

Office-Based Screening of Common Psychiatric Conditions



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KEYWORDS

• Screening • Depression • Anxiety • Cost-effectiveness • Outcomes

KEY POINTS

- Depression and anxiety disorders are common and significant conditions in the general population.
- Multiple well-validated screening instruments exist, which may be easily administered in an outpatient setting. These include the Patient Health Questionnaire (PHQ)-9 for depression, the Generalized Anxiety Disorder (GAD)-7 for anxiety disorders, and the Primary Care–Posttraumatic Stress Disorder Screen (PC-PTSD) for PTSD.
- Despite the availability of screening tools, the overall cost-effectiveness of general screening for anxiety or depression is uncertain.
- Screening for depression is recommended by some preventive health guidelines, and is most likely cost-effective in the setting of high prevalence and the availability of treatment using a collaborative care model.

INTRODUCTION

Depression and anxiety disorders are common and significantly affect health worldwide. Treatment options including psychotherapy and pharmacotherapy have expanded and in many regions are easily accessible. Yet these disorders may be undertreated. Approximately 40% of patients screening positive for anxiety disorders were not receiving treatment in one study, and patients with depression were being treated only 50% of the time in another study, with disparities among ethnic/racial groups.^{1,2} Screening is therefore an important element to consider in the effort to reduce the overall burden of depression and anxiety disorders. Multiple screening modalities have been

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developed to facilitate diagnosis and treatment of common mental health disorders in the primary care setting. With the many options available, it is important to have an understanding of the strengths and limitations of these tools, the recommendations from major guidelines regarding screening, and where unanswered questions remain.

SCREENING ASYMPTOMATIC PATIENTS FOR PSYCHIATRIC CONDITIONS—GENERAL CONSIDERATIONS

Screening requires several conditions be present to be considered effective ([Table 1](#)).³ First, the illness should be significantly burdensome in the population to warrant screening. The reported prevalence of depression and anxiety disorders is high, although estimates vary by location, classification, and duration ([Table 2](#) shows selected studies). Prevalence estimates should be interpreted with caution. Variations exist by country,⁴ and because patients with psychiatric disorders may incur more physician visits, clinic-based point prevalence estimates are generally higher than those using population-based methods (eg, generalized anxiety disorder had a 3.1% prevalence in a community sample vs 7.6% in a clinic-based sample).^{1,5} Second, a highly sensitive and specific screening test that is easy to administer must exist. Third, the illness should be identified by screening at a treatable stage or a stage in which early treatment is more effective than later treatment. The concept of early treatment is more complex with psychiatric illnesses: by definition patients are symptomatic, but the natural history of common psychiatric conditions is varied; they may have potentially lifelong

| Criteria | Nonpsychiatry Examples | Comparison with Psychiatric Disease Screening |
|---|--|--|
| Condition causes significant burden in the population | Rare but severe: phenylketonuria in newborns Common and causing morbidity: diabetes, hypertension | Similar to diabetes and hypertension, depression and anxiety disorders are common (see Table 2) and cause substantial morbidity |
| An easy-to-administer, effective screening test exists | Blood pressure Fasting glucose or A1c | Screening tools are readily available, generally consist of questionnaires |
| Early treatment is more effective than later treatment | Cancer screening: goal is to identify disease at an earlier stage at which treatment is more effective Diabetes: goal is to identify disease before it is symptomatic to initiate treatment and prevent complications | In contrast, by definition there is no asymptomatic stage for depression and anxiety disorders Varied natural history: waxing/waning, episodic/self-limited, lifelong |
| Benefits of screening tests and subsequent treatment outweigh potential harms, at acceptable cost | Mammography: Harms include radiation, follow-up imaging, biopsies, worry. Optimal target population and interval still debated | Harms of screening tools themselves generally minimal; harms and costs are associated with subsequent treatment |

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