



Doctor of Nursing Practice at The University of Texas at El Paso

ASSESSING THE GERIATRIC POPULATION FOR ANXIETY
UTILIZING THE GAD-7
9TH ANNUAL DNP SYMPOSIUM
MAY 12, 2021

COHORT IX

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- Co-Chair- Jana Gainok, DNP, APRN, FNP-C

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A Quality Improvement Report:

Assessing the Geriatric Population for Anxiety Using the GAD-7

Lirio E. Lopez, MSN, APRN, FNP-C

The University of Texas at El Paso

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Acknowledgments

I would like to thank God Almighty,
and my family,
for their patience and unwavering support during this process,
love you all to the moon and back times one million.

I would also like to express my gratitude
to my chair, Dr. H. Morales, and co-chair Dr. J. Gainok,
for their guidance and support during this project.

Abstract

Working with geriatric patients, I have had a firsthand view of the effects of the COVID-19 pandemic on their well-being. While visiting my patients in their homes, I have become aware of several issues. These were highlighted in my practice review, during which I documented the diagnoses and interventions used in my practice with my geriatric patients in a 10-day reflective log. In particular, reports of anxiety drew my attention. In my practice, I have noticed that I assess anxiety by accepting self-reporting. Within the ten days covered in the reflective log, 15 out of 26 patients reported uncontrolled anxiety. A review of the literature identifies the GAD-7 as an accurate tool for assessing anxiety in the geriatric community. Thus, this QI project activity aims to assess anxiety in the geriatric population using the GAD-7 anxiety screening tool. United Health Group (UHG) Optum have agreed to allow me to carry out my quality improvement (QI) DNP project. After receiving IRB approval from the University of Texas at El Paso, I carried out my QI project for four weeks, using the GAD-7 to screen 94 patients, 32 of whom reported moderate anxiety. Of those, 19 had already been prescribed anxiolytics, and 13 had not. I referred all patients to their attending providers for medication adjustment or the initiation of medication treatment. This QI project provides a foundation upon which I may implement the use of the anxiety screening tool among the geriatric population in my current practice setting.

Keywords: senior citizens, geriatrics; geriatric population; older adults; 65 and older; GAD-7, anxiety; screening tool; generalized anxiety disorder

Introduction

In 2018, I began working with United Health Group Optum as a full-time family nurse practitioner for the HouseCalls program. My clinical sites include my patients' homes, in which clinical visits may be completed in privacy and comfort. A typical home visit, referred to as a HouseCalls home visit, ranges from 45 to 60 minutes and includes annual wellness checks, a review of medications, an assessment of living conditions, and the identification of any social needs. My patients belong to UnitedHealthcare Medicare Advantage Plans, including Group Retirees Plans and Dual Special Needs Plans.

My practice setting includes no standardized anxiety screening tool to assess the geriatric population's anxiety signs and symptoms. Instead, the practice requires the health care provider to evaluate patients' self-reported anxiety signs and symptoms while performing a review of systems (ROS) for psychological well-being over four weeks. Patients who voice concerns about uncontrolled anxiety may receive counseling and support through the COVID-19 Hotline number offered by UHG Optum. They are encouraged to engage in art therapy, such as through arts and crafts, to alleviate symptoms of depression and anxiety (AATA, 2017). Patients are to maintain a pill count at the beginning of each refill to identify the correct medication frequency and follow up with their health care providers if anxiety symptoms worsen or if they perceive a dependence on their medication.

Aside from significant worldwide turmoil, the COVID-19 pandemic has caused distress and amplified anxiety among a vulnerable population, senior citizens, known also as the geriatric population. Despite that this population has an increased risk of developing physical, psychological, and social health problems (De Chesnay & Anderson, 2020), screenings for mental health illness and emotional well-being tend to decrease among the geriatric community,

making them a “forgotten generation” within this context. Even though primary health care providers see geriatric patients with anxiety disorders, observational studies have shown that anxiety disorders are undiagnosed and untreated in primary care (Plummer, Manea, Trepel, & McMillan, 2014). The majority of these aged adults complain of uncontrollable or amplified anxiety due to the effects of the COVID-19 pandemic. One of the most common mental health illnesses in the geriatric community is generalized anxiety disorder (GAD) (Spitzer, Kroenke, Williams & Lowe, 2006). Anxiety disorders are a common and exhausting condition, with 14-29% of individuals experiencing anxiety at some point. Anxiety causes a decrease in quality of life, negatively affects their occupational functioning, and increases morbidity (Plummer et al., 2014).

In preparation for this QI project, I utilized the translational framework of the RE-AIM model (Ory et al., 2015), as illustrated in Figure 1, and the QI model for improvement, the PDSA (plan, do, study, act) cycle (Riley, 2015), shown in Figure 2. The RE-AIM model helps medical professionals ask patients essential questions that extract information specific to their needs, thus facilitating diagnosis and treatment for a vulnerable population (Harden et al., 2018). I referred to the PDSA cycle to assess the QI project’s progress while revising the testing phases (Frankel, Haraden, Federico & Lenoci-Edwards, 2017), improving performance according to the four different elements: plan (plan the change), do (try the change), study (observe the consequences), and act (learn from those consequences) (Riley, 2015).

This QI project aims to assess anxiety in the geriatric population using the GAD-7 anxiety screening tool and thereby to provide a foundation upon which I might implement the use of the tool for that purpose in my current practice setting

Methods

This QI project's genesis was my completion in the fall of 2020 of the DNP chair and student collaborative agreement and the Collaborative Institutional Training Initiative (CITI) Program's Institutional Review Board (IRB) training modules. Additionally, I created an account with the IRB Net website in preparation for future submission of the project. Consecutively, I completed a review by documenting a needs assessment of my practice in a 10-day reflective log. Conducting a needs assessment is essential to recognizing and evaluating factors that contribute to the health outcome of interest (Zeni, 2021).

