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Washington, D.C.

August 24, 2015
Senior Coordinator, USPSTF
540 Gaither Road
Rockville, MD 20850

To Whom It May Concern:

The Society for Women's Health Research (SWHR®) greatly appreciates the opportunity to respond to the U.S. Preventive Services Task Force (USPSTF) draft evidence review on depression screening in adults, led by researchers at Kaiser Permanente Center for Health Research. SWHR, a national non-profit organization based in Washington, DC, is widely recognized as the thought leader in promoting research on sex differences and is dedicated to improving women's health through advocacy, education, and research. SWHR applauds the authors for their extensive review of the literature and discussion of depression screening; however would like to see clarification of the following points in the final evidence review.

In "Prevalence and Risk Factors for Depression," the authors discuss depression rates by demographic group, including a comparison of depression rates among pregnant women; postpartum women; and non-pregnant, non-postpartum women of reproductive age. The evidence suggests significant differences in depression rates among these three groups of women. According to the evidence presented, non-pregnant, non-postpartum women of reproductive age have the highest rates of depression, yet they were not a focus of the evidence review or recommendation statement. SWHR believes that USPSTF and evidence review authors should include an explanation on why postpartum women were chosen as a focus over other demographic groups that experience higher rates of depression.

Further, under "Current Clinical Practice" (pg. 5), the authors state that providers generally favor using their own clinical methods over formal screening tools for depression; however, the evidence review does not discuss the effectiveness of these methods. The review only details studies that screen using the formal screening tools. If providers are unlikely to use the formal screening tools, will their methods still be effective in identifying depression risk in patients, particularly women? The authors should clarify this point, as well as provide evidence that supports the use of informal screening for depression.

Discussion for Key Question 1A (pg. 36) and “Summary of Evidence” (pg. 38), indicate that insufficient data is available to determine the effectiveness of screening in older adults, and that such screening may actually have a negative effect. While some discussion on this point is included on page 36, it remains unclear why screening is still recommended if the evidence may not exist or may not support screening in this manner for older adults. Further clarification is warranted on the recommendation for screening in this population.

SWHR appreciates the authors’ reflection on the traditional practice of clinical trial study designs excluding individuals who are most likely to be prescribed the experimental treatment when it becomes available on the market (pg. 40-41). This is a priority area for SWHR and we applaud the authors for calling attention to the need for pharmaceutical companies to test the effectiveness of drugs in populations that are likely to use it. This will ensure that clinical trials are designed to be reflective of the patients that will be using the drug. It is incredibly important that this happens to ensure that drugs are safe and effective when they come to market, study data is statistically significant, and results are clinically meaningful for a health care provider deciding on a course of treatment.

In addition, we credit the authors for discussing depression screening as an important opportunity to broach suicidal ideation with patients (pg. 49). Aside from suicidal ideation, as noted by SWHR’s Interdisciplinary Network on the Link between Domestic Violence and Chronic Disease, screening is an opportunity to discuss other causes and co-morbidities of depression, such as domestic/intimate partner violence or unemployment and SWHR recommends the authors include such notation in the evidence review.

Finally, SWHR requests the authors consider including a call for more research into the effects of interventions, variability of screening/treatment harms, and screening tool performance for specific demographic groups, such as by age, gender, race/ethnicity, and comorbid conditions in the final review. The “Future Research Needs” section includes a discussion on the importance of further large scale trials for adults but does not specifically mention subgroup analysis within the general adult population. SWHR believes this information will aid in tailoring interventions, screenings, and treatments to meet individual patient needs.

Thank you for the opportunity to submit comments for the draft evidence review. We look forward to reading the final evidence review, when available.

Sincerely,



Andrea L. Lowe, MPH, CPH
Health Policy Analyst



Leslie Ritter, MA
Vice President, Public Policy