SCREENING TOOLS FOR ANXIETY IN PRIMARY CARE

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In recent years increased attention has been paid to the development of brief diagnostic or screening tools. These screening instruments may be useful and time-saving in the recognition of anxiety disorders, especially in busy primary care settings.

Anxiety disorders

Anxiety disorders are among the most prevalent of psychiatric illnesses. These disorders are disabling, often co-morbid with other medical and/or

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psychiatric illnesses, and can lead to substantial functional impairment. The *DSM-IV* recognises a number of distinct anxiety disorders, including panic disorder with and without agoraphobia, agoraphobia without panic, generalised anxiety disorder, phobias, social anxiety disorder, post-traumatic stress disorder, and obsessive-compulsive disorder. Most anxiety disorders have their onset in childhood or adolescence, but those afflicted typically do not seek treatment until well into adulthood.

It has been suggested that only one-third of people with anxiety disorders seek treatment for their illness,[1] with

GPs failing to diagnose half of all cases of anxiety.[2] It is unfortunate that a large number of people with anxiety disorders — commonly encountered in primary care — still remain undiagnosed, untreated or inadequately treated.[3] People who are diagnosed accurately can be treated effectively with pharmacotherapy and/or psychotherapy in the primary care setting. If adequately treated earlier in their illness their prognosis will be better.[4]

Screening tools

Adequate treatment of anxiety disorders begins with early detection and diagnosis. Owing to time constraints typical in most primary care settings, increased attention has been given to the development of brief diagnostic or screening tools for use in busy practices. Brief, easy-to-administer/interpret, self-report psychiatric screening instruments may be useful and time-saving in the recognition of anxiety disorders in primary care. Positive screening can consequently be confirmed with brief follow-up questions. This 2-step method may be effective in detecting mental health disorders at the primary care level.

There are many standardised structured instruments/diagnostic tools used in research settings. However, administration and scoring of these instruments usually take considerable time and expertise, making them unsuitable for use in clinical practice. That said, there is increasing need for diagnostic precision and accountability in clinical (non-research) settings.

There are currently a few valid and reliable screening instruments available for use in primary care. In general, these screening instruments are 1 - 2-page, paper and pencil tools intended to be completed by patients, then hand-scored and interpreted by the doctor. For example, the Primary Care Evaluation of Mental Disorders (PRIME-MD) is a brief screening tool used by many primary care doctors, demonstrat-

ing high validity and reliability for identifying patients with anxiety and depressive disorders. Other frequently used screening instruments include the Symptom-Driven Diagnostic System for Primary Care (SDDS-PC). A number of these brief, algorithm-scored, easily interpretable, self-report screening instruments for anxiety disorders are available on the Internet, e.g. the Web-based Depression and Anxiety Test (WB-DAT), although additional work is needed to determine their psychometric properties.

Problems with screening tools

Unfortunately, there remain a number of problems associated with the widespread use of the abovementioned and other screening instruments in primary care. Many of the available screening tools are very narrow in their scope of assessment. For example, there are a number of 1- or 2-page screening instruments designed to assess only one disorder, e.g. panic disorder (with/out agoraphobia), social anxiety disorder or obsessive-compulsive disorder. Therefore, more broadly focused diagnostic screening tools may be useful in primary care.

Conclusion

A number of screening tools for anxiety disorders are available for use in primary care settings. However, more work is needed to overcome some of the barriers associated with their use, for example by designing comprehensive, yet brief, valid and reliable, easy-to-score and interpret self-report screening instruments that are efficient in terms of their sensitivity and specificity for anxiety symptoms. Easier access to screening tools for anxiety disorders for primary health care professionals and patients and wider access to these tools on the Internet are also needed. Where indicated, it is important that screening be followed by thorough assessment and treatment by a doctor.

References available on request.