Screening & Treating Depression & Anxiety Guidelines

These guidelines were created to help care center teams to integrate screening and treating depression and anxiety into comprehensive cystic fibrosis care.


Investigations examining depression and anxiety in individuals with cystic fibrosis and their caregivers indicate elevated symptoms of these mental health issues in this population. To address this concern, a multidisciplinary group of experts convened to develop consensus recommendations for identifying and treating depression and anxiety in the context of CF care. Fifteen guideline recommendations were proposed in the following areas:

- Screening
- Psychological interventions
- Pharmacological treatments
- Implementation
- Future research

The committee noted that prior to the implementation of a screening program, care pathways and provisions for depression and/or anxiety should be in place.

Purpose and Background

The challenges of managing and living with a chronic medical illness, such as CF, place individuals at higher risk for mental health difficulties. Problems such as depression and anxiety can negatively impact adherence to prescribed treatments, physical health, role functioning, and quality of life. Early identification of depression and anxiety can help individuals obtain appropriate mental health services to prevent symptoms from worsening.

https://www.cff.org/Care/Clinical-Care-Guidelines/Screening-and-Treating-Depression-a... 10/14/2018


**Recommendations**

It is recommended that all children with CF who are 7-11 years old be clinically assessed for depression and anxiety when a caregiver reports clinically elevated symptoms of depression or anxiety, or when there is a significant concern for the child exhibiting symptoms of depression or anxiety reported by the child, by his or her caregivers, and/or by a member of the CF care team.

Annual screening for depression and anxiety is recommended for all individuals with CF beginning at 12 years of age using the PHQ-9 and GAD-7.

Annual depression and anxiety screening is recommended for at least one primary caregiver for all children and adolescents with CF. The following measures can be used and chosen given the staff and resources available within the CF center: PHQ-9 and GAD-7; PHQ-8 and GAD-7; PHQ-2; and GAD-2.

**Evaluation of the Evidence**

100% consensus

**Clinical Assessment**

**Recommendations**

**Evaluation of the Evidence**
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<th>Recommendations</th>
<th>Evaluation of the Evidence</th>
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<td>For individuals with CF who are 12 years or older and endorse mild symptoms of depression or anxiety, it is recommended that education about depression and/or anxiety be provided, preventive and supportive interventions be delivered, and re-screening take place at the next CF clinic visit.</td>
<td>100% consensus</td>
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<td>Individuals endorsing moderate symptoms of depression and anxiety who are ages 12 and older should be provided with evidence-based psychological interventions, such as cognitive behavioral therapy (CBT) or interpersonal psychotherapy (IPT) or a referral for these interventions. If this treatment is not available or not effective in alleviating symptoms, psychotropic medication should be a consideration as a next step for treatment.</td>
<td>100% consensus</td>
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<td>Individuals ages 12 years and older who endorse severe depression should receive a combination of an evidence-based psychological treatment and pharmacological intervention (i.e., antidepressant).</td>
<td>100% consensus</td>
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<td>For individuals ages 12 years and older who endorse severe anxiety, it is recommended that exposure-based CBT be provided. If exposure-based CBT is not available or not fully effective, it is recommended that antidepressant medication be considered for treatment.</td>
<td>100% consensus</td>
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• In what ways do psychological and pharmacological interventions affect other outcomes beyond symptoms of depression and anxiety, such as adherence, health, and caregiver functioning?
• Which evidence-based psychological and psychopharmacological interventions treat depression and anxiety optimally in individuals with CF and caregivers?
• How do symptoms of depression and anxiety in individuals with CF impact health care utilization and cost?
• What model(s) of health care service delivery is most effective in treating depression and anxiety in individuals with CF and their caregivers?

Further Reading

Relevant manuscripts published after the original guidelines are listed below. These manuscripts have not been reviewed or endorsed by the guidelines committee.

Below are recent publications that address mental health in individuals with CF:


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