A review of the insights in my reflective log revealed three possible opportunities to improve patient care, namely concerning patients' self-reported complaints of "uncontrolled anxiety," "uncontrolled urinary incontinence," and "uncontrolled chronic lower back pain." I met with my DNP chair and co-chair to select one of these three for my QI project. Anxiety, in particular, caught my attention, as 15 out of my 26 patients had self-reported an increase in anxiety symptoms, with the following being the anxiety culprits: "a fear of catching the virus by going to the grocery store or pharmacy to pick up medications," "a feeling of isolation and loneliness due to the social distance among family members, resulting in no regular home visits," "an inability to attend an adult day care center," etc. Three out of five patients were already taking a prescribed anxiolytic after voicing concerns about anxiety to their primary health care providers. I made patients aware of the potential for a dependency on the medication alprazolam, which is also associated with the risk of falling because of the adverse effect of drowsiness.

After completing my 10-day review, I developed an initial PICOT (population, intervention, current practice, outcome, time frame) question to identify the practice problem:

- P: Patients 65 years of age or older who report uncontrolled anxiety

- I: Pending the literature review (outlined below)
- C: Self-declared signs and symptoms of anxiety
- O: Continued anxiety
- T: One-hour home visit

Upon receiving approval from my chair and co-chair for the proposed DNP QI project, I began to review high-level research evidence articles with rankings between 9 and 12 to validate and support the project (Grove et al., 2012, pg. 30), as shown in Figure 3. I conducted a literature review across various databases, including Academic Search Complete, EBSCOhost, CINAHL, MEDLINE, and *Health Source: Nursing/Academic Edition*, using the key terms “anxiety,” “anxiety disorder,” “geriatric anxiety,” “screening or assessment or test or diagnosis,” “geriatric or older adults or elderly or aging or senior or adults aged 65 or older,” “United States of America or American or the USA or the United States,” and “treatment or intervention or therapy or management or rehabilitation.” This literature review revealed various tools used to screen for anxiety among geriatrics. However, the most highly favored anxiety screening tool was the generalized anxiety disorder seven-line-item scale, the GAD-7 tool (Spitzer et al., 2006).

Spitzer et al. (2006) developed the GAD-7, a brief self-report scale, as an easy-to-complete initial GAD screening tool. A single experimental study was conducted with 15 primary care clinics across 12 states in the United States from November 2004 through June 2005. It included 2,740 adult patients who completed the self-reported study questionnaire, and 965 patients had a telephone interview with a mental health professional within one week of completing the questionnaire. The researchers found the GAD-7 reliable, valid, and efficient as a generalized anxiety disorder screening tool and in assessing the severity of anxiety.

Plummer et al. (2014) have completed a systematic review and diagnostic meta-analysis to evaluate the GAD-7 or GAD-2 against the gold standard for diagnosing generalized anxiety disorder. The article consists of 12 samples, which included 5,223 participants. Eleven of those samples furnished data on the accuracy of the GAD-7 for identifying generalized anxiety disorder, with the conclusion that the GAD-7 had acceptable features for diagnosing GAD at cut-off scores seven to ten. The GAD-2 had decent features for diagnosing GAD at a cut-off score of three.

Wild et al. (2014) have likewise evaluated the validity of the GAD-7 alongside the GAD-2 for detecting GAD in the geriatric population. The single experimental study included the general elderly population (ages 58-82) residing at home between May and December 2010. The sample size consisted of 438 elderly persons, of whom 27 met the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria for GAD. For GAD-7, a cut-off point of five or greater appeared to be optimal for identifying GAD. The results validated both the GAD-7 and GAD-2 as useful generalized anxiety screening tools for geriatric populations.

Following the literature review, I updated the PICOT question:

- P: Patients 65 years of age or older who report uncontrolled anxiety
- I: Use the GAD-7 screening tool
- C: Self-declared signs and symptoms of anxiety
- O: Accurate assessment of anxiety in the geriatric population
- T: One-hour home visit.

The GAD-7 anxiety screening tool, provided in Appendix A, is a seven-item questionnaire inquiring about anxiety symptoms within the past two weeks, with each symptom scored from zero to three (Mental Health America, 2020b). The response options are 0, “not at

all”; 1, “several days”; 2, “more than half the days”; 3, “nearly every day.” The possible results ranges are 0-4, implying minimal anxiety; 5-9, implying mild anxiety; 10-14, implying moderate anxiety; and 15-21, implying severe anxiety (Spitzer et al., 2006). Since most of the geriatric population served speak only Spanish, I have provided the Spanish version of the GAD-7 (Mental Health America, 2020a) in Appendix B.

UHG Optum clinical leadership provided an opportunity to share and discuss this project in its entirety to request permission to conduct the project. Upon receipt of the worksite letter of support, I compiled the University of Texas at El Paso IRB QI project application and submitted an approval letter designating the project as “not research” to UHG Optum for an internal privacy review and for a final worksite approval.

Results

Over four weeks, I screened 94 patients using the with GAD-7. Of these patients, 32 reported moderate anxiety; 19 had already been prescribed anxiolytics and 13 had not. At the end of each home visit, I documented the outcome score and notified the patient’s health care provider of any score above 10. On week five, I compiled the project data and outcomes. Week five included follow-up phone calls to the 32 participants reporting moderate anxiety; 23 patients responded to the call, and nine did not. Of these 23 responding patients, 21 reported an improvement in anxiety symptoms, and two reported having the same anxiety symptoms.

The following is a collection of positive responses from these 21 patients: “My anxiety and worry are better,” “I can attend an adult day care center,” “I can socialize and get to see my friends,” “I am fed breakfast and lunch at the day care center,” “I can go out now,” “I have my two COVID-19 vaccines and feel more protected,” and “I still wear my mask and gloves.” One patient said, “I don’t feel lonely. My family comes to visit me like before. They wear their masks

and don't hug me for my protection, but I get to see them." Another said, "I feel much better. Four weeks ago, I went to see my health care provider. I was able to explain how anxious, nervous, and worried I was feeling with the pandemic effects. I began taking prescribed medication for depression that helps my anxiety, and it has been helping me," whereas another said, "I feel less anxious and worried after speaking to my health care provider. I felt my feelings were validated and had adjustments to my medications." Another patient said, "When my church opened, I went to mass, and with prayer, I felt peace and felt much better."

As noted above, only two patients reported having the same anxiety symptoms; however, they had other simultaneous underlying mental health illnesses. Each has a pending evaluation with a psychiatrist.

