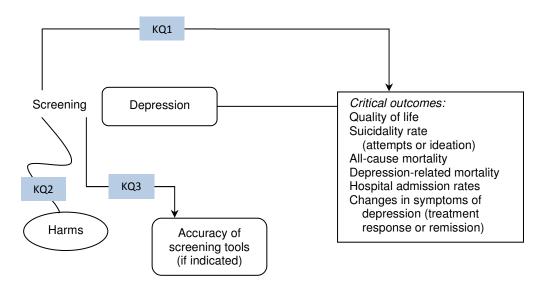






## Appendix 1: Analytic Framework and Research Questions

Adults aged ≥ 18 yr at average risk or increased risk of depression



### **Key Questions**

#### Stage 1: Evaluating the evidence for benefits or harms of screening for depression

Two key questions (KQ) are included in the first stage of this review as follows:

KQ1: What is the evidence for the benefit of screening for depression in:

- a. Asymptomatic adults 18 years of age or over from the general population in (i) primary care or (ii) other outpatient settings to improve critical outcomes?
- b. Adults at increased risk of depression, in (i) primary care, (ii) other outpatient settings or (iii) specialty clinics to improve critical outcomes?

KQ2: What is the evidence for the harms of screening for depression in:

- a. Asymptomatic adults 18 years of age or over not at increased risk of depression in (i) primary care or (ii) other outpatient settings
- b. Adults at increased risk for depression in (i) primary care, (ii) other outpatient settings or (iii) specialty clinics?

### Stage 2: Evaluating the evidence for accuracy of tools to detect depression in primary care settings

KQ3a. What are the depression screening tool(s) that are most effective (accurate) in diagnosing or detecting depression in adult patients in primary care settings?

KQ3b. What is the effectiveness of short screening questions tools (ultra short = 1-4 items and taking less than 2 minutes to complete; short = 5-14 items and 2 to 5 minutes) compared with long screening tools (≥ 15 items and more than 5 minutes) to screen for depression in primary care settings?

The first stage of the review looked at the evidence for harms and benefits of screening in adults in both the general population in primary care and in selected patient groups considered to be at increased risk in primary care and other outpatient settings.







# (Putting Prevention into Practice)

Stage 2 would be undertaken only if the evidence pointed to the benefit of screening for at least some of the population under investigation. This stage would have evaluated the accuracy of tools to detect depression in the primary care setting. Based on the findings of Stage 1, it was decided that Stage 2 of the review would not be conducted.

#### **Contextual questions**

- CQ1. What is the evidence concerning the optimal interval of screening for depression?
- CQ2. What is the cost-effectiveness of screening for depression?
- CQ3. What are the patient preferences and values regarding screening?
- CQ4. What process and outcome performance measures or indicators have been identified in the literature to measure and monitor the impact of screening for depression?
- CQ5. Are there subgroups of the Canadian population who have a higher prevalence of depression or for whom it would be difficult to implement screening programs? Subgroup analysis that explores issues of burden of disease, screening rates and special implementation issues include:
  - Aboriginal
  - Rural or remote-dwelling populations
  - Other ethnic groups
- CQ6. What are patient preferences and values for treatment interventions (antidepressants and/or psychotherapy) for depression?
- CQ7. What are the benefits and harms associated with the treatment (antidepressants and/or psychotherapy) for depression?