

Identifying Anxiety & Depression in Primary Care

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Outline

- I. Importance of Identifying Anxiety & Depression
- II. Symptoms of Anxiety & Depression
- III. Methods to Identify Anxiety & Depression
 - A. Patient-Initiated Disclosure
 - B. Detective Work
 - C. Screening



I. Importance of Identifying Anxiety & Depression

Risks of Untreated Anxiety & Depression

- ↑medical morbidity
- ↑mortality
- ↓prognosis
- ↑utilization of medical services
- ↑indirect costs (e.g., lost work days)
- ↑disability/psychiatric comorbidity
- ↑family burden

Elliot, R.L. (2007). *Ethnicity & Disease*, 17,
S2-28-S2-33.



II. Symptoms of Anxiety & Depression



DEPRESSION (Unipolar)

DSM-IV Diagnostic Criteria

#1 or #2 plus at least 4 more of the following during a 2-week period:

- 1. Depressed mood**
- 2. Diminished interest or pleasure**
3. Weight loss or gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue
7. Feeling worthless or excessive/inappropriate guilt
8. Diminished ability to think, concentrate, or make decisions
9. Thoughts of death or suicidal ideation

Changes in DSM-5

- * Core symptoms of Major Depression remain the same
- * Dysthymia (DSM-IV) & chronic major depressive disorder are called “Persistent Depressive Disorder”
- * Bereavement exclusion removed
- * Additional specifiers (e.g., “with anxious distress”)
- * Additional disorder (“Disruptive Mood Dyregulation Disorder”)



THE ANXIETY DISORDERS

Changes in DSM-5

DSM-5

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graph TD; DSM5([DSM-5]) --> Anxiety[Anxiety Disorders]; DSM5 --> OCD[Obsessive-Compulsive & Related Disorders]; DSM5 --> Trauma[Trauma- & Stressor-Related Disorders];
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Anxiety Disorders

- GAD
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Separation Anxiety Disorder
- Selective Mutism

Obsessive-Compulsive & Related Disorders

- OCD
- Hoarding Disorder
- Body Dysmorphic Disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking) Disorder

Trauma- & Stressor-Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder

Signature Symptoms of Various Anxiety-Based Disorders

Signature Symptom	Disorder
<i>Panic attacks</i>	Panic Disorder
<i>Fear/avoidance: panic, other symptoms attacks</i>	Agoraphobia
<i>Fear/avoidance: social situations</i>	Social Anxiety Disorder
<i>Fear/avoidance: blood, needles, etc.; may also faint</i>	Blood/Injection/Injury Phobia
<i>Obsessions (e.g., contamination, asymmetry, responsibility) & compulsions (e.g., washing, straightening, checking)</i>	Obsessive-Compulsive Disorder
<i>Excessive worry</i>	Generalized Anxiety Disorder
<i>Flashbacks, nightmares, etc.</i>	Posttraumatic Stress Disorder

Signature Symptoms: Additional Anxiety-Based Disorders

Signature Symptom	Disorder
<i>Fear of being ill – avoidance of or excessive use of medical services</i>	Hypochondriasis (Illness Anxiety)
<i>Fear & avoidance of being away from parents/ safe person</i>	Separation Anxiety
<i>Failure to speak audibly to anyone other than parent/safe person</i>	Selective Mutism
<i>Obsessions & compulsions related to perceived ugliness</i>	Body Dysmorphic Disorder

III. Methods of Identifying Anxiety & Depression

- 1. Patient-Initiated Disclosure*
- 2. Detective Work*
- 3. Screening*

1. Patient-initiated disclosure



2. Detective Work



Clinical Presentation Clues: A Guide for Primary Care Detectives

COMPLAINT/CONDITION

1. acute symptom attacks
2. blushing, trembling, sweating
3. difficulty urinating
4. chapped, red skin
5. fainting
6. wrist scars
7. weight loss
8. hypertension
9. sleep difficulties
10. sexual problems
11. Fatigue
12. Unnecessary surgery requests
13. Unnecessary medical tests/visits

CONSIDER

1. *Panic Disorder/Agoraph.*
2. *Social Phobia*
3. *Social Phobia*
4. *OCD*
5. *Blood/Injec/Injur. Phobia*
6. *Depression.*
7. *Depression*
8. *Anxiety*
9. *GAD, Depression*
10. *Anxiety, Depression*
11. *Anxiety, Depression*
12. *BDD*
13. *Hypochondriasis, Panic Disorder*



3. Screening



Limitations of Screeners

- * Some are comprehensive, but take too long to fill out
- * Some are brief, but only screen for limited # of problems



Depression Screening

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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The Big 2 Questions

1. “During the past month, have you often been bothered by feeling down, depressed, or hopeless?”
2. “During the past month, have you often been bothered by little interest or pleasure in doing things?”



