



# Routine Screening for Depression, Alcohol Problems, and Domestic Violence

MARK H. EBELL, M.D., M.S., Athens, Georgia

## Clinical Question

How can physicians most effectively screen their patients for depression, alcohol use disorders, and domestic violence?

## Evidence Summary

During routine office visits, primary care physicians are expected to efficiently and effectively screen their patients for common, important conditions. Routine screening for depression is recommended by the U.S. Preventive Services Task Force (USPSTF) as long as systems are in place to ensure accurate diagnosis, effective treatment, and follow-up.<sup>1</sup> The USPSTF also recommends screening for problem drinking.<sup>2</sup> The evidence regarding screening for domestic violence is insufficient for the USPSTF to make a recommendation,<sup>3</sup> but physicians may wish to build screening for domestic violence into their routine care of patients.

Because the typical visit includes three problem conditions and eight care decisions,<sup>4</sup> it is a challenge to add these screening tasks. Fortunately, primary care researchers have developed useful and highly practical screening tools that can be administered by physicians or self-administered by patients. These initial screening questions all require confirmation by the physician using a detailed

---

*This guide is one in a series that offers evidence-based tools to assist family physicians in improving their decision-making at the point of care.*

---

Mark H. Ebell, M.D., M.S., is in private practice in Athens, Ga., and is associate professor in the Department of Family Practice at Michigan State University College of Human Medicine, East Lansing. He is also deputy editor for evidence-based medicine of *American Family Physician*.

Address correspondence to Mark H. Ebell, M.D., M.S., 330 Snapfinger Dr., Athens, GA 30605 (e-mail: ebell@msu.edu). Reprints are not available from the author.

clinical interview or a longer, but more specific, diagnostic instrument. This “Point-of-Care Guide” presents initial screening tools for problem drinking, depression, and domestic violence.

Williams and colleagues developed and validated a single question to screen for problem drinking (*see accompanying figure on page 2422*).<sup>5</sup> The question asks: “When was the last time you had more than X drinks in one day?” with X being four for women and five for men. The question was tested prospectively in a group of 1,432 men and 1,085 women presenting to an emergency department with an injury. Of this group, 35 percent were problem drinkers, meaning that they were either hazardous drinkers, had a recent alcohol use disorder, or both. The sensitivity and specificity using a cutoff of more than four or five drinks in the past three months were both 86 percent. This means that in a typical population-based sample, 52 percent with a positive response were problem drinkers, compared with only 3 percent who screened negative. Patients checking “Never” have only a 1 percent risk of problem drinking. A positive screen for problem drinking should be followed by a more detailed clinical interview to confirm the diagnosis. The patient also could be asked to complete a more detailed survey instrument such as the Alcohol Use Disorders Identification Test (AUDIT), which is available online at several sites, including <http://www.ukalcoholforum.org/images/audit.pdf>.

A two-question initial screening test<sup>6</sup> for depression has been developed and validated based on the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, text revision,<sup>7</sup> established criteria for the diagnosis of depression (*see accompanying figure*). A positive response to either question is extremely sensitive and identifies more than 90 percent of patients with major depression. However, it is only approximately 60 percent specific and requires confirmation using a detailed clinical interview or a more specific tool such as the Patient Health Questionnaire (PHQ-9).<sup>8</sup> A more detailed interpretation of the two-question screening test also has been validated, although it is somewhat more complex to administer and

