

## 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.

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