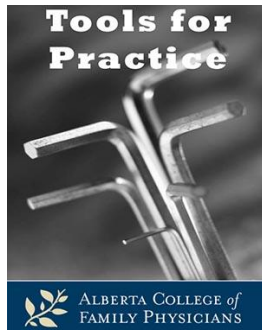


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Got Depression? I can answer that in two questions!

Clinical Question: What is the diagnostic accuracy of the 2-question screen for identifying depression in primary care?

Bottom Line: The 2-question screen is good at ruling out (but not ruling in) depression in primary care. Up to 50% of patients will test positive and should have more thorough evaluation to confirm depression diagnosis. Whether screening alters outcomes is debatable, but the 2-question screen may be reasonable for case-finding or screening higher risk patients.

Evidence:

- 2-Question Screen (positive screen=yes to ≥ 1 question, negative=no to both):
 - "During the past month have you often been bothered by:
 1. Feeling down, depressed or hopeless?
 2. Having little interest or pleasure in doing things?"
- Primary care: Three cohort studies¹⁻³ (total 1,893 patients), 23-37% of patients tested positive to screening, 5-18% actually had depression:
 - Sensitivity: 96-97% (if no to both questions, depression ruled out ~96% of time).
 - Specificity: 57-78% (if yes to ≥ 1 question, patients are depressed ~70% of time).
- Systematic reviews of different short depression screens^{4,5} or pertaining to only geriatric patients⁶ found similar results, but up to half of geriatric patients may test positive.⁷
- No studies evaluating the effects of screening on patient outcomes in North American context were found.

Context:

- Since the 2-question screen is better at ruling-out than ruling-in depression, when a patient answers "yes" to ≥ 1 question, more formal evaluation (example Patient Health Questionnaire (PHQ)-9 or Geriatric Depression Scale) is needed to diagnose depression.
 - Example: In adults, PHQ-9 score ≥ 10 has a sensitivity and specificity of 88%:^{8,9}

- PHQ-9: Range of scores 0-27, higher worse.
- Adding "Is this something with which you would like help?"² or frequency of symptoms to the 2-question screen (example PHQ-2) may improve depression diagnosis.^{5,10,11}
 - Asking only 1-question not as accurate in identifying depression.⁴
- Guidelines differ on depression screening recommendations from screening all adults¹² to not screening at all,¹³ to only those with a history of depression, chronic health problems, or post-partum women.¹⁴
 - Effectiveness of screening depends on disease prevalence and impacts opportunity cost.
- People with chronic illnesses,¹⁵ substance abuse history, First Nations descent, and post-partum women have higher depression rates.¹⁴

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Disclosure:

Authors do not have any conflicts of interest to declare.

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