

Generalized Anxiety Disorder Screening and Treatment in Primary Care: A Quality Improvement Initiative

Gregory D Baisden DNP, APRN, FNP-C, CEN; Taiwo Emiola, DNP, APRN, FNP-C; Anne L Gilot DNP, APRN, FNP-C

Problem Statement

- Generalized Anxiety Disorder (GAD) is defined as excessive anxiety and worry. As one of the most common mental health disorders in the United States, untreated and understated GAD often leads to social challenges, physical symptom(s) manifestation, and decreased Quality of Life (QOL).
- Routine GAD screening has been recommended in the primary care setting in a yearly basis however many patients are left untreated.

Project Purpose

- Will implementing a systemic screening using GAD-7 screening tool, and related management lead to increased identification of GAD and result in improved patient care compared to current practice?

Model/Nursing Theory

- Lewin nursing theory utilizing the concepts of unfreeze, change, refreeze served as our theoretical framework.

Methods

- Three primary care clinics were chosen and the same or similar implementation occurred at each site.

Setting

- Two of the primary care clinics are designated as not-for-profit organizations and serve the needs of uninsured and underinsured patients. The third is a for-profit mental health clinic.
- All three clinics do not routinely screen patients for anxiety.

Instrument/Tools

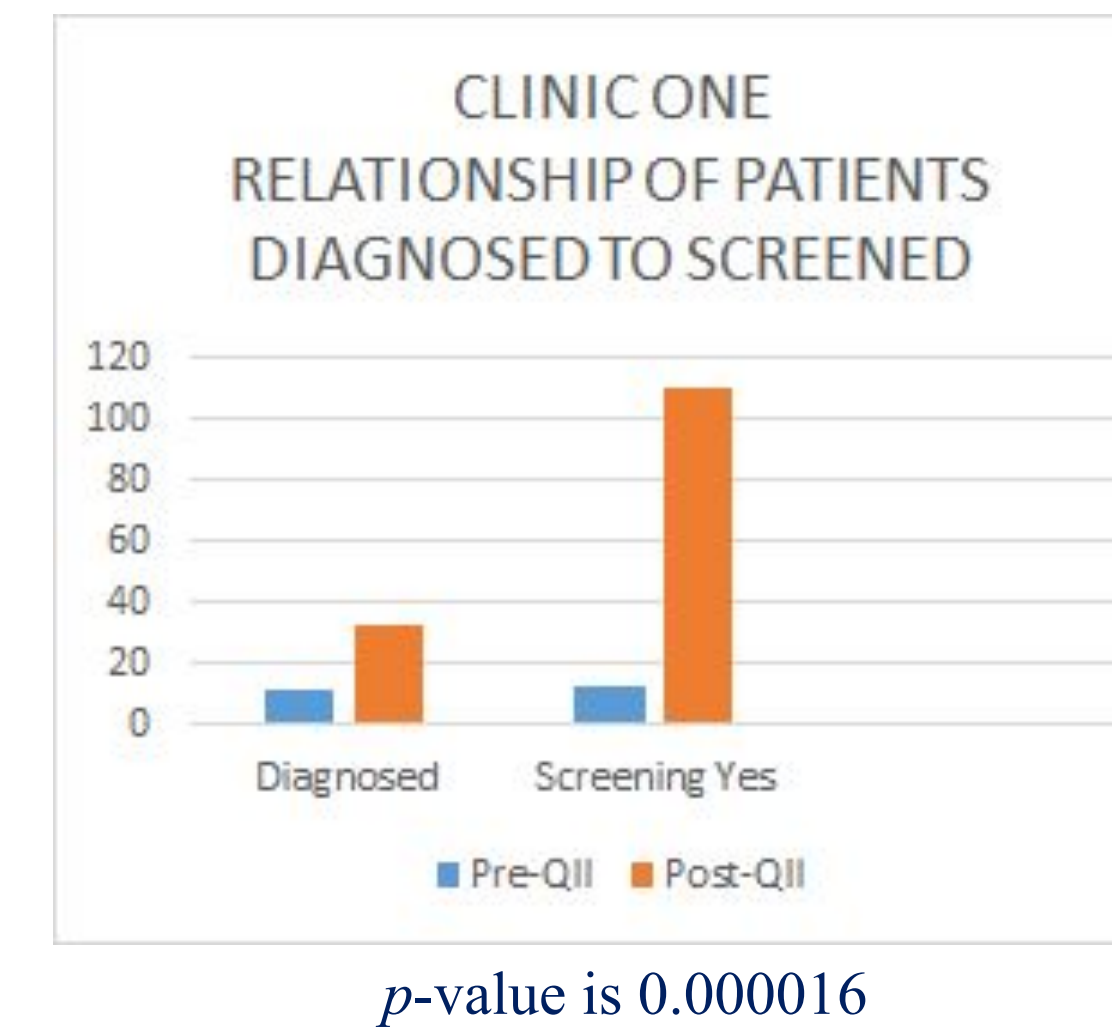
- Patient self reported screening using the GAD-7.
- Data was recorded in excel spreadsheet for tracking patients and analysed using Chi square.

