

US Preventive Services Task Force recommends depression, anxiety screening for teens

October 11 2022



The U.S. Preventive Services Task Force (USPSTF) recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years and for anxiety in children aged 8 to 18 years. These recommendations form the basis of two final recommendation statements published online Oct. 11 in the *Journal of the American Medical Association*.

Meera Viswanathan, Ph.D., from the RTI International University of North Carolina at Chapel Hill Evidence-based Practice Center, and colleagues conducted a [systematic review](#) to assess the benefits and harms of screening and treatment of MDD and suicide risk in children and adolescents. A total of 21 studies with 5,433 participants were included for depression and 19 studies with 6,290 participants were included for suicide risk. Based on the findings, the USPSTF recommends screening adolescents aged 12 to 18 years for MDD (B recommendation); the current evidence is insufficient for assessing the benefits and harms of screening in children aged 11 years or younger (I statement). The current evidence is inadequate for assessing the benefits and harms of screening children for suicide risk (I statement).

In a second evidence review, Viswanathan and colleagues reviewed the evidence on screening children and adolescents for anxiety. Thirty-nine studies with 6,065 participants were included; 29 reported on treatment (22 on [cognitive behavioral therapy](#)). Based on the findings, the USPSTF recommends anxiety screening in children and adolescents aged 8 to 18 years (B recommendation). The current evidence is insufficient for assessing the benefits and harms of screening for younger children (I statement).

"The task force cares deeply about the mental health of all children and adolescents," a [task force](#) member said in a statement. "Unfortunately, there are key evidence gaps related to screening for anxiety and depression in younger children and screening for suicide risk in all

youth."

More information: [Evidence Report—Depression
Final Recommendation Statement—Depression
Editorial \(subscription or payment may be required\)](#)
[Evidence Report—Anxiety
Final Recommendation Statement—Anxiety
Editorial \(subscription or payment may be required\)](#)

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Citation: US Preventive Services Task Force recommends depression, anxiety screening for teens (2022, October 11) retrieved 11 May 2024 from <https://medicalxpress.com/news/2022-10-task-depression-anxiety-screening-teens.html>

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