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Increasing the Recognition of Generalized Anxiety Disorder in Primary Care

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Problem Identification

- National Comorbidity Survey has shown that anxiety disorders are the most frequent disorders in the population, with a lifetime prevalence of 28.8%, and a 5.7% lifetime prevalence of Generalized Anxiety Disorder (GAD) specifically
- The presence of anxiety disorders- while controlling for the impact of chronic medical illness, major depression, and socioeconomic factors- contribute in an additive fashion to poor function, reduced quality of life, and more sick days from work
- Patients with anxiety disorders:
 - Have high levels of psychiatric comorbidity
 - Have associations with adverse health behaviors such as smoking and sedentary lifestyle
 - Have high medical costs
- But, despite being as common and impairing as depressive disorders, anxiety disorders have received much less attention in terms of the media, research, and public health efforts, and are often undetected and undertreated
- Only a minority of patients with anxiety, 15-36%, are recognized in primary care
- Without proper diagnosis, there can't be sufficient treatment
 - One study found that 41% of patients with an anxiety disorder reported that they were not receiving any current mental health treatment
 - Treatment patterns in primary care are frequently symptom specific interventions, rather than GAD-specific

Problem Identification

- There are numerous barriers to the diagnosis of anxiety disorders in primary care:
 - The standard for diagnostic accuracy in psychiatry is a time consuming structured interview
 - Most currently available screening tools require laborious scoring and interpretation by a healthcare professional
 - Unlike patients with Major Depression, those with GAD have low self recognition and do not usually know their symptoms are indicative of a mental health disorder; as a result, a low proportion of people with GAD seek help specifically for their disorder
- Link to community
 - Of Vermont's approximately 600,000 residents, close to 23,000 adults live with a serious mental illness
 - The 2011 Behavioral Risk Factor Surveillance System survey found that 9% of Vermonters age 50 and older reported frequent mental health distress, defined as 14 or more days out of 30 where they would describe their mental health as "not good," based on their "stress, depression, and problems with emotion"
 - Although depression was screened for often at Mad River Family Practice, at least at every wellness visit, I never once saw formal anxiety screening
 - Most Vermonters tend to minimize their complaints, making identification of GAD even more difficult

Public Health Cost

- GAD is highly prevalent and costly
- Anxiety disorders cost an estimated \$42 billion per year in the United States alone, counting direct and indirect costs
- Patients with anxiety disorders are high users of primary care services, comparable to those with serious chronic disorders such as irritable bowel syndrome, lower back pain, and leg ulcers
- This is mostly due to their high comorbidity with other anxiety disorders, depressive disorders, and somatic symptoms
- 1/3 of patients with an anxiety disorder has 1 or more additional anxiety disorders
- The number of disorders is strongly associated with impairment and health care use
- Anxiety disorders also frequently occur in patients with chronic medical disorders and increase the disability of such patients
- A series of cost-effectiveness papers have shown that society would benefit from applying healthcare funds to improving care for anxiety disorders
- Link to community
 - Vermont is spending increasing amounts on mental health agency services, with \$122.5 million spent in 2006, and \$150 million in 2010
 - Many Vermonters rely on public services for needed care, with approximately 19.2% enrolled in Medicaid and 10.5% uninsured

Community Perspectives

- [Name Withheld], Clinical Social Work and Therapist (LICSW) in Waterbury, VT, in practice for more than 15 years
 - “I think it’s [anxiety] a much bigger issue than it’s made out to be.”
 - “I find they’re [health care providers] more likely to go to medical testing before considering anxiety as a cause [of a patient’s symptoms].”
 - “I think patients would be receptive to education regarding anxiety. People sometimes feel more comfortable with a medical diagnosis than a mental health one, though anxiety does have a physiologic basis. I think patients may struggle to accept anxiety as a possibility.”
- [Name Withheld], Clinical Social Work and Therapist (MSW, LICSW) in Waterbury, VT in practice for more than 10 years
 - “I think people aren’t necessarily educated on the multiplicity of symptoms that can occur with anxiety.”
 - “People are often shocked that they’re symptoms could be caused by anxiety.”
 - “It’s extremely important for primary care physicians to obtain a more thorough psychiatry history, including that of the family.”

