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August 24, 2015
Senior Coordinator, USPSTF
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To Whom It May Concern:

The Society for Women's Health Research (SWHR®) appreciates the opportunity to comment on the U.S. Preventive Services Task Force's (USPSTF) draft recommendation statement for *Depression in Adults: Screening*. 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 is writing in support of the USPSTF recommendation statement while offering recommendations for further discussion of adequate systems of care and demographic differences in screening for depression that we would like to see in the final statement.

Based on a review of the draft recommendation statement, SWHR believes that further discussion and clarification on adequate systems of care would be beneficial to health care providers who will be implementing this guidance. For example, the recommendation mentions staff and health care provider training as essential to an effective mental health treatment system, yet does not provide a description of the content of this training (i.e. screening, treatment, referrals, etc..).

In addition, SWHR recommends USPSTF include guidance for health care providers that detail adequate systems that should be in place for patients (i.e. familial support, transportation, etc...) to ensure they receive and respond appropriately to care and treatment. While the health care provider may not be directly responsible for securing such services, USPSTF guidance on this subject would prompt them or their staff to counsel patients on such systems that can aide in decreasing symptoms of depression.

SWHR supports this draft recommendation and applauds USPSTF for discussing risk factors for depression; especially regarding differences experienced by specific populations. We believe that the recommendation could be improved by further analysis and reporting of the distinct demographic groups affected by depression. Subgroup analysis and reporting is critical as sex, gender, race/ethnicity, life experiences, and age impact individual

risk of developing depression. As a result, additional USPSTF guidance on the effectiveness of screening tools within specific subgroups would be invaluable for health care providers practicing in community settings. For example, is one tool better than others for men, women, certain age groups, or racial/ethnic groups? Given risk factors for depression vary by population, responses to screening tools may vary as well. USPSTF should provide such guidance based on its in-depth review of the literature. If limited evidence is available, it should be so stated in the final recommendation.

Thank you for the opportunity to comment on this statement. We look forward to reviewing the final recommendation statement, when available.

Sincerely,



Andrea L. Lowe, MPH, CPH
Health Policy Analyst



Leslie Ritter, MA
Vice President, Public Policy