPSTF based its advisory was published in the current JAMA [3], authored by Albert L. Siu, MD, MSPH, of the Mt. Sinai School of Medicine in New York, as spokesman for the panel.

The panel's earlier position recommended screening only when there were effective services and treatments readily available to deal with depressed patients, and did not address the issues of pregnancy and post-partum issues. Since the availability of treatments for depression both psychological/behavioral therapies and medications have expanded significantly since 2009, the concern for such availability is no longer a big enough obstacle to include that concern.

One major factor in expanding the screening population is that, according to the National Alliance on Mental Illness [4], only one-half of the millions of American adults affected by major depressive disorder in a given year receive treatment.

In an editorial [5] discussing the new report, Dr. Michael E. Thase, MD, of the University of Pennsylvania Dept. of Psychiatry gave an incisive overview of the problem:

"Although major depressive disorder (MDD) is one of the world's great public health problems, the morbidity and increased mortality associated with this common illness can be attenuated by the large number of effective treatments that are now widely available. It is therefore important to ensure that efficient methods for population screening are in place and directly linked to health care systems so depressed patients receive appropriate treatment.

"This is particularly important because effective treatments of depression not only reduce
symptoms associated with the disease and reduce the risk of suicide, but also can improve
functioning and offset the negative effects that depressive symptoms can have on physical well-
being. In the United States, like many other economically developed nations, primary care
practices represent the best place for implementation of these methods, because it is the only
venue where both screening and, if clinically indicated, treatment can be provided."

According to the National Institute of Mental Health (NIMH) of the NIH [6], in 2014, an estimated
15.7 million adults aged 18 or older in the U.S. had at least one major depressive episode in the
past year. This number represented 6.7 percent of all U.S. adults. The main danger among people
who experience episodic or chronic MDD is suicide. In 2014, there were 42,773 deaths by suicide
in the U.S. Suicide is the 10th leading cause of death, but the second leading cause of death for
15-to-24 year olds.

Postpartum depression is a mood disorder that can affect women after childbirth. Mothers with
postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may
make it difficult for them to complete daily care activities for themselves or for others. The
condition may begin shortly before or any time after childbirth, but commonly begins between a
week and a month after delivery.

Up to 20 percent of women may experience depressive symptoms at some point during
pregnancy, and up to a year after giving birth. It isn’t a flaw or a weakness and it is something that
needs to be taken seriously. Unfortunately, many women face a conundrum [7] when deciding
whether to take antidepressants during their pregnancy, since many medications for depression
have the potential for adverse effects on the fetus. However, uncontrolled depression while
pregnant presents serious risks for both developing baby and mother, while the actual risk of
treatment is small.

The panel took potential adverse effects of all types of treatment into account when crafting their
advisory, and decided that the net benefits of screening among pregnant women outweighed
potential downsides. Their evidentiary power was rated "B," meaning strong support but not
definitive, but the dictates of the Affordable Care Act require any USPSTF recommendation with
an A or B rating must be covered by all health insurers without co-payment.
Links