Are Depression and Anxiety Screenings Impactful at Annual Visits with Your Primary Care Provider?

Justice L. Williams, M.S.[1], Yanique Attah[2], Dr. Rhea Rowser, MD[3]
[1]Wright State University Boonshoft School of Medicine
[2]Wright State University Boonshoft School of Medicine
[3]Kettering Health Medical Group Primary Care Miamisburg Byers South

Study Purpose

The purpose of this study is to investigate the impact of depression and anxiety screenings at annual visits with primary care providers and determine if anxiety and depression screenings should be administered to patients more frequently than solely at their annual wellness visits. In addition, compare mean GAD-7 and PHQ-9 scores between patients presenting for annual visits and those seen for non-annual visits (acute or follow up).

Background

- Depression and anxiety are among the most prevalent mental health conditions encountered in primary care
- Many patients remain unrecognized and consequently untreated or undertreated
- Validated screening tools such as the Patient Health Questionnaire-9 (PHQ-9) for depression and the Generalized Anxiety Disorder-7 (GAD-7) for anxiety support early identification and timely intervention
- PHQ-9 cutoff score of ≥10, strong sensitivity and specificity in both previously diagnosed and undiagnosed populations[2]
- GAD-7 is widely used, ongoing research continues to evaluate its sensitivity and validity across diverse clinical settings[3]
- Screening in primary care is often limited to annual wellness visits
- Limited use of screening tools may stifle identification of affected patients and delay treatment initiation, potentially contributing to poorer health outcomes

Methods

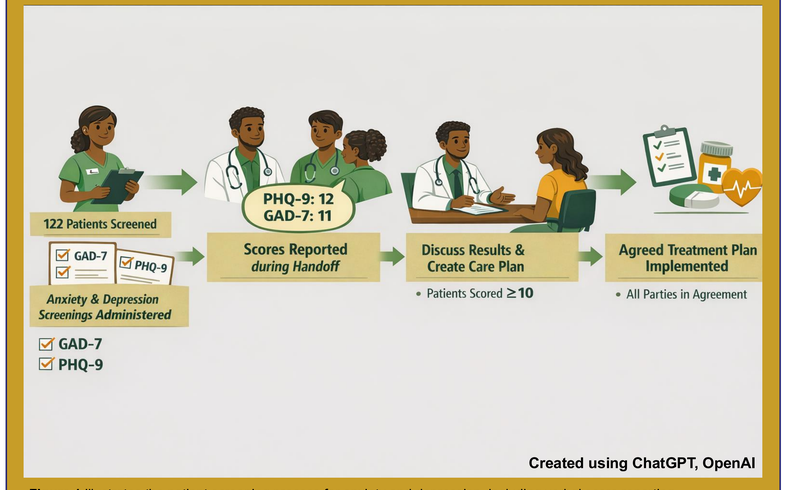

Figure 1 illustrates the patient screening process for anxiety and depression, including verbal score reporting during handoff and the development of individualized care plans.

Results

Total Patients Screened	122
Positive Screenings	23
Positive Screenings, Annual Visit	5
Positive Screenings, Non-Annual Visit	18

Figure 2 displays the total number of patients screened, along with a breakdown of those whose screens were positive.

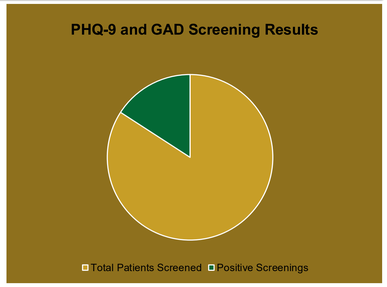

Figure 3 illustrates the number of patients who screened positive among the 122 individuals assessed.

