

Routine screening for depression not recommended

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Routine screening for depression in primary care patients has not been shown to be beneficial or an effective use of scarce health care resources, which would be better focused on providing more consistent treatment of people with depression, concludes an analysis in CMAJ (Canadian Medical Association Journal).

Screening for depression by primary care providers is recommended in the United States and Canada if there are [integrated care](#) programs available with medical and nonmedical staff who provide follow up and treatment for depression. By contrast, the United Kingdom does not recommend screening because of a lack of evidence supporting its efficacy. The UK's National Institute for Health and Clinical Excellence guidelines cited concerns about high rates of false-positive results, lack of evidence of benefit, high cost and large amount of resources, and the diversion of resources away from people with serious depression.

"The prevalence of depression and the availability of easy-to-use screening instruments make it tempting to endorse widespread screening for the disease," writes Dr. Brett Thombs, Associate Professor, Department of Psychiatry, McGill University, and Senior Investigator, Lady Davis Institute for Medical Research, Jewish General Hospital, with coauthors. "However, screening in primary care is a resource-intensive endeavour, does not yet show evidence of benefit and would have unintended negative effects for some patients."

Screening is beneficial when it can identify people with an unrecognized

and untreated condition that will improve with treatment. Many instances of [mild depression](#) resolve without intervention.

The authors recommend that providing consistent treatment to people with [recurrent depression](#) would be a more effective way of dealing with this disease than general screening.

Clinical trials to evaluate screening should be conducted, and this evidence can form the basis of recommendations developed by guidelines groups, such as the Canadian Task Force on Preventive Health Care. "Given the lack of evidence of benefit from screening and the concerns that we have described, it is not reasonable to simply assume that depression screening is good policy," the authors conclude.

Provided by Canadian Medical Association Journal

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