Discussion

The current practice for assessing anxiety, as noted in my 10-day reflective log, is to accept self-reported anxiety concerns. Of my 26 patients, 15 reported uncontrolled anxiety. However, the extant literature review identifies the GAD-7 as a more accurate tool for assessing anxiety in the geriatric community, and researchers found that it has acceptable features for diagnosing GAD (Plummer et al., 2014). Other literature reveals that GAD-7 is a reliable, valid, and efficient screening tool for assessing anxiety severity (Spitzer et al., 2006), and it is useful and valid for this purpose in elderly populations (Wild et al., 2014).

In aiming to assess anxiety in the geriatric population using the GAD-7 anxiety screening tool, this QI project activity provides the foundations for me to implement the anxiety screening tool in my current practice setting to assess the presence of anxiety and its severity among the geriatric population.

Conclusions

Having observed firsthand the need for anxiety screening, I suggest that this QI project offers an optimal benefit for my patients and current practice setting. Frankel et al. (2017) state, “Improvement doesn’t always mean there is a defect; it could just mean there’s a better way to do something” (pg. 21). Indeed, during my 10-day reflective practice log review, I noticed that I had not addressed the patients’ anxiety levels beyond their self-reported complaints. My current practice setting will benefit from establishing and implementing the use of the GAD-7, as patients who self-report anxiety symptoms will be diagnosed and treated promptly. Anxiety levels improve when clinicians use standardized questionnaires, treating patients based on their anxiety levels as indicated by their GAD-7 scores (Plummer et al., 2014). Therefore, I recommend for UHG Optum to implement the GAD-7 as part of the HouseCalls program to assess anxiety in the geriatric population.

Funding/Support

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Figure 1. Translational framework: RE-AIM model.

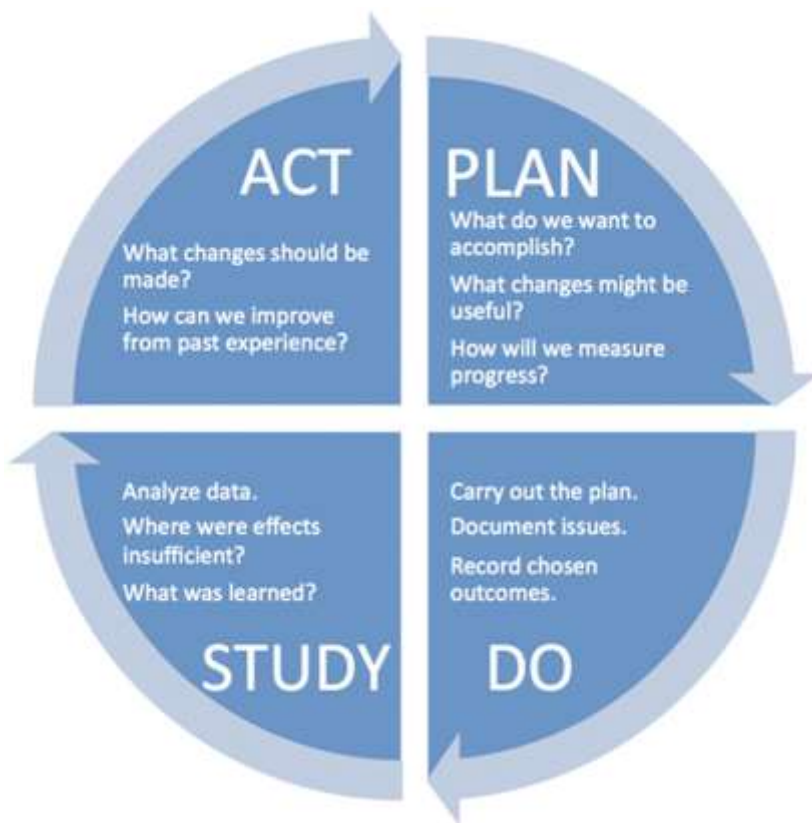


Figure 2. QI model: PDSA (plan, do, study, act).