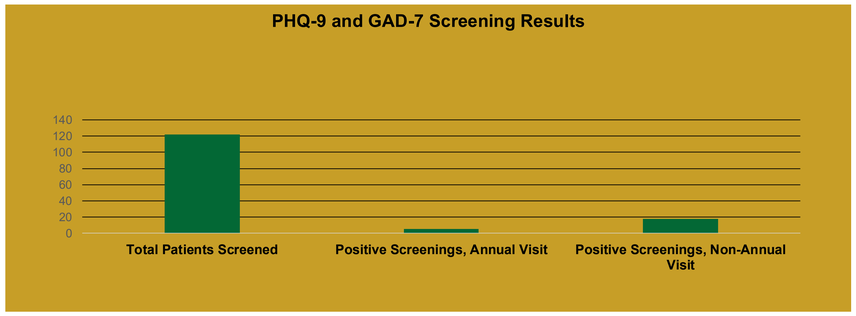

Figure 4 presents a breakdown of patients whose screens were positive, categorized by visit type (annual or follow-up/acute visit).

Detailed analysis of the data

- Positive GAD-7 or PHQ-9 screenings - 18.8%
  - 4% - present for Annual Visit
    - Average PHQ-9: 8.6
    - Average GAD: 10.4
  - 14.8% - present for Non-Annual Visit
    - Average PHQ-9: 12.9
    - Average GAD: 13.1
- Average patient age with elevated screening: 46.9 years old

- 18 Non-Annual Visit patients had positive screenings
  - 5/18 - positive GAD-7 screens
  - 3/18 - positive PHQ-9 screens
  - 10/18 - positive screens for **both** GAD-7 **and** PHQ-9

- Of those with elevated PHQ-9, average score: 14.3
- Of those with elevated GAD-7, average score: 11.8
- Of those with elevated PHQ-9 **and** GAD-7, average PHQ-9: 15.0
- Of those with elevated PHQ-9 **and** GAD-7, average GAD-7: 15.9

Discussion

Study Limitations
- Length of time (study occurred during a 6-week Family Medicine clerkship)
- Small number of patients (n = 122)
- Females made up 87% of all positive screenings, possibly due to healthcare access

Further Considerations
- Average GAD-7 and PHQ-9 scores and their association with medication initiation, counseling referral and completion, etc.

Future Directions
- Routine, practice-wide anxiety and depression screenings of all patients
- Inclusion and implementation of the pediatric population in routine screening practices
- Adding provider reminders via Care Gap notifications in electronic medical record

Conclusion

Patients should be screened for Anxiety and Depression in a primary care setting more frequently than solely at their annual physical exam visits. Ideally, all patients should be screened at every primary care visit. Primary care providers and their team should screen and then verbally report PHQ-9 and GAD-7 scores during patient handoff. If this plan is implemented, the number of patients with unaddressed/untreated anxiety and depression would be mitigated.

Acknowledgements

We extend our sincere gratitude to Dr. Rhea Rowser, MD and the care team at the Kettering Health Miamisburg in Dayton, OH. Special recognition goes to Medical Assistants Kelly and Ms. Porcia for their invaluable support. Above all, we are deeply grateful to our patients for their participation in the mental health screenings and their willingness to support the learning of the future generation of physicians.

References

1.Levis B, Benedetti A, Thombs BD; depression Screening Data (DEPRESSD) Collaboration. Accuracy of the Patient Health Questionnaire-9 (PHQ-9) for screening to detect major depression: individual participant data meta-analysis. BMJ. 2019;365:l1476. doi:10.1136/bmj.l1476
2. Negeri ZF, Levis B, Sun Y, et al. Accuracy of the Patient Health Questionnaire-9 for screening to detect major depression: updated systematic review and individual participant data meta-analysis. BMJ. 2021;375:n2183. doi:10.1136/bmj.n2183
3.Plummer F, Manea L, Trepel D, McMillan D. Screening for anxiety disorders with the Generalized Anxiety Disorder-7 (GAD-7): a systematic review and meta-analysis. Gen Hosp Psychiatry. 2016;39:24–31. doi:10.1016/j.genhosppsych.2015.11.005
4. U.S. Preventive Services Task Force. Screening for generalized anxiety disorder and panic disorder in adults: evidence review. 2016.