Anxiety Screening

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over 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's 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
<i>Add the score for each column</i>	+	+	+	
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

Screeners for Other Disorders

- * Panic Disorder (Newman et al., 2006)
- * PTSD (Prins et al., 2004)
- * Eating Disorders (Morgan et al., 1999)
- * Substance Use (www.sbirthtraining.com)

Screeners with a Wider Scope

- * Case-Finding and Help Assessment Tool (Goodyear-Smith et al., 2004)
- * PRIME-MD (Spitzer et al., 1994)
- * Behavior & Symptom Identification Scale-24 (www.basissurvey.org/basis24/)
- * Quick Psycho-Diagnostic Panel (Shedler et al., 2000)
- * Behavioral Symptom Inventory (Derogatis & Melisaratos, 1983)



Primary Care Behavioral Health Screener

Developed by the Integrated Care Team at
Saint Louis Behavioral Medicine Institute

Pollard et al. (2013). *J of Clin Psych in Med Settings*, 302-310; Pollard et al. (2012). *Primary Care Behavioral Health Screener: User Manual*.

PCBHS

Name: _____ Date of Birth: _____ Date: _____

Physician You're Seeing Today: _____

1. For each item, please check the "YES" column if you've experienced the problem in the past 4 weeks.
Check the "NO" column if you have not.

YES	NO	
		Little interest or pleasure in almost all activities
		Feeling sad or depressed
		Feeling tired or sleepy during the day
		Sleeping too much or too little
		Eating too much or too little, or losing control of how much you eat
		Forcing yourself to vomit after eating
		Believing you're too fat or too ugly, even though others say you're not
		Trouble concentrating or being easily distracted
		Being fidgety, restless, nervous, or tense
		Wishing you were dead or wanting to harm yourself
		Several days feeling "on top of the world" or highly energetic for no obvious reason
		Difficulties with stress, anger, or frustration
		Sudden panic or anxiety attack
		Worrying a lot
		Avoiding or dreading being around people or the center of attention
		Intrusive, disturbing thoughts or images that pop in your mind
		Doing or thinking something over and over to get rid of an unpleasant feeling
		Nightmares or disturbing daytime memories of a past unpleasant event
		Use of alcohol or drugs that you later regretted
		Trouble with your sex life
		Trouble with your memory or thinking
		Seeing, hearing, or believing things that others view as odd or unbelievable
		Difficulties coping with a medical condition or major life event
		Difficulties with family members or others who are upset with your behavior
		Other habit or behavior (e.g., gambling, unprotected sex, spending money) that is potentially harmful or that causes difficulties for you or someone else
		Other Problems? (please explain):

2. If you checked "YES" for any of the problems, to what extent have these problems caused you distress or interfered with your ability to do things? (circle one)

None



A Little



Somewhat



A Lot



A Whole Lot



<i>INDIVIDUAL PCBHS ITEMS</i>	<i>POSSIBLE BEHAVIORAL HEALTH PROBLEM</i>
Little interest or pleasure in almost all activities	Depression
Feeling sad or depressed	Depression
Feeling tired or sleepy during the day	Depression, Sleep Dis.
Sleeping too much or too little	Depression, Sleep Dis.
Eating too much or too little, or losing control of how much you eat	Depression, Eating Dis.
Forcing yourself to vomit after eating	Eating Dis.
Believing you're too fat or too ugly, even though others say you're not	Eating Dis., Body Dysmorphic Dis.
Trouble concentrating or being easily distracted	Depression, GAD, ADD/ADHD
Being fidgety, restless, nervous, or tense	Depression, GAD/Other AD, Adjust. Dis.
Wishing you were dead or wanting to harm yourself	Depression
Several days feeling "on top of the world" or highly energetic for no obvious reason	Bipolar Dis.
Difficulties with stress, anger, or frustration	Depression, AD, Adjust. Dis.
Sudden panic or anxiety attack	Panic Dis./Other AD
Worrying a lot	GAD
Avoiding or dreading being around people or the center of attention	SAD
Intrusive, disturbing thoughts or images that pop in your mind	OCD, PTSD
Doing or thinking something over and over to get rid of an unpleasant feeling	OCD
Nightmares or disturbing daytime memories of a past unpleasant event	PTSD
Use of alcohol or drugs that you later regretted	Substance-Related Dis.
Trouble with your sex life	Sexual Dis.
Trouble with your memory or thinking	Dementia, cognitive dis.
Seeing, hearing, or believing things that others view as odd or unbelievable	Psychosis, other thought dis.
Difficulties coping with a medical condition or major life event	Adjust. Dis.
Difficulties with family members or others who are upset with your behavior	Family conflict/problems
Other habit or behavior (e.g., gambling, unprotected sex, spending money) that is potentially harmful or that causes difficulties for you or someone else	Impulse Control Dis., miscellaneous addictions
Other Problems? (please explain):	

Conclusion

- * Consequences of untreated anxiety & depression are significant
- * Several methods are available to improve the detection of anxiety & depression in primary care settings
- * Devoting greater effort to identify anxiety & depression is cost-effective, given that effective treatments exist