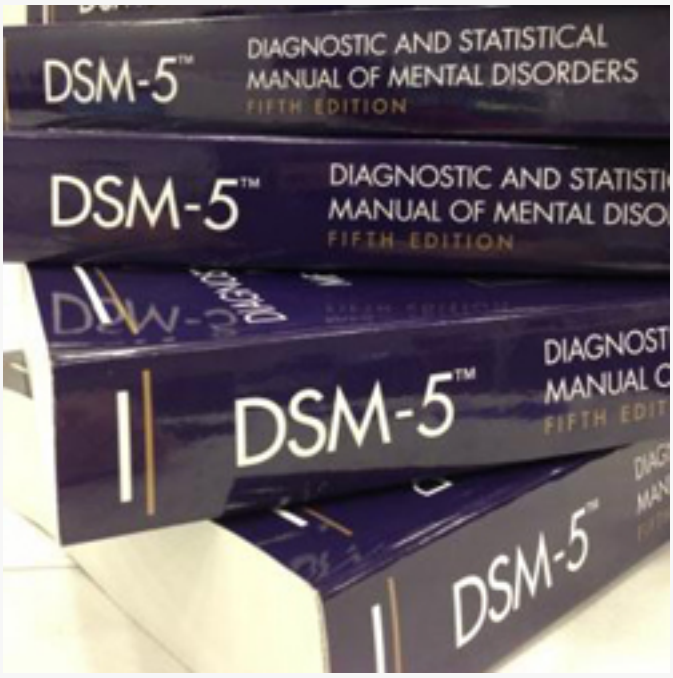
Routine Screening for Depression Does Not Improve Patient Outcomes, Research Shows

Depression screening can result in many false positives, leading to increased psychiatric drugging of patients.



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WASHINGTON, DC, USA, October 21, 2021 /EINPresswire.com/ -- A new study is the latest to conclude that patients do not benefit from reporting on their behavior and mental health in answer to questions on depression screening questionnaires and surveys.

The study, led by psychiatry professor Brett D. Thombs at McGill University and published in The BMJ (British Medical Journal) in July, looked for new studies that compared screening with normal, non-screening care in primary care settings and found four such studies, each addressing a specific patient population: postpartum women, patients with osteoarthritis, patients after acute heart symptoms, and post-deployment military personnel.

Researchers found no evidence of improved patient outcomes from the depression screening of these patients, and in the study of patients with osteoarthritis, non-screened patients actually did better than screened patients.

An earlier study by Thombs et al. also looked for evidence of positive outcomes for patients from screening and found there are no randomized, controlled trials with any direct evidence of improved health outcomes.

Researchers in that study examined the screening recommendations from three major national guideline organizations: the Canadian Task Force on Preventive Health Care, the United Kingdom National Screening Committee, and the United States Preventive Services Task Force.

Reporting in BMC Medicine in 2017, researchers found that the Canadian and U.K. organizations recommended against all questionnaire-based screening because of the lack of direct evidence of benefit and the potential harms to patients and resource use.

Only the U.S. Preventive Services Task Force (USPSTF) recommended routine depression screening of everyone age 12 and older to detect major depressive disorder, despite no direct evidence that screening leads to improved health or other beneficial outcomes.

Screening has the potential to cause enormous physical and psychological harm to patients falsely diagnosed with depression and prescribed antidepressants.

The USPSTF further recommended that screening should be done "with adequate systems in place to ensure accurate diagnosis." However, a diagnosis of major depressive disorder, like all psychiatric diagnoses, is completely subjective, so accurate diagnosis can never be ensured. In 2013, Thomas Insel, then director of the National Institute of Mental Health, admitted that psychiatric diagnosing lacks validity, stating that "diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure."

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>
> *Jeanne Lenzer, The BMJ*

Responding to claims by the proponents of the USPSTF's recommendation that depression screening saves lives, associate editor of The BMJ, Jeanne Lenzer, pointed out that such claims are unsupported in the absence of proper research studies.

She emphasized that "screening programs have the potential to cause enormous physical and psychological harms" to large numbers of people screened and "can cost billions of dollars in downstream expenditures…to manage the side effects of both diagnostic and therapeutic interventions."