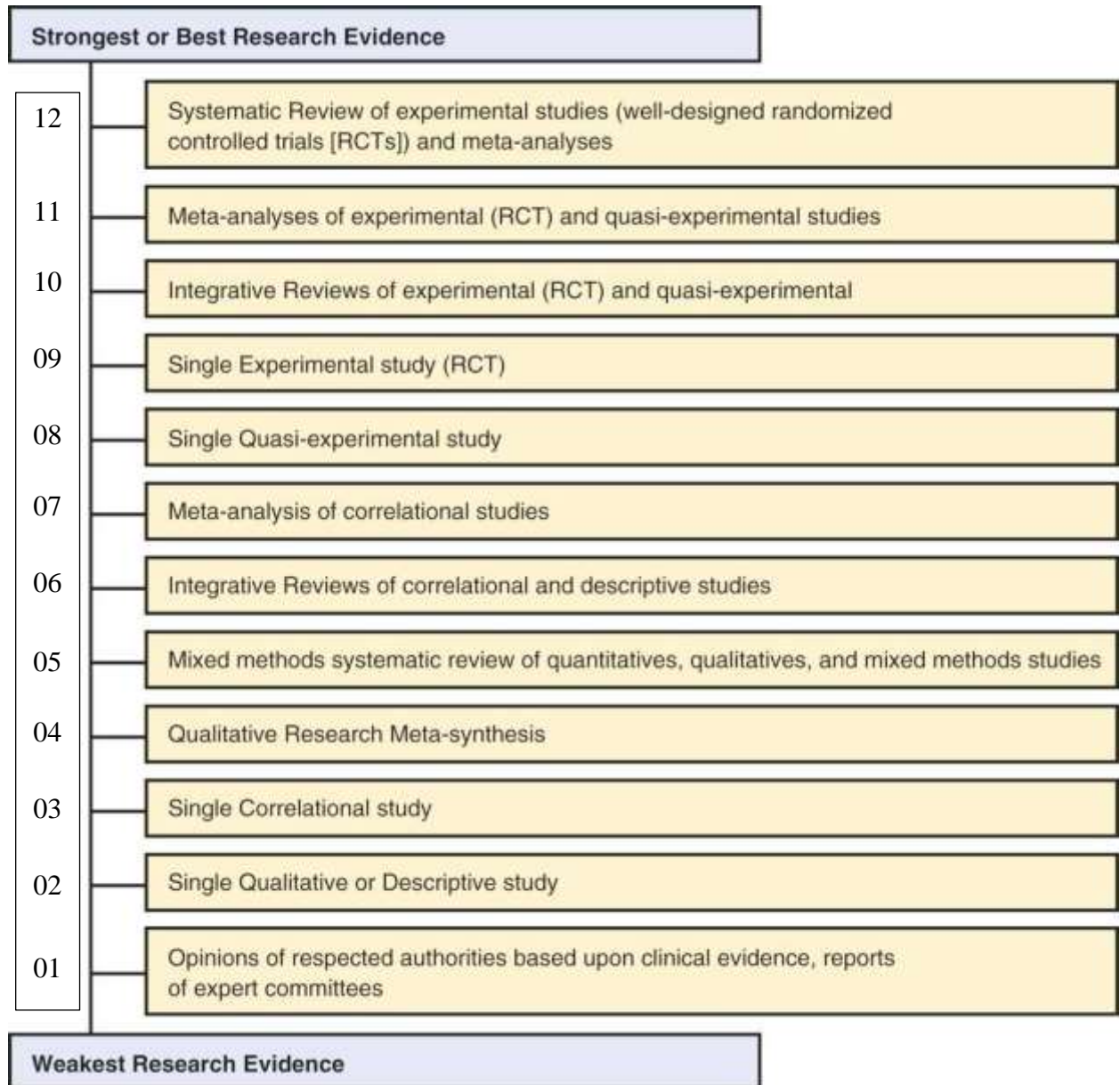


Figure 3. Levels of research evidence.

Appendix A

Anxiety Test

Over the last two weeks, how often have you been bothered by the following problems?

Please note, all fields are required for this screen.

1. Feeling nervous, anxious, or on edge? Not at all:0 Several days:1 More than half the days:2 Nearly every day:3
2. Not being able to stop or control worrying? Not at all:0 Several days:1 More than half the days:2 Nearly every day:3
3. Worrying too much about different things? Not at all:0 Several days:1 More than half the days:2 Nearly every day:3
4. Trouble relaxing? Not at all:0 Several days:1 More than half the days:2 Nearly every day:3
5. Being so restless that it is hard to sit still? Not at all:0 Several days:1 More than half the days:2 Nearly every day:3
6. Becoming easily annoyed or irritable? Not at all:0 Several days:1 More than half the days:2 Nearly every day:3
7. Feeling afraid, as if something awful might happen? Not at all:0 Several days:1 More than half the days:2 Nearly every day:3

Your total score was:

Interpretation of score:

- 0-4: minimal anxiety
- 5-9: mild anxiety
- 10-14: moderate anxiety
- 15-21: severe anxiety

Source:

Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ).

The PHQ, including the GAD-7, was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc.

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Appendix B

Prueba de Ansiedad (Anxiety Test – Spanish)

Durante las últimas 2 semanas, ¿con qué frecuencia ha sentido molestias por los siguientes problemas? Todos los campos son obligatorios.

1. Sentirse nervioso/a, intranquilo/a o con los nervios de punta? Nunca:0 Varios días:1 Más de la mitad de los días:2 Casi todos los días:3
2. No poder dejar de preocuparse o no poder controlar la preocupación? Nunca:0 Varios días:1 Más de la mitad de los días:2 Casi todos los días:3
3. Preocuparse demasiado por diferentes cosas? Nunca:0 Varios días:1 Más de la mitad de los días:2 Casi todos los días:3
4. Dificultad para relajarse? Nunca:0 Varios días:1 Más de la mitad de los días:2 Casi todos los días:3
5. Estar tan inquieto/a que es difícil permanecer sentado/a tranquilamente? Nunca:0 Varios días:1 Más de la mitad de los días:2 Casi todos los días:3
6. Molestarse o ponerse irritable fácilmente? Nunca:0 Varios días:1 Más de la mitad de los días:2 Casi todos los días:3
7. Sentir miedo como si algo terrible pudiera pasar? Nunca:0 Varios días:1 Más de la mitad de los días:2 Casi todos los días:3

Su puntaje total es:

La interpretación del resultado:

- 0-4: ansiedad minima
- 5-9: ansiedad leve
- 10-14: ansiedad moderada
- 15-21: ansiedad severa

Fuente:

Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ).

El PHQ, incluyendo el GAD-7, fue desarrollado por los Drs. Robert L. Spitzer, Janet B.W.

Williams, Kurt Kroenke, y colegas. Para información de investigación, contacte al Dr. Spitzer en ris8@columbia.edu. PRIME-MD® es una marca de fabrica de Pfizer Inc.

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THE UNIVERSITY OF TEXAS AT EL PASO



