should be assessed further for symptoms and risk level, including the full PHQ-9. In addition to screening with the PHQ-2 in the general population, several high-risk subpopulations with higher prevalence rates of depression should be given special consideration for screening (e.g., patients with congestive heart failure or patients with recent significant losses).

Screening in Antenatal and Postnatal Women

Pregnant and postpartum women are at elevated risk for depression and should be screened for depression during their initial antenatal and postnatal visits. In addition, screening is typically repeated in the postpartum period at four to six weeks and three to four months after birth.(33-35) Early detection of depression during pregnancy is critical because it can adversely affect birth outcomes, neonatal health, and maternal health. Untreated postpartum depression can impair mother-infant attachments and have cognitive, emotional, and behavioral consequences for children. The Edinburgh Postnatal Depression Scale (EPDS) and the PHQ-2 are sensitive screening tools for use in postpartum women.(30, 36-40)

Screening in Individuals with Chronic Medical Illness

With patients who have a particularly high risk for depression because of chronic medical illness (e.g., hepatitis C, chronic pain, post-myocardial infarction, cancer), clinicians should have a high index of suspicion for depression and screen accordingly.

Screening in Older Adults

The PHQ-2 and PHQ-9 are the primary recommended screening and assessment tools in older populations, with comparable sensitivity but lower specificity than other screens.(41-45) The Geriatric Depression Scale, for example, employs items that are designed to be independent of physical condition for adults aged 65 and older but has more questions and is more complex to score.(46)

Summary

The Work Group considered the assessment of the evidence put forth in the 2016 VA/DoD MDD CPG. Therefore, this is a *Not reviewed, Amended* recommendation. The Work Group's confidence in the quality of the evidence was low. The body of evidence had some limitations, including a lack of outcome evidence for improved health outcomes. The potential benefits of identifying patients with treatable depression slightly outweigh the potential harms, which include overtreating based solely on screening scores and the added burden and costs of conducting the screenings. Patient values and preferences varied somewhat as some patients are uncomfortable discussing their mental health. Thus, the Work Group decided upon a *Weak for* recommendation.

Table 4. Patient Health Questionnaire-2 (PHQ-2) (30)

Question #	Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3