Intervention & Data Collection

- Subjects -Patient presenting to clinics
- Total number of patients- 575
- Pre-QII-Retrospective chart review revealed 30 out of 288 patients were screened for anxiety.
- Post-QII-Implementation of GAD-7, 276 out of 287 were screened for anxiety.

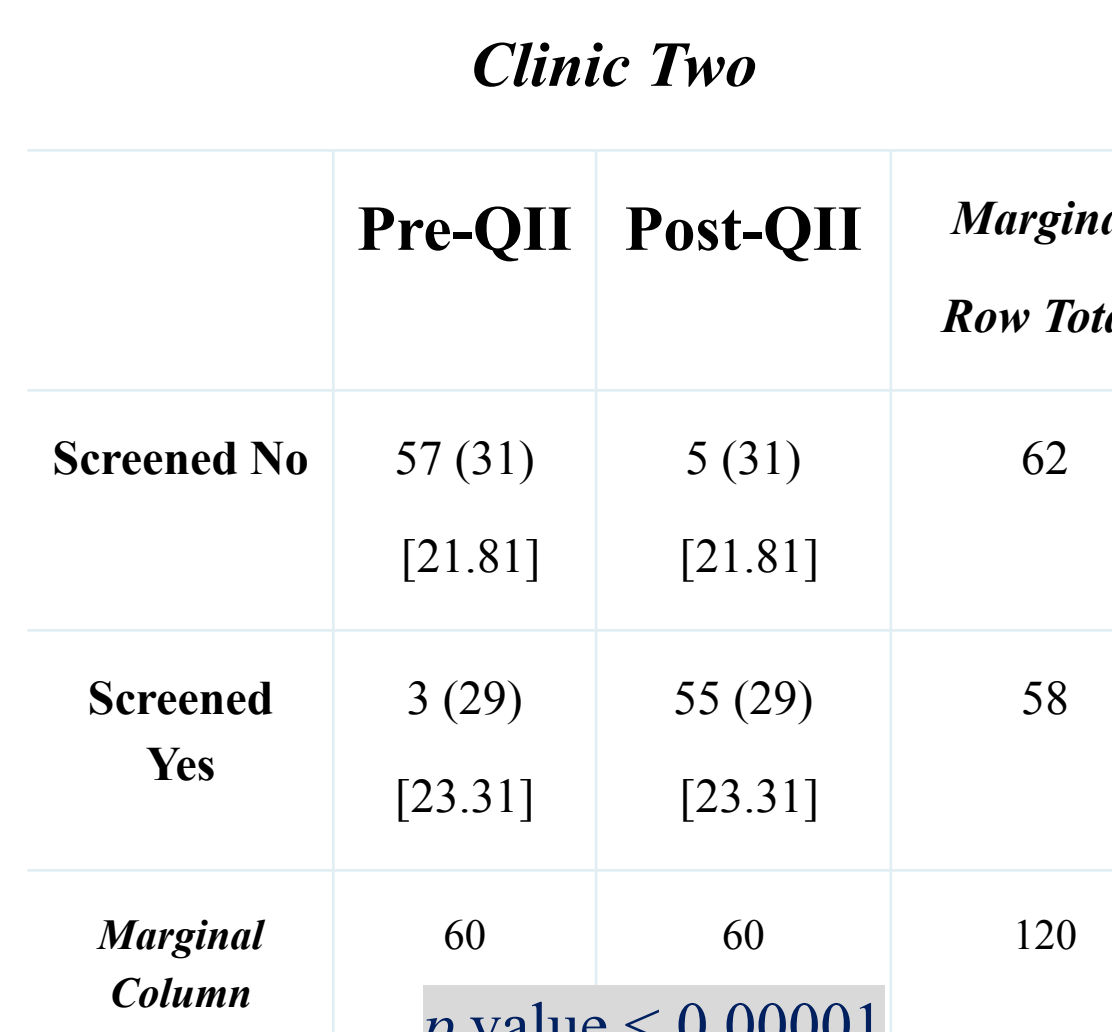
Results

Essential results of individual clinics



