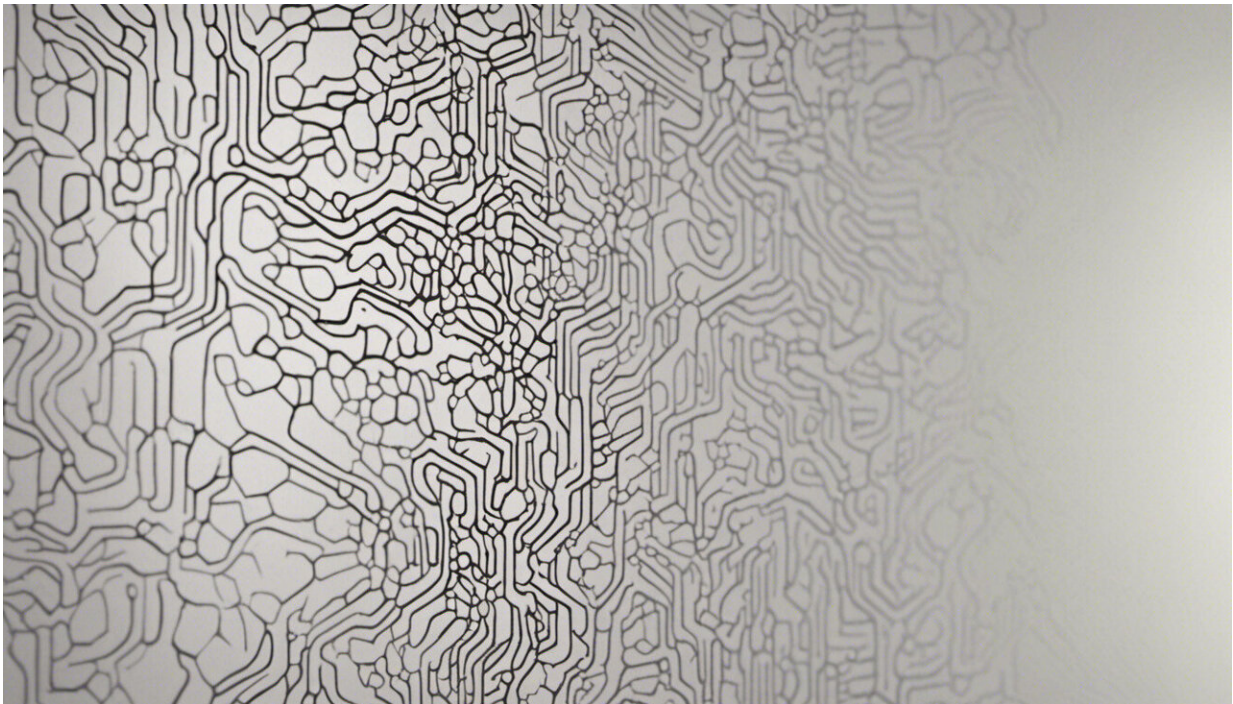


# Depression screening rates in primary care remain low

February 20 2017, by Carla Cantor

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Credit: AI-generated image

Despite federal recommendations for depression screening, a new Rutgers study found that less than 5 percent of adults were screened for depression in primary care settings. The low screening rate suggests missed opportunities to identify individuals with depression and link them to care, according to study authors. The research was published this

month in *Psychiatric Services* in Advance.

An estimated 13 to 16 percent of adults will experience symptoms of depression in their lifetime, and an estimated 4 to 8 percent experience major depression in a given year. Yet in [primary care](#) settings, depression goes unrecognized about half the time. Depression screening has been recommended since 2002 and it is generally covered by private insurance and Medicare.

"The findings suggest missed opportunities for depression screening in the general population," said Ayse Akincigil, co-author of the study and an associate professor at the School of Social Work at Rutgers. Elizabeth B. Matthews, a doctoral student at the school, is the study's other coauthor.

"Primary care settings are an opportune location for early identification of depression, as many depressed patients' contact with the health care system is through primary care," Akincigil said. "Up to 45 percent of individuals who completed a suicide were seen by their primary care providers within the last month of their lives."

The researchers used the National Ambulatory Medical Care Survey to look at rates of [depression screening](#) in a sample of more than 33,000 patient-physician encounters in primary care settings in 2012 and 2013. Overall 4.2 percent of adults were screened for depression. Among the visits where screening took place, 47 percent resulted in a new depression diagnosis. This suggests that screening was heavily influenced by whether depression was suspected, the authors note.

Screening rates varied among populations groups. Women were more likely to be screened than men. Patients with chronic conditions were more likely to be screened. Older adults were half as likely to be screened as middle-age adults. African Americans were half as likely as whites to be screened.

The study authors note that African Americans and [older adults](#) often exhibit physical symptoms, such as headaches or body pain, rather than mood-related symptoms, making it more difficult to recognized depression.

They conclude that a "failure to consistently apply standards of [universal screening](#) across all patient groups may exacerbate existing disparities in the identification and diagnosis of [depression](#)."

**More information:** Ayse Akincigil et al. National Rates and Patterns of Depression Screening in Primary Care: Results From 2012 and 2013, *Psychiatric Services* (2017). [DOI: 10.1176/appi.ps.201600096](https://doi.org/10.1176/appi.ps.201600096)

Provided by Rutgers University

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