



SCREENING AND TREATMENT FOR MAJOR DEPRESSIVE DISORDER IN CHILDREN AND ADOLESCENTS CLINICAL SUMMARY OF U.S. PREVENTIVE TASK FORCE RECOMMENDATION

Population	Adolescents (12 to 18 years)	Children (7 to 11 years)
Recommendation	Screen (when systems for diagnosis, treatment, and follow-up are in place). Grade: B	No recommendation Grade: I (insufficient evidence)

Risk Assessment	Risk factors for major depressive disorder (MDD) include parental depression, having comorbid mental health or chronic medical conditions, and having experienced a major negative life event.	
Screening Tests	The following screening tests have been shown to do well in teens in primary care settings: <ul style="list-style-type: none"> • Patient Health Questionnaire for Adolescents (PHQ-A) • Beck Depression Inventory–Primary Care version (BDI-PC) 	Screening instruments perform less well in younger children.
Treatments	Among pharmacotherapies, fluoxetine, a selective serotonin reuptake inhibitor (SSRI), has been found efficacious. However, because of risk of suicidality, SSRIs should be considered only if clinical monitoring is possible. Various modes of psychotherapy, and pharmacotherapy combined with psychotherapy, have been found efficacious.	Evidence on the balance of benefits and harms of treatment of younger children is insufficient for a recommendation.

For a summary of the [evidence](#) systematically reviewed in making these recommendations, the full [recommendation statement](#), and [supporting documents](#) please go to <http://www.preventiveservices.ahrq.gov>.