

# US Preventive Services Task Force recommends depression screening for all adults

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The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression and anxiety in adults, including pregnant and postpartum persons, and screening for depression in older adults. These findings form the basis of two draft recommendation statements published online Sept. 20.

Elizabeth O'Connor, Ph.D., from the Kaiser Permanente Evidence-based Practice Center in Portland, Oregon, and colleagues reviewed the benefits and harms of screening and treatment for depression, [anxiety](#), and suicide risk among primary care patients. Data were included from 173 studies, covering an estimated 8.5 million persons. The researchers found that depression screening interventions were associated with reduced prevalence of depression or clinically important depressive symptomatology after six to 12 months (odds ratio, 0.60). A large body of evidence supported benefits of psychological and pharmacologic treatment of depression. Two screening studies showed no benefit for anxiety screening. A large body of evidence was found supporting the benefit of anxiety treatment.

Based on these findings, the USPSTF developed two recommendation statements. The USPSTF recommends [depression](#) screening for adults, pregnant and postpartum persons, and older adults (B recommendation). However, the current evidence is inadequate for assessing the balance of benefits and harms of screening for suicide risk (I statement). The USPSTF recommends anxiety screening for adults aged 64 years and younger, including pregnant and postpartum persons (B recommendation). For adults aged 65 years and older, the current evidence is inadequate to assess the balance of benefits and harms of anxiety [screening](#) (I statement).

The draft recommendation statements and draft evidence review are posted for public comments. Comments can be submitted from Sept. 20 to Oct. 17, 2022.

**More information:** [Draft Evidence Review](#)  
[Draft Recommendation Statement—Depression Screening](#)  
[Draft Recommendation Statement—Anxiety Screening](#)  
[Comment on Recommendation Statements](#)

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