YANKEE DOODLING **Douglas Kamerow**

Depressed about depression

Depression is common and important, but are public screening days the answer?

The US Centers for Disease Control and Prevention (CDC) has just published 2006 and 2008 state based population rates for current depression in the United States.[1] Using the seven questions from the patient health questionnaire 8 (PHQ-8) depression screening tool, which have been incorporated into their telephone administered Behavioral Risk Factor Surveillance System survey, they found that 9% of the respondents met criteria for current depression (present in the previous two weeks). This included 3.4% who met the criteria for major depression. The sample size for this survey is very large—more than 235 000—but the response rates can be low, varying by state from 37% to 73%.

These data were released by the CDC with an advertisement for and to coincide with "national depression screening day," an annual event that takes place every autumn in the US during a larger programme called mental illness awareness week. More about this shortly.

As the new data from CDC confirm yet again, depression is common. It is important as well. Everyone knows that the suicide rate is higher among depressed people and that a high proportion (up to half) of patients who kill themselves are depressed. Many are not aware, however, of the huge toll that depression takes on people who are not suicidal. It is estimated that by 2020 major depression will be second only to heart disease as the leading cause of disability.[2] Major depression is not just the blues. It has huge personal, social, and economic implications.

Depression is treatable. Drugs or talk therapy (or both), with good follow-up, can reliably decrease symptoms and disability in around half of those with major depression.[3] New treatment guidelines have just been issued by the American Psychiatric Association.[4] Despite this, many people with depression remain untreated. Some are unaware of their disease and don't seek help. Some manifest it through somatic symptoms and thus the depression itself is not diagnosed. Some are ashamed or embarrassed to discuss "feelings." Primary care doctors often fail to recognise many patients with depression, for all these reasons as well as lack of training.

Given the above, it would seem logical that we should screen in primary care to find undetected depression and treat it. Twenty five years ago I worked at the US National Institute for Mental Health in a small primary care research programme, and this was an interest of ours. At that time there wasn't good evidence that screening for depression in primary care would actually lead to improved outcomes among patients. The first report of the US Preventive Services Task Force, in 1989, reflected this and did not recommend routine screening for depression in primary care.[5]

Since then, research has shown that screening for depression in primary care is effective. By 2002 the task force was recommending routine screening, as long as practices had systems in place to ensure accurate diagnosis, effective treatment, and follow-up care. This was an important caveat. Many studies found little or no improvement after simple screening and feedback of results; only when there was a planned path of screening, feedback, treatment, and follow-up were consistently positive results found. Last year the task force updated its recommendation with more specificity, stipulating that "staff-assisted depression care supports" also needed to be in place.[6] Again, a systematic review of current research showed much less benefit without onsite staff whose job it was to guide patients into care and follow them up periodically.[7]

All of which brings us back to national depression screening day, when depression screening is offered to the public in hundreds of healthcare facilities, health fairs, shopping malls, and workplaces around the US. On the screening day, clinicians volunteer their time to offer free depression screening and information sessions to anyone who wishes to drop in.

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The programme's website says that those attending will be able to complete a written screening questionnaire, discuss results with a health professional, receive a referral list of local treatment options, watch an educational video, pick up pamphlets and brochures, and fill in a questionnaire for a loved one.[8] Last year more than 1000 depression screening events were held across the country.

Not to be a grinch, but where is the evidence that this type of activity makes any difference at all? Screening for health problems at health fairs and such is largely a worthless endeavour, mainly identifying people who already know they have a problem (such as hypertension or hypercholesterolaemia) and generally failing to supply follow-up or even referrals for ongoing care and evaluation. Since Don Berwick first wrote about this 25 years ago,[9] mass screening at health fairs has remained unproved and largely discredited.

The depression screening day has slightly more going for it than health fairs, but it is a much more difficult disease to diagnose and treat than hypertension or high cholesterol. Even if clinicians supervise the screening test and discuss the results, will they or their offices ensure that the possibly depressed patients get a proper diagnosis, treatment, and follow up? I think not. It is great to inform the world about depression. It is a terribly important problem that has real consequences and proven treatments. But screening people at one day themed events, let alone on the web, strikes me as both a waste of everyone's time and a misleading promise of diagnosis and treatment that probably won't be delivered.

Douglas Kamerow is chief scientist, RTI International, and associate editor, *BMJ* dkamerow@rti.org

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