Anxiety Screening During At-Risk Ages of Development

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Anxiety Screening During At-Risk Ages of Development

Torrance Teng
Family Medicine Rotation
August 2023
Brookfield Primary Care
Project Mentor: Dr. Laurie Schedgick-Davis
Problem Identification and Description of Need

- The U.S Preventative Services Task Force (USPSTF) recommends screening for anxiety in children and adolescents ages 8-18 years old and adults ages 64 years or younger, including pregnant and postpartum people.\textsuperscript{1,2}

- It is important to screen for anxiety early and provide resources to help patients develop coping skills since average age of onset for diagnosis of anxiety disorders is 21 years old though patients gradually develop symptoms for years prior.\textsuperscript{3}

- Untreated anxiety can lead to disability, diminished work productivity, and increased suicide risk, all of which contribute to decreased quality of life.\textsuperscript{4}

**COMMENTS FROM 2022 FAIRFIELD COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT**

"I think the biggest thing that pandemic did, at least what I’ve seen regarding health care, is the anxiety levels of people."\textsuperscript{5}

Nearly 40% of Fairfield County reported a negative impact on their level of anxiety or depression.\textsuperscript{5}

About 30% of Fairfield County adult residents have ever been diagnosed with an anxiety disorder.\textsuperscript{5}

**FIGURE 1**: Survey from 2022 Fairfield County CHNA Report inquiring what resources Fairfield County residents desire most.
Public Health Cost

- The mean estimated total medical cost for individuals diagnosed with any anxiety disorder is at least $6,475.⁶

- Per 2017 study, average cost of an Emergency Department visit for anxiety or fear related conditions is $470 and has been steadily increasing.⁷

- The lost productivity stemming from mental health disorders including anxiety is projected to cost the US economy at least $1 trillion per year and projected to reach $16 trillion by 2030.⁸
“Most people suffer from different mental health stresses of different intensities, so the GAD-7 is a good indicator to screen for anxiety vs other mental conditions like depression.”

“Unlike the PHQ-9 which has some questions with a huge range of mood symptoms, the GAD-7 seems to be more specific and less ambiguous.”

“Screening for anxiety may be helpful for providers as they have such limited time, so they can prioritize the high-risk patients.”

“I call anxiety and depression the yin and yang of psychiatry as they often interplay with each other. There has been a huge uptick w/ depression post pandemic and consequently, also with anxiety.”

“More people are coming in for psychiatric evaluations without a prior history of mental health disorder(s). I believe these people may have been more susceptible to mental health disorders and the stress from the pandemic likely pushed them over the edge.”

“I think anxiety is more prevalent than depression, but depression is perceived as more dangerous.”

“More people in the country have anxiety-related stress disorders than those diagnosed with hypertension.”

Keri Reilly - Licensed Clinical Social Worker

Senior Licensed Clinical Social Worker w/ DBT Intensive Training
Intervention and Methodology

- A GAD-7 screening test was combined with an assessment (rated on a 5-point Likert Scale) to gauge patient's perceived benefits of an anxiety screening form.

- Form was distributed to pediatric patients aged 8-18 years old and adults 65 years of age or younger during their annual physical/annual wellness visit.

- Patients were made aware that completion of form was optional and anonymous.
Results/Response

Data

- GAD-7 screening + assessment was completed by 12 patients at Brookfield Primary Care during their Annual Physical Exam/Annual Wellness Visit.
- All participants were between 40-65 years of age
- 58.3% male, 41.7% female
- 50% of patients had a score of minimally anxious (0-4)
- 50% of patients had a score of mildly anxious (5-9)
Evaluation of Effectiveness and Limitations

**Likert Scale Mean Results (Total):**
- Filling out this form did not take much effort: 4.67
- I would be more likely to share my anxiety concerns to a healthcare provider if prompted first such as via discussing this form: 3.83
- I think there is some utility in having an anxiety screening: 4.37

**Likert Scale Mean Results (Males):**
- Filling out this form did not take much effort: 4.5
- I would be more likely to share my anxiety concerns to a healthcare provider if prompted first such as via discussing this form: 3.71
- I think there is some utility in having an anxiety screening: 4.5

**Likert Scale Mean Results (Females):**
- Filling out this form did not take much effort: 4.8
- I would be more likely to share my anxiety concerns to a healthcare provider if prompted first such as via discussing this form: 4.2
- I think there is some utility in having an anxiety screening: 4.0

**TAKEAWAYS:**
1. Every response on Likert scale were either neutral, agree, or strongly agree on the positive aspects of having an anxiety screening (questions indicated on left).
2. Many patients agree that there needs to be more accessible resources for patients such as better access to therapists and pamphlets/online teaching videos advising on how to better cope with anxiety.

**LIMITATIONS:**
1. No surveys were completed by pediatric patients or adults aged 18-40 years old.
2. A larger sample size is needed to increase validity of study.
3. Providers are already limited on time during health care appointments so implementation of an anxiety screening may take away from discussion of other medical concerns.
Recommendations for Future Interventions/Projects

- Proactively provide resources such as having pamphlets out in open so if patients choose not to fill out the screening or would rather not discuss their anxiety to their provider, they still have resources to help cope with stresses and know where to reach out to in the future.

- Use the GAD-7 assessment as a screening tool in at-risk pediatric populations such as middle and high schools where social media, bullying, and pubertal changes can all increase students’ anxiety.³

- Use the GAD-7 assessment as a screening tool for occupations with the highest burn-out rates such as healthcare students/workers, teachers, and law-enforcement officials.⁹

- For extremely at-risk populations, make the default setting to be for people to have a counselor/therapist where they can opt-out rather than the opposite.
5. Fairfield Medical Center, Fairfield County Health Department, Fairfield Community Health Center, ADAMH Board and the United Way. 2022 Fairfield County CHNA Report., Oct. 2022.