



DEPRESSION SCREENING IN PRIMARY CARE AND IMPACT ON SUICIDE PREVENTION

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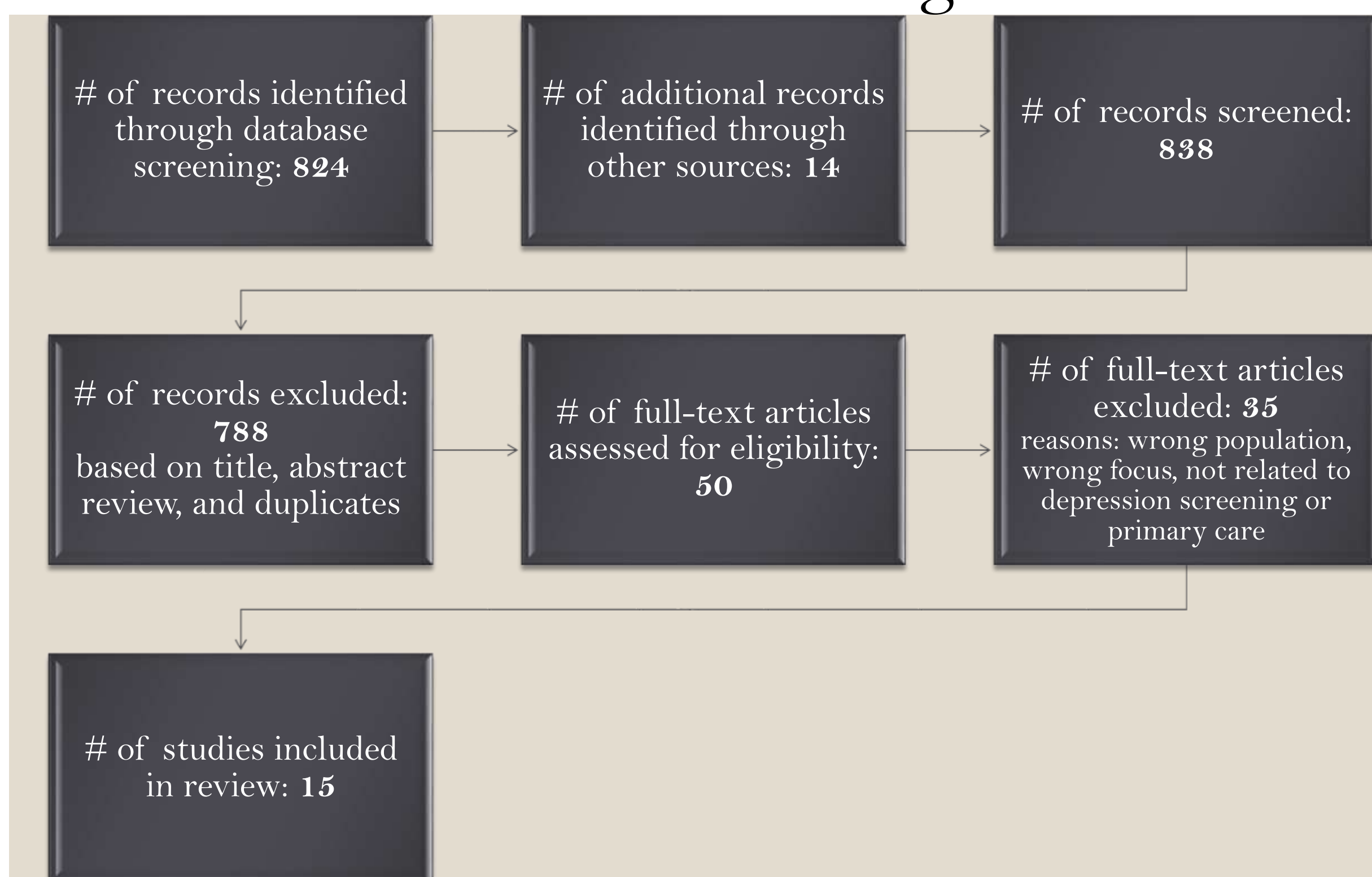
INTRODUCTION

- ☐ Suicide is a significant public health concern and primary care providers (PCPs) are an important part of the national strategy for reducing suicide rates².
- ☐ Up to 75% of suicide victims saw a PCP 30 to 90 days preceding death¹.
- ☐ Current guidelines state depression screening is effective only if support resources are in place for treatment and follow up³.
- ☐ This integrative review explored the availability and utilization of support services impact on depression screening and outcomes in primary care.

METHODS

Literature review for articles pertaining to depression screening in primary care.

PRISMA Flow Diagram



RESULTS

2 RCTs on depression management in primary care and effect on suicide and mortality

2 Observational studies: 1 assessed depression screening tool use and 1 examined physician responses to suicide risk

4 cross sectional studies examined barriers and gaps in care, effect of universal screening with supportive care, and use of abbreviated assessment

4 Surveys examined barriers to depression screening and treatment

2 Literature reviews on depression screening rates in primary care and benefits and harms of screening

1 PI project implemented universal screening for a select population and identified barriers

Issues related to depression screening in primary care

Depression outcomes were improved with more intensive treatment, follow up, and use of support services

Barriers to effective screening include:

- lack of professional training
- lack of skill or experience in performing it
- lack of time

Patient characteristics which inhibited effective screening:

- younger age
- infrequency of visits to provider
- presence of somatic, rather than psychiatric, complaints

There are effective brief tools that can be used to identify depression in primary care; this does not solve the problem of ineffective treatment and follow up

Universal screening is feasible, but there is a need for increased provider education and awareness; a decision algorithm may be helpful

DISCUSSION

- ☐ No literature on availability of support services effect on screening was found.
- ☐ Literature demonstrated improved depression outcomes, including decreased mortality, when support services or more intensive management for depression were available.
- ☐ There are significant barriers to screening for depression; accurate and timely screening in primary care is a problem.
- ☐ No harms of screening were identified.
- ☐ More education is needed for PCPs to accurately screen, diagnose, and treat depression.

CONCLUSION

PCPs have an important role in the recognition and treatment of depression and suicide risk; education should focus on improving screening, follow up, and treatment outcomes.

References

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