Intervention & Methodology

- Rather than attacking this issue with increased screening from the healthcare provider side of things, which would require training and time during already time-limited visits, I decided to address patient education
- According to a study by Wittchen, et al., patients with GAD are “usually vigilant and active information seekers” who might be “very receptive to public education” regarding their symptoms as being signs of an illness
- Making patients aware that their experiences could be related to an illness would increase their chances of approaching physicians with a primary complaint of GAD, and therefore increase their chances of obtaining treatment
- Therefore, I made a flyer to be posted in each of the exam rooms with the goals of explaining:
 - The symptoms of GAD
 - The difficulty in recognizing and diagnosing GAD
 - Actions to take if you think you may have GAD, with the emphasis placed on speaking to your doctor
- The information in the flyer was obtained from my literature review and the GAD-2

Results

More than 1 in 4 Americans will experience an anxiety disorder in their lifetime.

Over the last 2 weeks, have you:

- Been feeling nervous, anxious, or on edge often?
- Not been able to stop or control your worrying?

If you answered yes to either or both of these questions, you may have an anxiety disorder called Generalized Anxiety Disorder.

People with Generalized Anxiety Disorder (GAD) have ongoing, extreme worry that at times can keep them from doing everyday tasks. They feel helpless to control these worries. They may have problems sleeping, muscle aches, feel shaky, weak, or have frequent headaches. People with GAD can be irritable and often have trouble concentrating and working effectively.

People with GAD may visit a doctor many times before they find out they have this disorder. They ask for help with headaches, trouble falling asleep, or other things which can be symptoms of GAD, but don't always get the help they need right away, because it can take some time to be that a person has GAD instead of something else.

If you think you may have Generalized Anxiety Disorder, talk to your doctor about your symptoms.

Your doctor can do an exam to make sure another physical problem isn't causing your symptoms. The doctor may also refer you to a mental health specialist.

Whether you have normal anxiety or an anxiety disorder, these strategies will help you cope:

1. Talk to someone- your doctor, a family member, or friend.
2. Exercise. Go for a walk or jog. Go skiing. Do yoga.
3. Keep a daily journal. Become aware of what triggers your anxiety.

- This flyer is now on display in all the exam rooms at Mad River Family Practice
- Initial feedback from my preceptor was positive:
 - “This looks great. Very professional.” –Dr. Cook

Evaluation & Limitations

- The purpose of this project was to increase the recognition, diagnosis, and ultimately the treatment of General Anxiety Disorder in primary care
- To meet this end, I created an easy to understand flyer for patients with the goal of catching one's attention, and then providing basic information on GAD as well as some steps to take next if they believe they might have GAD
- To evaluate the effectiveness of this project:
 - For anecdotal evidence, follow up with patients could be done to see if the information given in the flyer helped them to recognize the cause of the symptoms they were having, and if that enabled them to have a discussion with their healthcare provider regarding GAD
 - For quantitative evidence, Mad River Family Practice could keep track of how many patients offer GAD as one of their concerns during a visit and see if the number increases after placement of the flyers
- Limitations of the flyer include:
 - It only provides the most basic of information about GAD
 - It doesn't offer further resources for more information
 - It doesn't list contacts such as mental health providers in case a patient wanted to get in touch with one directly
 - It requires the patient to be self motivated in bringing up their concerns to the healthcare provider

Future Recommendations

- Create a second flyer with a list of online resources for more information and phone numbers for setting up contacts with mental health professionals
- Create a module for healthcare providers to train them on using the GAD-2
 - The GAD-2 is an ultra brief two item screening tool with high sensitivity (86%) and specificity (85%) for detecting anxiety disorders
 - It could be used during every wellness visit, as well as visits that have red flags as possibly being GAD related, such as for patients with frequent somatic complaints with no known physical cause
- Once a tentative diagnosis has been made, educate health care providers on the importance of referring patients with mental health disorders outside their scope of training
 - Wittchen et al. found that “treatment patterns in primary care could frequently be regarded as symptom-specific interventions rather than syndrome or GAD-specific interventions.”
 - Treating the cause of the symptoms would provide the most relief for patients
 - The first line treatment for GAD is cognitive behavioral therapy, which can only be utilized by mental health professionals, and as put by Kroenke et al., “should strongly be considered if initial treatment with medications proves inadequate.”

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