DNP SYMPOSIUM

Assessing the geriatric population for anxiety using the GAD-7

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DNP Program
May 12, 2021



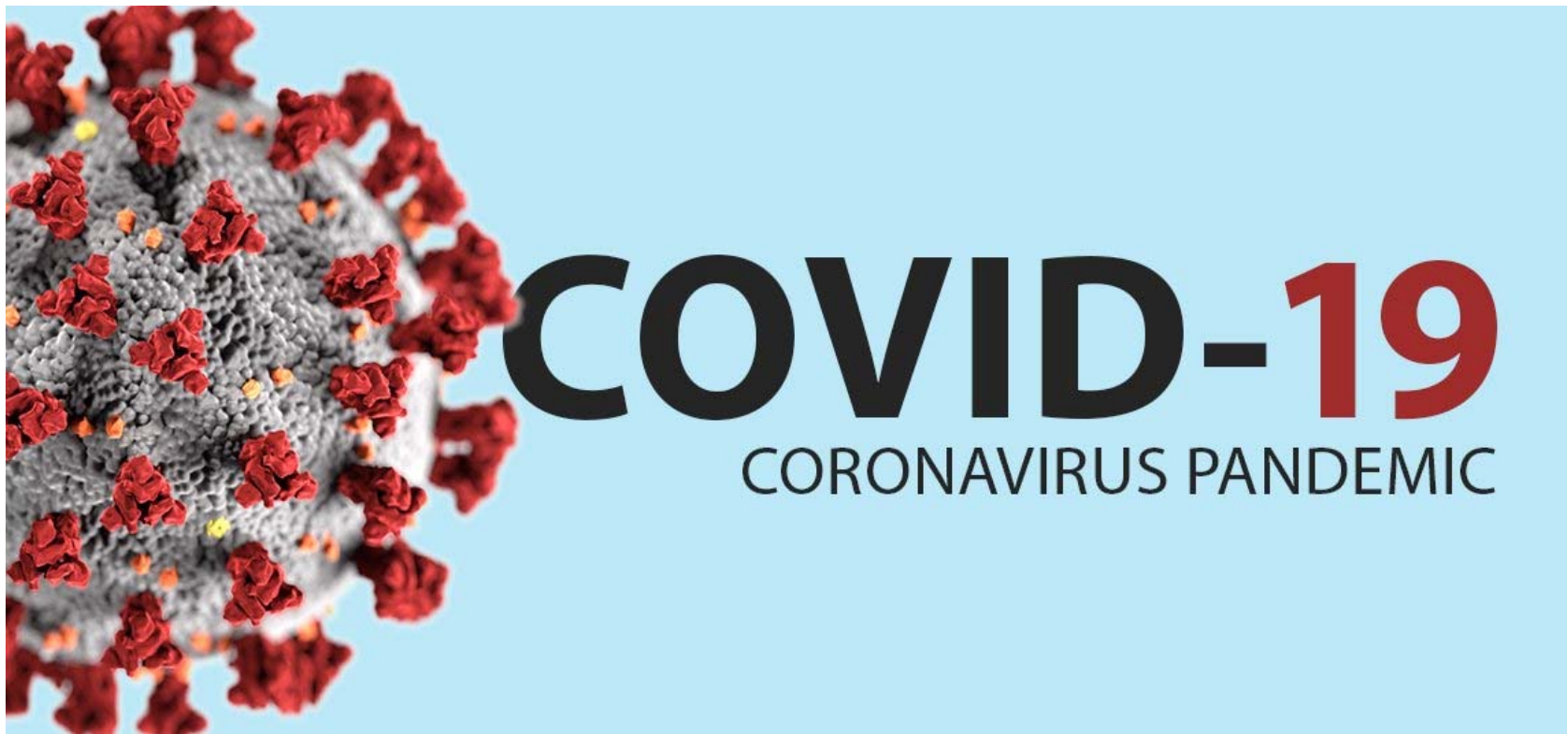
Introduction



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Description of the problem



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Population



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Background



UnitedHealth Group[®]

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 UnitedHealthcare

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OPTUM

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HouseCalls



Quality Improvement Project: Methods

- CITI, IRB Training Modules
- Practice needs assessment
- 10-day reflective log:
 - Uncontrolled anxiety
 - Uncontrolled urinary incontinence
 - Uncontrolled chronic lower back pain



PICOT Question

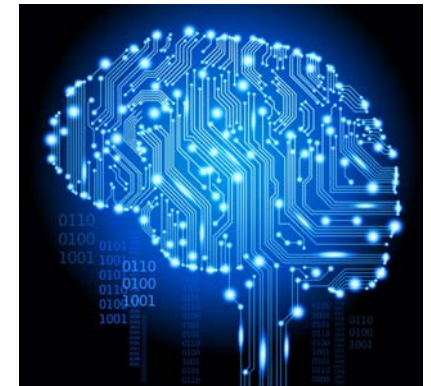
- **P:** Patients 65 years of age or older who report uncontrolled anxiety
- **I:** Pending literature review
- **C:** Self-declared signs and symptoms of anxiety
- **O:** Continued anxiety
- **T:** One-hour home visit



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Literature Review

- Databases
- Key Terms
- High-level research evidence articles
- Various anxiety screening tools



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Literature Review

1. Spitzer, R. L., Kroenke, K., Williams, J. B., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine*, 166, 1092-1097.
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Updated PICOT Question



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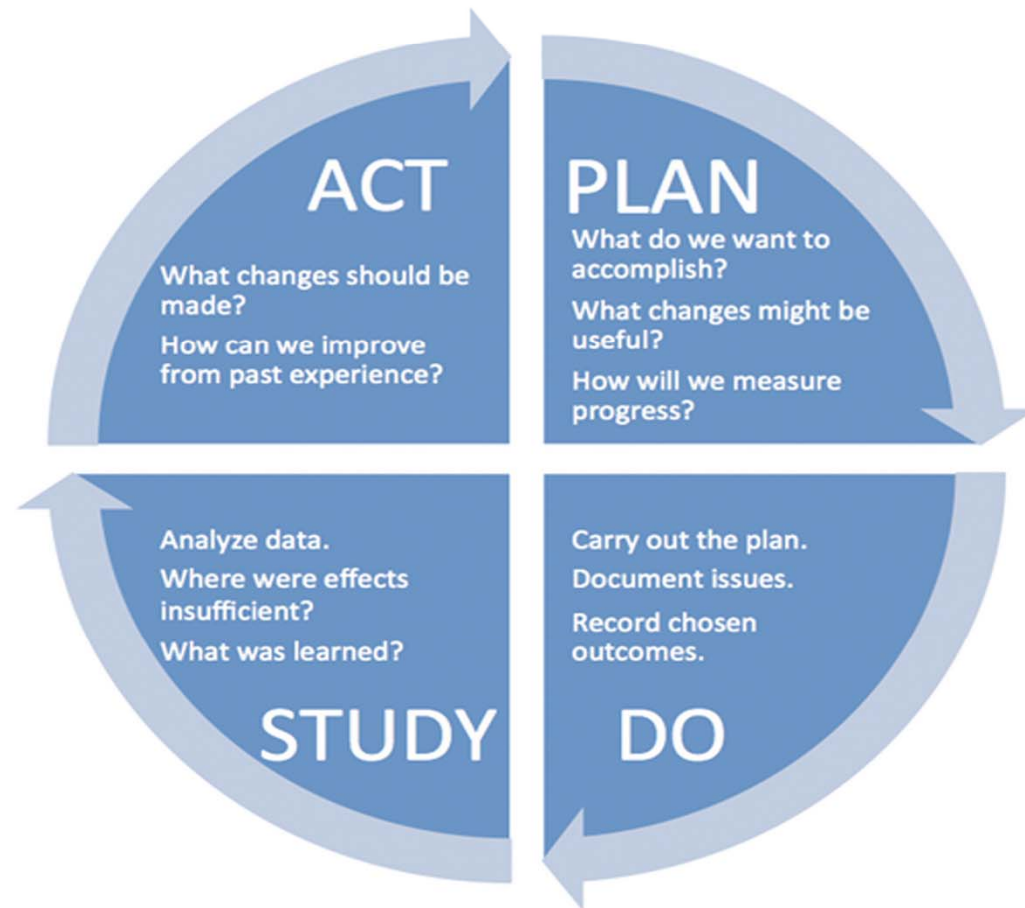
- **P:** Patients 65 years of age or older who report uncontrolled anxiety
- **I:** Use the GAD-7 screening tool
- **C:** Self-declared signs and symptoms of anxiety
- **O:** Accurate assessment of anxiety in the geriatric population
- **T:** One-hour home visit