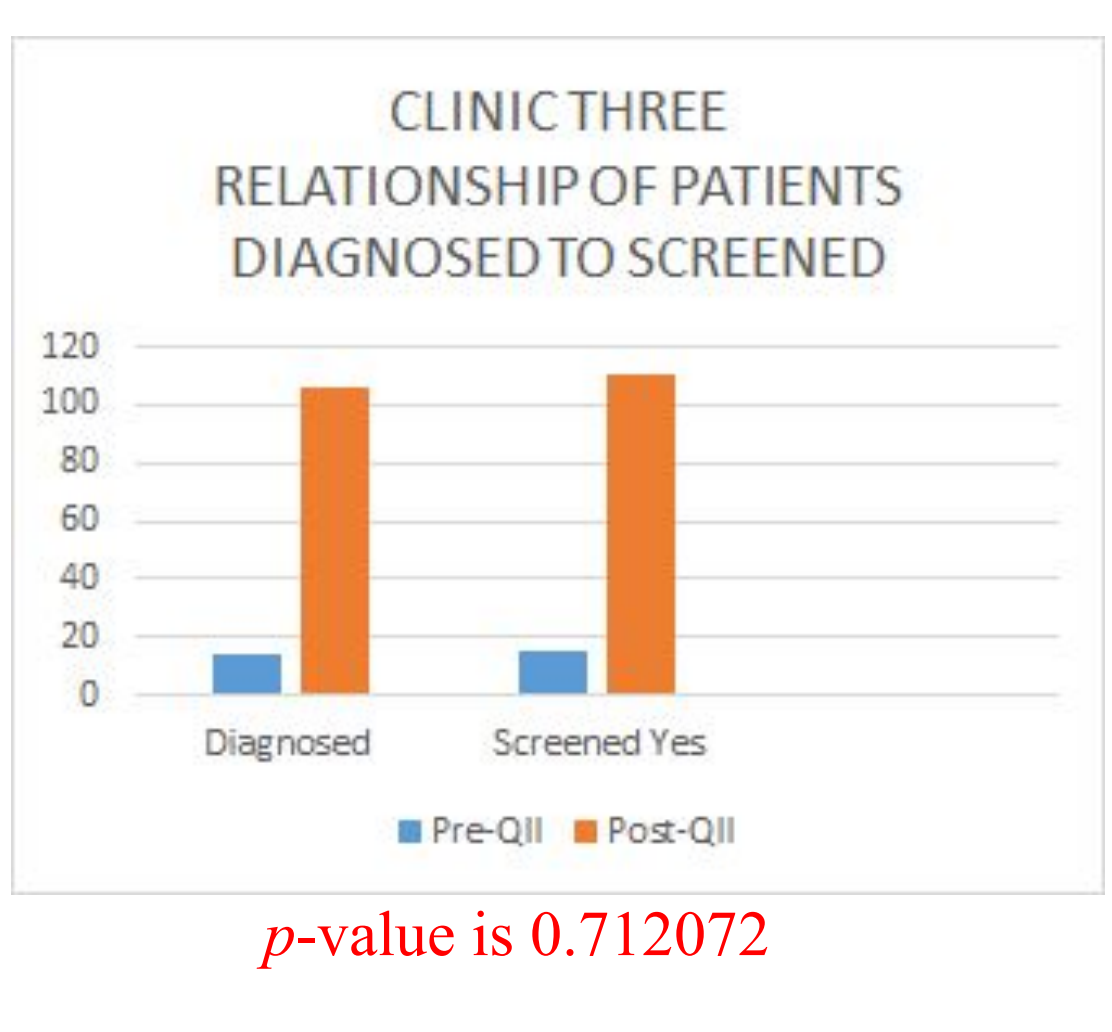
	Pre-QII	Post-QII	Marginal Row Totals
Screened No	101 (51.73) [46.93]	2 (51.27) [47.35]	103
Screened Yes	12 (61.27) [39.62]	110 (60.73) [39.98]	122
Marginal Column	113	112	225

p value is < 0.00001



	Pre-QII	Post-QII	Marginal Row Totals
Screened No	57 (31) [21.81]	5 (31) [21.81]	62
Screened Yes	3 (29) [23.31]	55 (29) [23.31]	58
Marginal Column	60	60	120

