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Erzsie Nagy
The University of Vermont

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Anxiety Screening in a Rural Primary Care Setting

Erzsie Nagy, they/them
Corner Medical - Lyndon, VT
Rotation 6, 2024 - 2025

Identifying the Problem

AHEC core topic areas –
Behavioral Health Integration &
Medical Practice Transformation

- **Anxiety disorders are one of the most commonly occurring mental health condition**. Data from 2001-2003 showed that lifetime prevalence for anxiety disorders in adults in the US was 26.4% in men and 40.4% in women. (*1*)
- **There is a lack of consensus in the literature regarding anxiety in older adults**. Some older epidemiologic studies show rates of anxiety disorders declining with age (*2*), while more recent studies suggest that anxiety disorders are as common or more common in older adults compared to young adults (*3*). Furthermore, most epidemiologic studies of psychopathology in older adults focus on dementia and depression (*3,4*).
- As such, the US Preventive Services Task Force concludes that screening for anxiety disorders in adults has a "moderate net benefit," but the **"evidence is insufficient" to recommend screening for anxiety in older adults** (65 years and older). *(1)*
- According to the 2019 US Census Bureau report, 17.5% of rural populations are aged 65+, compared to 13.8% of urban populations (*5*). 65% of Vermont's 65-and-over population live in rural areas, making this the largest percentage of rural older populations in the country (*5*). In northeastern Vermont, about one quarter of the population is 65 years or older.
- **Caledonia County in northeastern Vermont is a rural area with a large proportion of older adults, and we may be doing a disservice to this community by not screening for anxiety because of a low quantity of studies and conflicting data.**

Public Health Impact in Caledonia County

Access to Care

- According to the 2022 Physician Census (*6*), there are 26 primary care physicians in Caledonia County
    - Population ais 30,600
    - Access to care ratio is ~ 1,190:1

Community Health Needs Assessment (7)

- **High rates of mental health issues such as depression and anxiety in this rural community**
- 28% of adults with depressive disorder
- **Focus group of older adults** shared that it "was a **struggle for them to admit that they need mental health services**, and even **harder when they have to** leave messages or '**talk to machines**.' Participants also requested support groups for those in recovery, with a high concern for rates of substance use in the NEK."

[$$$]
ED Crisis Beds

- Northeastern Vermont Regional Hospital ED (*7*)
    - About 4% of ED visits are for behavioral health reasons
    - Average "mental health boarding" hours increased by about 4 hours, from ~24 hours in 2021 to ~28 hours in 2022
    - The number of youth in crisis going to the ED tripled from 2019 to 2021
- $3 million 'Patrick & Marcelle Leahy Suite'
    - 4 beds for mental health crises
    - "Quieter, secluded unit" and "has decreased use of restraints" according to ED leadership

Community perspective

Dawn Arenas, LICSW
Adult Outpatient Program Manager
Northeast Kingdom Human Services

- “...surprised that we don’t do any anxiety screening…I’ve always wondered about that. We also don’t ask questions about gender identity or sexuality.”

- Dawn has frustration with screening tools and thinks there is an issue with so many screenings. She reports they seem to get in the way of an open dialogue with people. “Like fitting a square peg in a round hole.” A lot of people can “see through” screening tools and know how to answer them based on their goals.

- “It’s difficult for people who are struggling to engage with care and have to tell their story over and over to new staff.” Dawn reports the high turnover with mental health service providers is another barrier for patients accessing care.

Jaime Lipka, MSW
Social Worker
Corner Medical

- “I see anxiety as more dominant than depression…untreated it can morph into depression. Also I think there is a lot of overlap and things don’t live as cleanly in a box like the DSM describes.”

- There is a misconception of therapy for anxiety… “the goal is not to try to get rid of it but learning how to deal with it and cultivating some acceptance.”

- “Being in such a small community can make it harder to seek help” when people will receive a list of providers “and they know half of the people on the list.”

Intervention & Methodology

Verbal administration of GAD-2 at all annual visits by medical student

If positive (score of > 2), administration of GAD-7

If positive (score of > 4), discuss next steps with patient and provider

While multiple screenings exist to assess for anxiety, GAD-2 was chosen as it was the easiest to implement and most efficient

Screening Test	Sensitivity for GAD	Specificity for GAD
GAD-7	89%	82%
GAD-2	76%	81%

(8)

Generalized Anxiety Disorder 2 item (GAD-2)				
Over the last 2 weeks, how often have you been bothered by the following problems	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
GAD-2 score obtained by adding score for each question (total points).				
A score of 3 points is the preferred cut-off for needing further identifying evaluation[23]				

Generalized Anxiety Disorder 7- item (GAD-7)				
Over the last 2 weeks, how often have you been bothered by the following problems	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(8)

Results

11 patients in total screened for anxiety using the GAD-2
Average score = < 1

- Nobody met criteria to receive GAD-7

Patient demographics:

- Average age = **69 years old**
- Age range = 48-89 years old
- Sex = 8 females, 3 males
- History of anxiety and depression = 3 patients
- One patient currently on medication and seeing therapist for anxiety
- All patients screened negative for depression using the PHQ-9

Despite all negative screenings, verbal administration of GAD-2 did open up many conversations about mental health with patients and facilitated discussions that might not have otherwise happened

Effectiveness/Limitations

Limitations of the Study:

- Small sample size
- Entire sample scored below anxiety screening threshold
- Patients at Corner Medical with a high mental illness burden did not want a medical student at their visit
- All patients interviewed had been seeing this provider for 20+ years, leaving plenty of time to have already discussed and managed anxiety

Limitations of GAD-2 Administration:

- Administration of another survey at annual visits leads to more of a burden on an already time-constrained clinic staff
- Population of patients were mostly older than 65, and the literature states that little is known about the assessment of anxiety in older adults.
- Screening scales are controversial amongst providers (Dawn Areda, NKHS):
    - "The standardization of screening tools may feel off putting and/or alienating when it comes to mental health concerns."
    - "Maybe the important part is just opening up a conversation with people."

Future

- Other screening tools that have been used for older adults could be used at the primary care level for screening in patients over 65 (*9*). These scales include:
    - Adult Manifest Anxiety Scale - elderly version (AMAS-E)
    - Penn State WOrry Questionnaire (PSWQ)
    - Geriatric Anxiety Inventory - short form (GAI-SF)
    - Geriatric Anxiety Scale (GAS)

- Rather than using a specific scale at all, making sure to ask open-ended questions about mood and mood changes at every annual visit, regardless of age

- Screening all patient with a pre-existing diagnosis of depression in the primary care setting for anxiety, as these conditions are often co-existing

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7. Northern Vermont Regional Hospital. 2024. Community Health Needs Assessment

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Citations