Detecting Anxiety in Adults: A Screening and Specialist Referral Protocol for Generalized Anxiety Disorder in a Primary Care Setting

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BACKGROUND

- Generalized anxiety disorder (GAD) affects 6.8 million people in the United States. [1] [2]
- 3.5 % of primary care visits are associated with a primary behavioral health diagnosis, and one in every six visits ends in a mental health referral. [3] [4]
- Annual medical costs of individuals with GAD are $2,375 versus $1,448 for people without GAD. [7]
- Generalized Anxiety Disorder-7 item scale (GAD-7) is used to screen for GAD due to its reliability and validity in identifying symptoms of GAD. [8]

LOCAL PROBLEM

- The clinic is a nonprofit focused on providing medical care to the working uninsured in the Southeastern United States. Patients are Hispanic/Latino, White, and Black.
- Prior to the implementation of the DNP Scholarly Project, there were no standard protocols for screening and identification of symptoms of GAD.
- The purpose of the project was to implement a standardized screening tool (GAD-7) to screen for GAD in adults and provide referral to a mental health clinic.

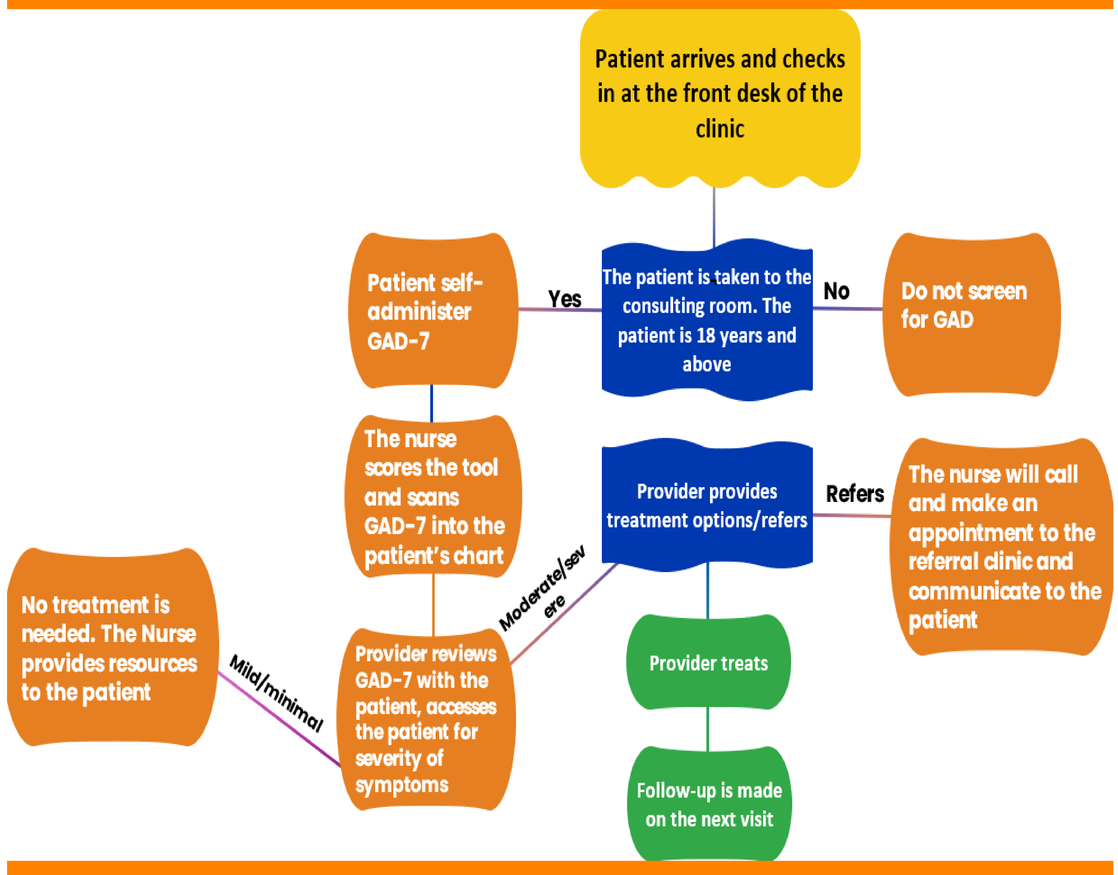
Aims

- 60% of all adult patients visiting the clinic for the first time will be screened with the GAD-7.
- 50% of adults aged 18 and older who score positive on the GAD-7 will be evaluated by the provider and receive resources and referrals.

METHODS

- The Evidence-Based Practice and Improvement (EBPI) model guided the development and implementation of a 3-month screening protocol for adults [6]
- Literature search, critical appraisal, and synthesis supported the use of GAD-7 as a validated and reliable tool for the identification of symptoms of GAD. [8]
- Process and outcome measures for 3-month periods include the number of screenings, evaluations for the severity of GAD, and the percentage of patients who received treatment, resources, and referral.

The use of a standard protocol tool GAD-7 facilitates the identification of symptoms of GAD in a primary care setting



References

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INTERVENTIONS

- Patients aged 18 years and older visiting the clinic for the first time for routine and annual physicals were screened using GAD-7.
- Patients who scored 10 and above were evaluated, given resources, treated, or referred.
- PDSA Cycles were conducted to adjust the intervention. [5]
- The number of providers was reduced to reduce workload and streamline the process.

RESULTS

- A total of 73 (17.38%) individuals 18 years and above who visited the clinic between April and August 2025 were screened.
- The total number of patients screened was low due to a high number of Spanish-speaking patients who could not be screened.
- 44 patients (60.3%) scored minimal to mild on the GAD-7, and 29 patients (39.7%) scored moderate to severe.
- 20 patients (27.4%) were started on a new medication for GAD.
- 9 patients (12.3%) scored moderate to severe but did not receive treatment due to situational and cultural influences.
- There were no referrals because providers chose to treat the patient once symptoms of anxiety were identified.

Treatment & GAD -7 Cut Points Result

		Count	Column N %
Treatment	No	53	72.6%
	Yes	20	27.4%
	Total	73	100.0%
Score Cut Off	Under 10	44	60.3%
	10 +	29	39.7%
	Total	73	100.0%

CONCLUSIONS

- The GAD-7 facilitated the early identification of symptoms and assessment of patients with GAD, and treatment was administered to those who were receptive.
- It is recommended to integrate GAD-7 into annual and routine check-ups.
- The project's sustainability can be achieved by better securing stakeholder interest in future quality improvement initiatives.

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