

# Depression Screening in Primary Care and Impact on Suicide Prevention

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# Introduction

- Suicide 5<sup>th</sup> leading cause of death and significant public health concern
- Primary care providers (PCP) integral part of national suicide prevention plan (Surgeon General, 2012)
- Up to 75% saw a PCP within 30-90 days of death (Feldman et al., 2007)
- Guidelines state depression screening is not effective without resources in place for treatment and follow up (USPSTF, 2009)

# Aims

1. Conduct an integrative literature review on depression screening in primary care
2. Evaluate barriers and facilitators of screening
3. Evaluate impact of support resource availability on screening and treatment
4. Evaluate association of screening to suicide rates

# Methods

- Literature review search of databases including CINHAL, PubMed, ProQuest Central, the Cochrane Library, and PsycInfo
- Any study type focusing on barriers and/or facilitators of screening, availability and use of support resources, use of screening tools, and rates of screening

# Methods

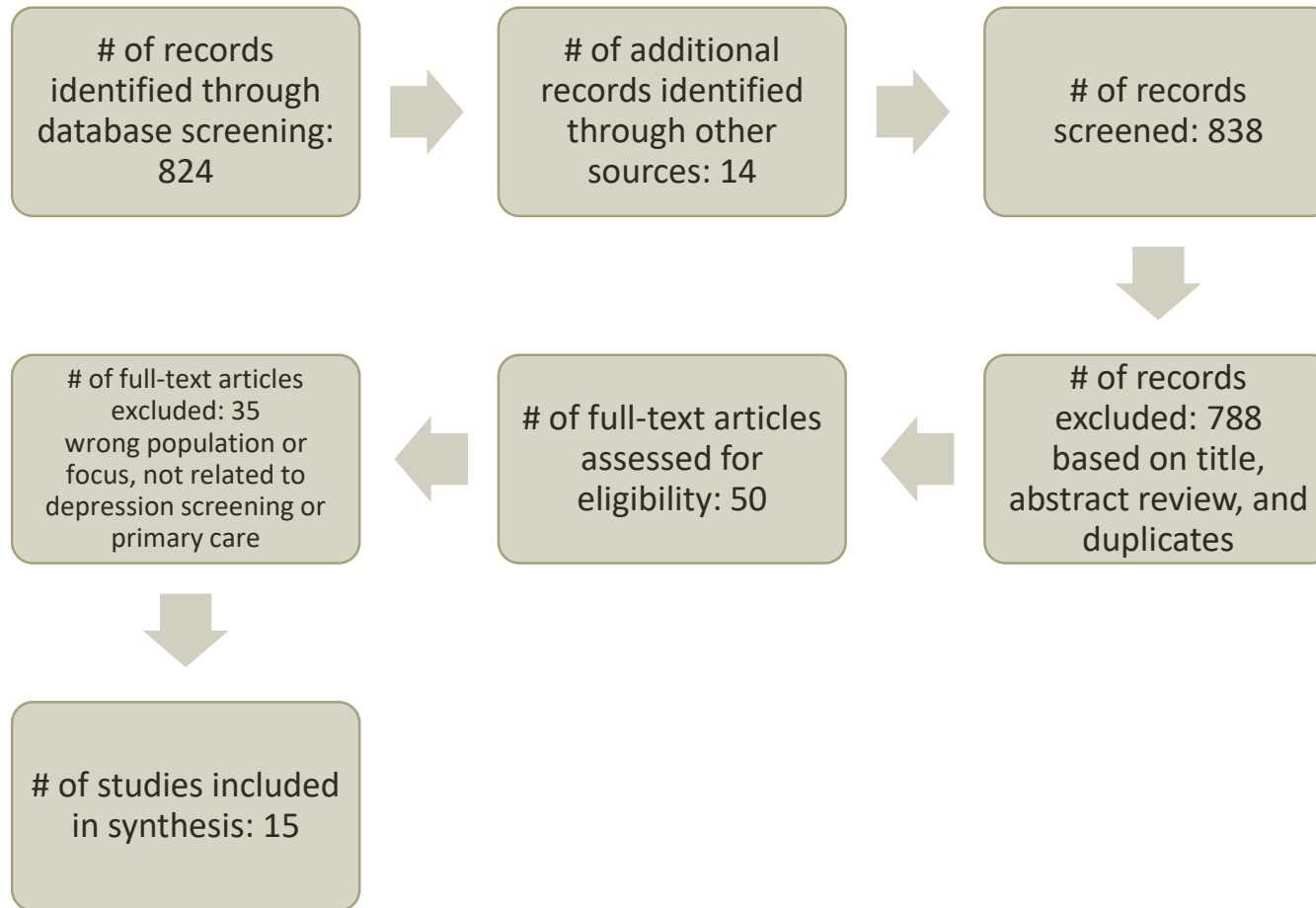
## Inclusion criteria

- Published from January 2009 to present
- Available in English
- Quantitative or qualitative studies

## Quality of literature

- Assessed using University of Oxford critical appraisal worksheet
- Articles deemed biased or not meeting inclusion criteria excluded

# Methods- PRISMA Diagram



# Results

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

2 Observational studies: 1 on efficacy of depression screening tool and 1 examined physician responses to suicide risk

4 cross sectional studies examined barriers to 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 performance improvement project implemented universal screening for a select population and identified barriers

# Results

- 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



# Results

- Brief tools, such as PHQ-2, effective
- Does not solve the problem of ineffective treatment and follow up
- Universal screening is feasible
- Increased provider education and awareness
- Decision algorithm at point of care

# Discussion

- No literature on utilization of support services effect on screening
- Significant barriers to screening for depression
- Accurate and timely screening in primary care a problem

# Discussion

- Literature demonstrated improved depression outcomes, including decreased mortality, when support services or more intensive management for depression were available
- No harms of screening
- Education for accurate screening, diagnosis, and treatment

# Conclusion

- PCPs have a unique opportunity for intervention
- Focus resources on improving treatment and follow up rather than screening alone
- More research is needed in rural or underserved areas, where suicide rates remain high, on the best way to handle limited resources

# References

- Feldman, M., Franks, P., Duberstein, P., Vannoy, S., Epstein, R., & Kravitz, R. (2007). Let's not talk about it: Suicide inquiry in primary care. *Annals of Family Medicine*, 5, 412-418. DOI: 10.1370/afm.719.
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