Translational framework: RE-AIM model



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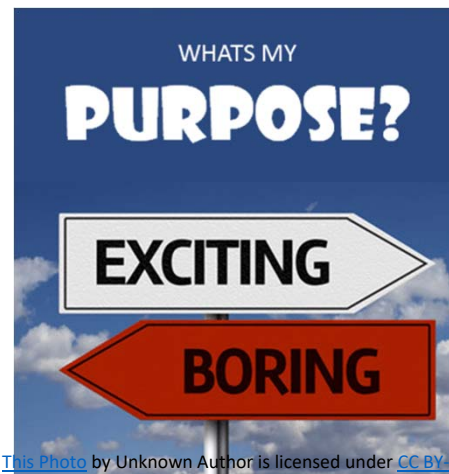
QI model for improvement: PDSA (plan, do, study, act)



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DNP QI project purpose statement

Use the evidence-based GAD-7 screening tool to accurately assess anxiety in patients 65 years of age or older who report uncontrolled anxiety during a HouseCalls visit.



Ethical considerations

❖ Worksite Approval:

- UHG Optum clinical leadership DNP Committee
- UHG Optum internal privacy

❖ University Approval:

- UTEP IRB

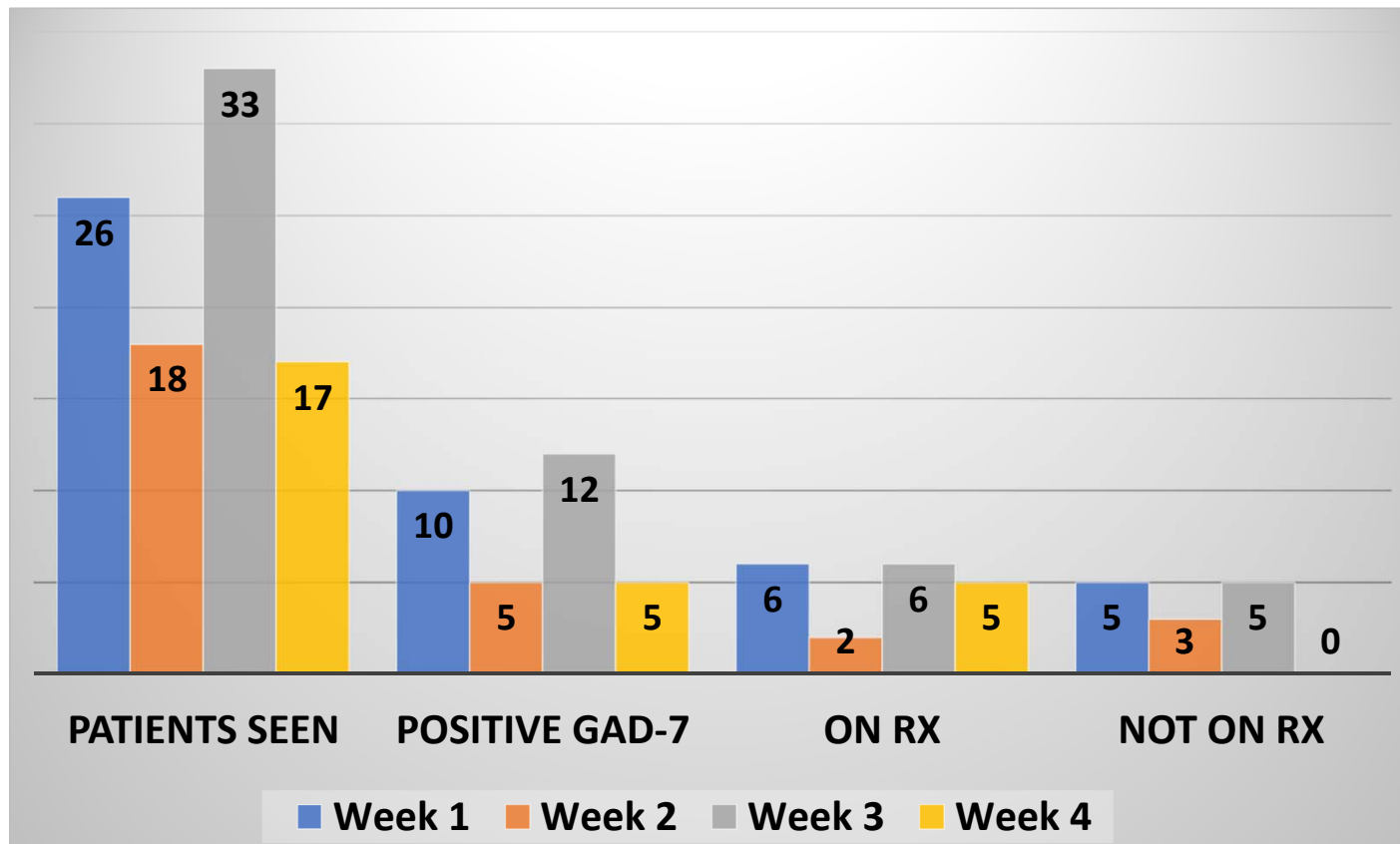


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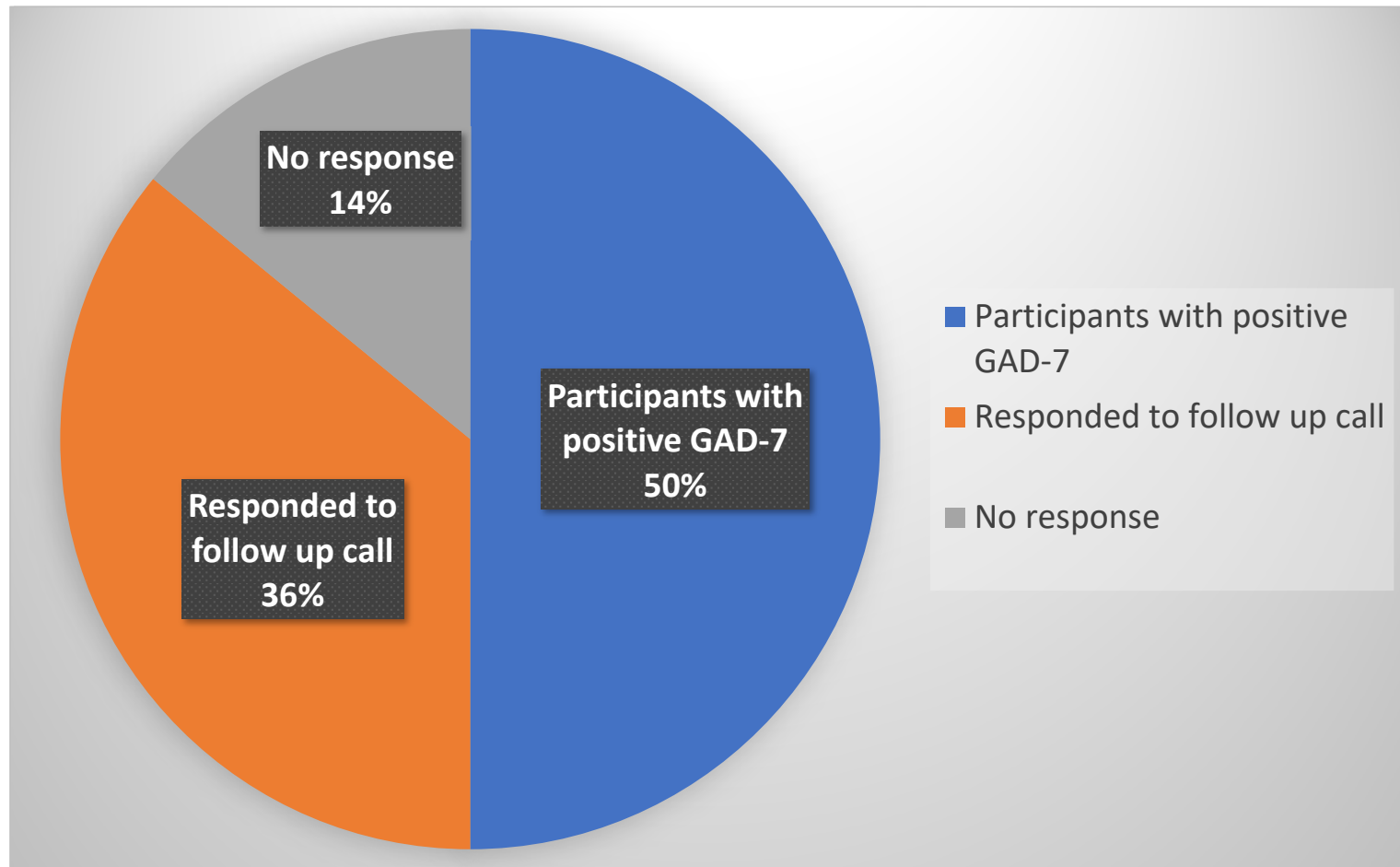
Timeline

Dates	Activity
1-25 to 1-29	Use of GAD-7 anxiety screening tool with geriatric patients who complain of continued anxiety with an anxiolytic prescribed and geriatric patients complain of anxiety without an anxiolytic. Document outcome of GAD-7 results at the end of each home visit. (GAD-7, - a seven-item questionnaire, scored 0-3. Possible results; 0-4= minimal anxiety, 5-9=mild anxiety, 10-14=moderate anxiety, and 15-21= severe anxiety)
2-1 to 2-5	Continue with GAD-7 procedures from week 1
2-8 to 2-12	Continue with GAD-7 procedures from week 1
2-15 to 2-19	Continue with GAD-7 procedures from week 1
2-22 to 2-26	Compile Project data and outcome results

