



## **ANXIETY HRA**

### Client Review Document

#### **Overview**

The Anxiety HRA is an online application that screens adults between the ages of 18 and 89 for symptoms of generalized anxiety disorder. The application also assesses common risk factors and history of recent panic attacks. The purpose of the application is to identify consumers who should undergo additional screening for anxiety disorders in a primary care setting.

#### **Main Scientific Basis**

The Generalized Anxiety Disorder subscale (GAD-2) is a clinically validated measure used to screen for symptoms of anxiety disorders.<sup>1</sup> The GAD-2 is comprised of the 2 core anxiety symptoms included in the longer GAD-7.<sup>2</sup> Consumers with a recent history of panic attacks or a GAD-2 score of 3 or higher are urged to see a health care professional for additional screening.<sup>3,4</sup> Consumers with a score of less than 3 are asked to keep track of their symptoms and talk to a health care professional if symptoms persist or get worse.

#### **Product Description**

Consumers are asked two main questions that comprise the GAD-2 questionnaire:

- Over the past 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
- Over the past 2 weeks, how often have you been bothered by not being able to stop or control worrying?

For each question, users can answer in the following ways:

- Not at all (0 points)
- Several days (1 point)
- More than half the days (2 points)
- Nearly every day (3 Points)

Consumers with an overall GAD-2 score of 3 or higher, or who reported experiencing a panic attack in the past 4 weeks, are urged to see a health care professional for additional anxiety screening.<sup>3</sup> Consumers who do not meet the GAD-2 threshold of 2 or more, but who report any of the other common symptoms of anxiety, are asked to talk to a health care professional if symptoms persist, change, or get worse. Consumers who report no current symptoms are advised to keep a journal and talk to a health care professional if any symptoms arise.

Consumers are also asked about common risk factors for anxiety and the impact of symptoms on daily life. Consumers' self-reported anxiety risk factors are tallied in a table. Risk factors include:

- family history of anxiety or depression
- feelings of guilt, envy, or anger
- shyness or avoidance of new places, situations and people
- fear of criticism
- being self-critical

- feeling incompetent or useless
- moderate to high levels of stress
- difficulties or trauma during childhood

Answers to these additional questions do not impact the recommendation for clinical follow-up. They are included for educational purposes only. It takes roughly 5 minutes to answer all the questions in the HRA.

## Primary Results

The primary result from the AnxietyAware HRA is the screening recommendation. The results are organized into the following categories:

### Anxiety Assessment Recommended

Individuals in this category scored a total of 3 or more points on the GAD-2 scale and/or indicated that they have experienced a panic attack in the past 4 weeks. This indicates further assessment for anxiety in a primary care setting is warranted.

### Tell a Doctor About Your Symptoms

Individuals in this category scored a total of 1-2 points on the GAD-2 scale, or indicated that any of these other symptoms<sup>2</sup> bothered them on more than half the days over the last two weeks:

- Worrying too much about different things
- Becoming easily annoyed or irritable
- Feeling afraid as if something awful might happen
- Trouble relaxing
- Being so restless that it is hard to sit still

### Keep a Symptom Journal

Individuals in this category did not report having any of the GAD-2 symptoms, did not report any recent panic attacks, and did not report any of the other common symptoms of anxiety. These users may or may not have risk factors for anxiety.

## About the Suicide Question

People with certain types of anxiety disorder (e.g., panic disorder) have a higher rate of suicide attempts and suicidal ideation. For this reason, before answering any questions, consumers are asked if they have thoughts of self-harm, have been talking to others about wanting to die, or have planned to take their life. Consumers who report having these warning signs for suicide are given a list of emergency resources, including the National Suicide Prevention Lifeline, instead of the HRA questions.

Throughout the HRA, the clinical variability of anxiety is cited as one reason only a trained health care professional can diagnose the condition.

## References

1. Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007 Mar 6;146(5):317-25.
2. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med.* 2006 May 22;166(10):1092-7. DOI: 10.1001/archinte.166.10.1092.
3. American Psychiatric Association. Anxiety Disorders. Fifth Edition. In: American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association;2013:217.
4. Plummer F, Manea L, Trepel D, McMillan D. Screening for anxiety disorders with the GAD-7 and GAD-2: a systematic review and diagnostic metaanalysis. *Gen Hosp Psychiatry.* 2016 Mar-Apr;39:24-31. doi: 10.1016/j.genhosppsy.2015.11.005.
5. American Psychiatric Association. Anxiety Disorders. Fifth Edition. In: American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association; 2013:212.