Executive summary

The literature search was performed in April 2011 and results from the systematic review are not fully up to date.

Background
Instruments are frequently used in case finding, diagnosis and severity grading of major depression and bipolar disorder, but the evidence supporting their utility is weak.

Aims
To evaluate the sensitivity and specificity of instruments used to screen, diagnose and grade the severity of depression.

To assess whether instruments improves the treatment outcome for patients with depression or bipolar disorder.

Inclusion criteria

Population
Individuals with suspected depression or bipolar disorder.

Index test
Instruments to screen, diagnose and grade the severity of depression and bipolar disorder.

Reference test
LEAD was reference standard for SCID-I and K-SADS; any structured or semi structured interview was accepted as reference test for other diagnostic interviews and screening instruments; SCID-I, K-SADS, CGI-S and CGI- BP for severity grading instruments.

Outcome
Sensitivity, specificity, improvement of symptoms.

Time between tests
1 week for depression, 4 days for mania, 24 hours for grading of severity.

Methods
MEDLINE, PsycInfo, Embase and the Cochrane Library databases were searched until April 2011. Risk of bias was assessed with QUADAS. Sensitivity and specificity was estimated with paired forest plots in MetaDisc. The certainty of the evidence was assessed with GRADE.

Results
Two diagnostic interviews, SCID-I and MINI, has high sensitivity and specificity for depression and mania in adults. PRIME-MD has a low sensitivity (<70 %).

Some instruments for screening have adequate sensitivity (specificity was of less concern): CBCL and BDI-I (depression) and YMRS and GBI (mania) children and adolescents; BDI-II (depression) and HCL-32 and MDQ (mania) for adults and GDS 15 and GDS 30 for elderly. HADS and PHQ-9 are not adequate.

The evidence for all severity grading instruments was insufficient.

Screening as part of an enhanced management of depression improves recovery and improvement for adult patients in primary care but the effect is small.
Project group
Experts
Lisa Ekselius (Chair)
Per Allard
Kristina Bengtsson Boström
Petter Gustavsson
Ingvar Krakau
Mia Ramklint
Charlotta Sunnqvist
Cecilia Svanborg
Maria Tillfors

SBU
Agneta Pettersson (Project Director)
Susanna Kjellander (Assistant Project Director)
Anders Norlund (Health Economist)
Thomas Davidson (Health Economist)
Anneth Syversson (Project Administrator)
Derya Akcan (Information Specialist)

Scientific reviewers
Malin André
Ata Ghaderi
Mikael Landén
Ann-Charlotte Smedler
Ingmar Skoog
Hans Ågren

Yellow report no 212
www.sbu.se/en • registrat@sbu.se