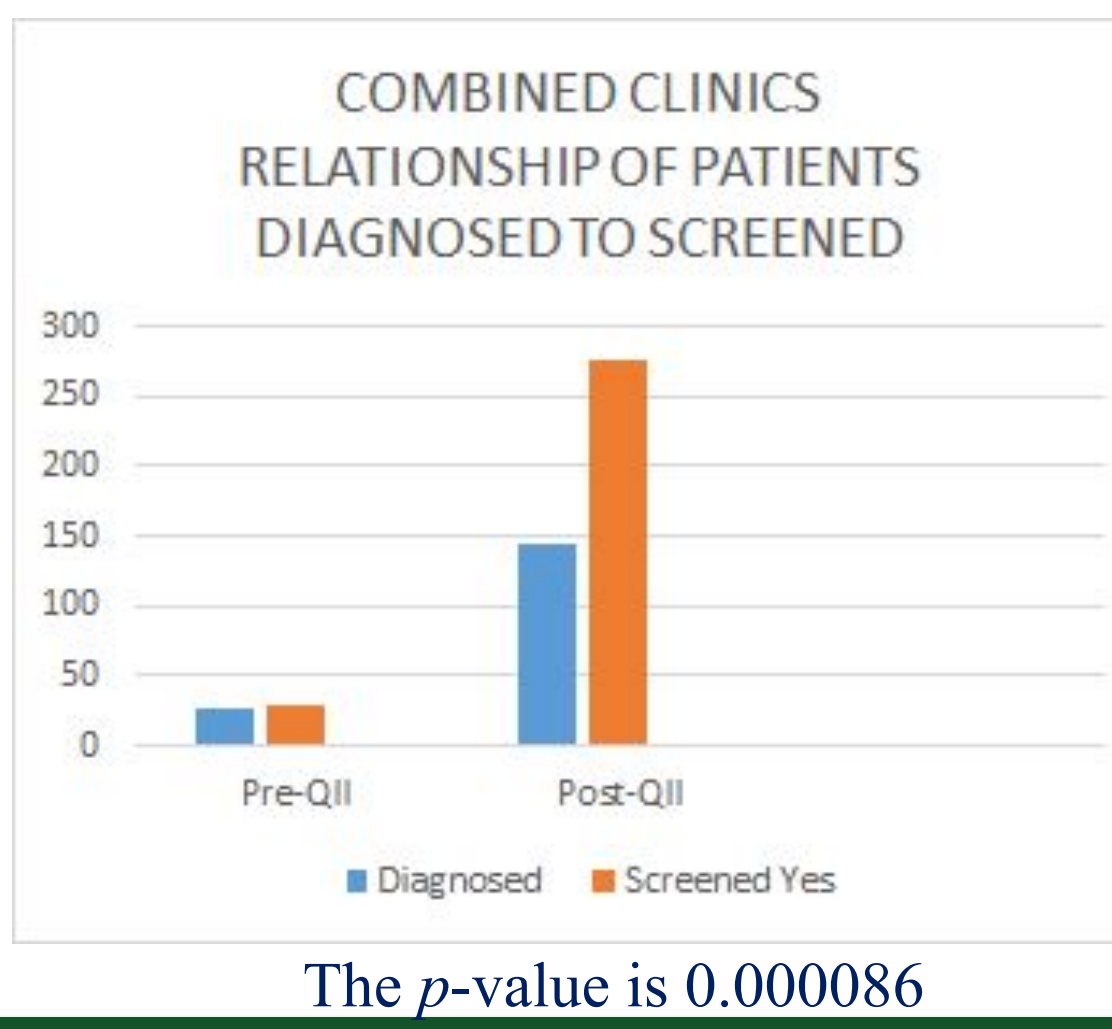
p value < 0.00001



	Pre-QII	Post-QII	Marginal Row Totals
Screened No	100 (52) [44.31]	4 (52) [44.31]	104
Screened Yes	15 (63) [36.57]	111 (63) [36.57]	126
Marginal Column	115	115	230

p-value is < 0.00001

Essential results of combined clinics



	Pre-QII	Post-QII	Marginal Row Totals
Screened No	258 (134.73) [112.77]	11 (134.27) [113.17]	269
Screened Yes	30 (153.27) [99.14]	276 (152.73) [99.48]	306
Marginal Column	288	287	575

p-value is < 0.00001

Discussion

- Pre-QII intervention: A retrospective chart review determined that only 10% of patient were screened for anxiety, ultimately leading to a small number of patients diagnosed for anxiety, resulting in delayed diagnosis.
- Post-QII intervention: screening occurred in 96% of patients seen resulting in statistically significance for both screening and diagnosis in both of the primary care clinics. However, it was not significant in the mental health clinic. Combined, all three clinics had statistical significance.

Implications for Advanced Practice Nursing

- Systematic screening using the GAD-7 identifies and expedites care for the patients that suffer with anxiety. It establishes a screening, referral and treatment protocol that is best practice.
- Further studies need to take place to determine precise time frame for screening.

Sustainability

- Outcomes were reviewed with key stakeholders with recommendations to utilize this systematic approach in patient evaluation. Can be replicated in different facilities with positive outcomes.

References



Increased screening, INCREASES Diagnosis, and expedites treatment