Depression screening has long been criticized as an unscientific and unreliable approach to identifying depressed teens who may be at risk of suicide. It is notorious for its high number of false positives – erroneous findings of potential suicidality. The teen is referred for further evaluation by a mental health practitioner, who is predisposed on the basis of the screening to diagnose depression and is likely to prescribe powerful antidepressants as treatment – drugs

known to cause suicidal thoughts and actions in children and young adults.

From 1999 to 2012, an untold number of adolescents were screened for depression using the TeenScreen questionnaire, even though psychiatrist David Shaffer, who led the Columbia University team that developed TeenScreen, admitted the screening tool "would result in 84 non-suicidal teens being referred for further evaluation for every 16 youths correctly identified" – in other words, it had a positive predictive value of only 16%. This means more than four out of five children being screened were at risk of being falsely labeled as suicidal and prescribed antidepressants.

Some 5.6 million American children and young adults under the age of 25 are taking antidepressants, which carry black-box warnings of the increased risk of suicidal thoughts and actions for that age group.

At least 283 drug studies and 155 drug regulatory agency warnings address the adverse effects of antidepressants. The FDA's most serious black box warning is required on the labels of antidepressants, advising they can cause suicidal thoughts and actions in children and young adults. Some 5.6 million children and young adults in the U.S. under the age of 25 are currently taking antidepressants.

Psychiatrist Peter Breggin, M.D., describes antidepressants as neurotoxic because they harm and disrupt the functions of the brain, causing abnormal thinking and behaviors that include anxiety, irritability, hostility, aggressiveness, loss of judgment, impulsivity and mania, which can lead to violence and suicide. He adds that "the harmful mental and behavioral effects of antidepressants are especially prevalent and severe in children and youth."

Less studied are the risks of severe and long-lasting physical and emotional withdrawal

symptoms, which some 45 million Americans currently taking antidepressant will face if they decide to quit. There are no scientifically validated procedures for discontinuing the drugs. The longer the drugs are taken and the higher the dose, the more severe and prolonged withdrawal symptoms are likely to be. Gradual tapering of the dose does not completely prevent antidepressant withdrawal symptoms, even when under the care of a physician.

Withdrawal effects can include flu-like symptoms, insomnia, difficulty concentrating, headache, nausea, imbalance, hyperarousal, the sensory disturbance often referred to as electric shocks or "brain zaps," inability to stay still, mood swings, anger and suicidal thoughts.

Antidepressants can also take away the joy in life. "In the long run, antidepressants, like almost all psychiatric drugs, lead to apathy, indifference, and lack of caring," writes Breggin. "Emotional life is dulled and relationships lack empathy and love."

The late pediatrician and researcher Karen Effrem, M.D., expressed concern about screening teens for depression. "Increased screening will result in the increased psychiatric drugging of children and adolescents," she wrote. "There is evidence of overuse of psychotropic medication in children and adolescents, with no evidence of effectiveness, and significant evidence of harmful, if not fatal side effects, including suicide, violence, psychosis, hallucinations, diabetes, and movement disorders."

WARNING: Anyone wishing to discontinue or change the dose of an antidepressant or other psychiatric drug is cautioned to do so only under the supervision of a physician because of potentially dangerous withdrawal symptoms.

CCHR was co-founded in 1969 by members of the Church of Scientology and the late psychiatrist and humanitarian Thomas Szasz, M.D., recognized by many academics as modern psychiatry's most authoritative critic, to eradicate abuses and restore human rights and dignity to the field of mental health. Since then, CCHR has helped obtain more than 180 laws that protect mental health patients.

The CCHR National Affairs Office in Washington, DC, has advocated for mental health rights at the state and federal level. The CCHR traveling exhibit, which has toured 441 major cities worldwide and educated over 800,000 people on the history of abusive psychiatric practices up to the present time, has been displayed in Washington, DC, at the Congressional Black Caucus Foundation Annual Legislative Caucus and other locations.

IMAGES

DSM photo
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elderly man head down
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child holding pill
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