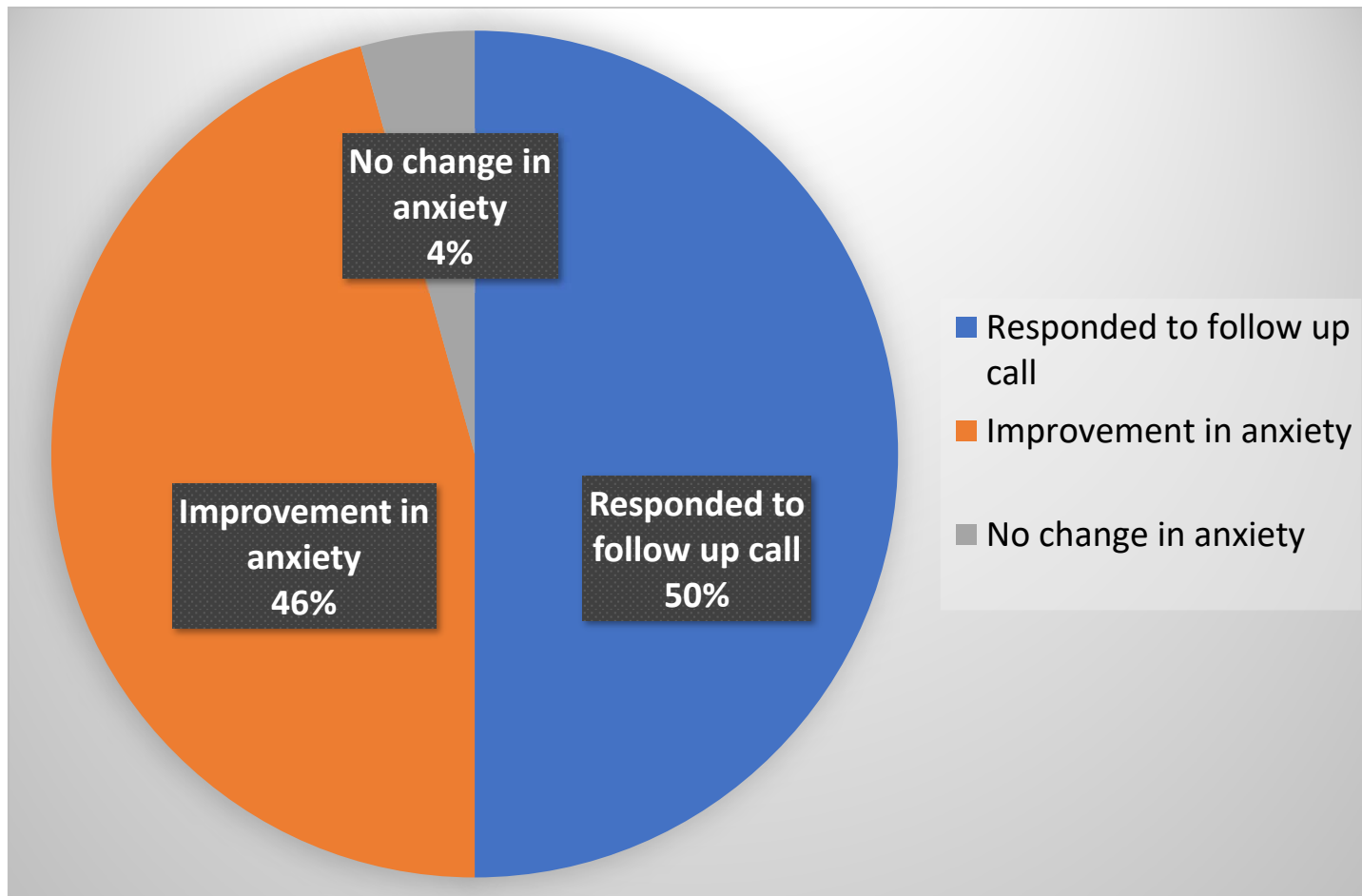
Results: Week 1 - 4



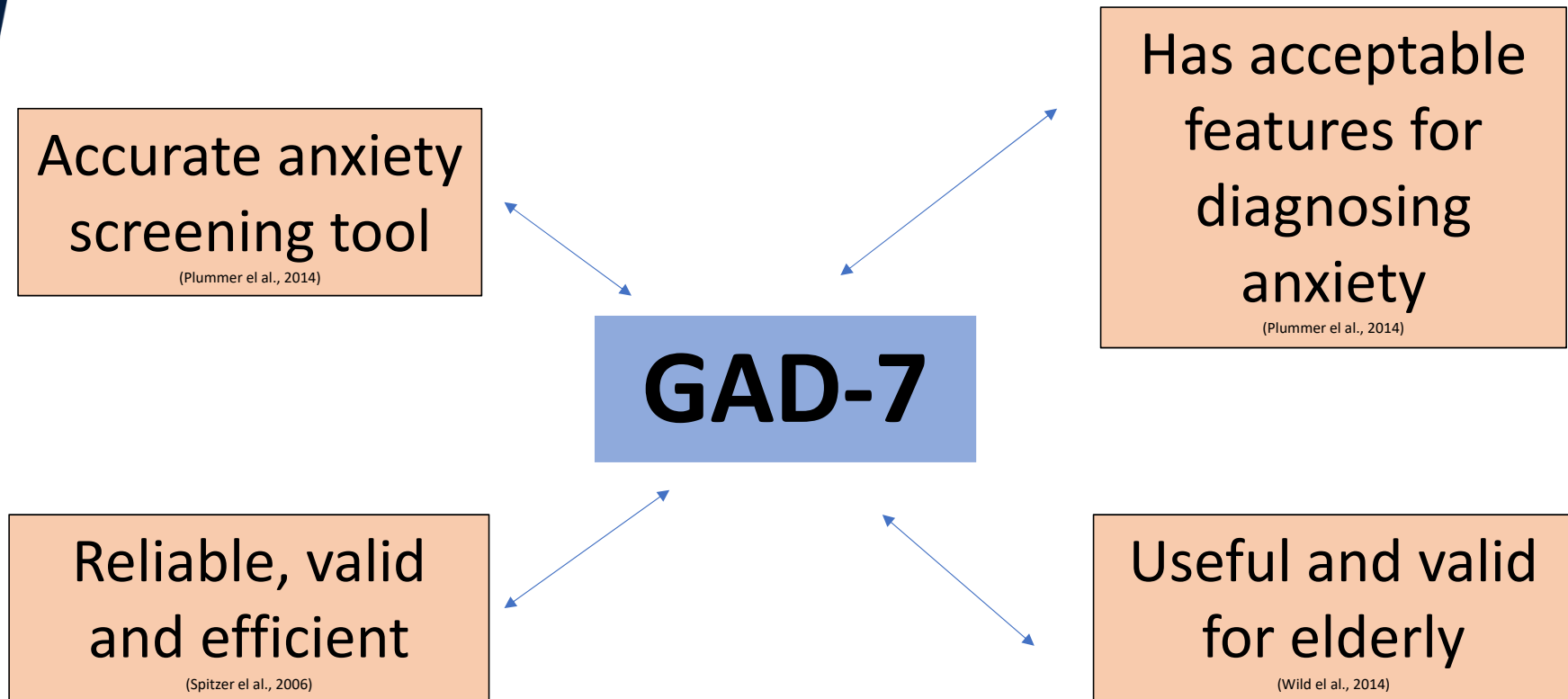
Follow up: Week 5



Follow up: Week 5



Discussion



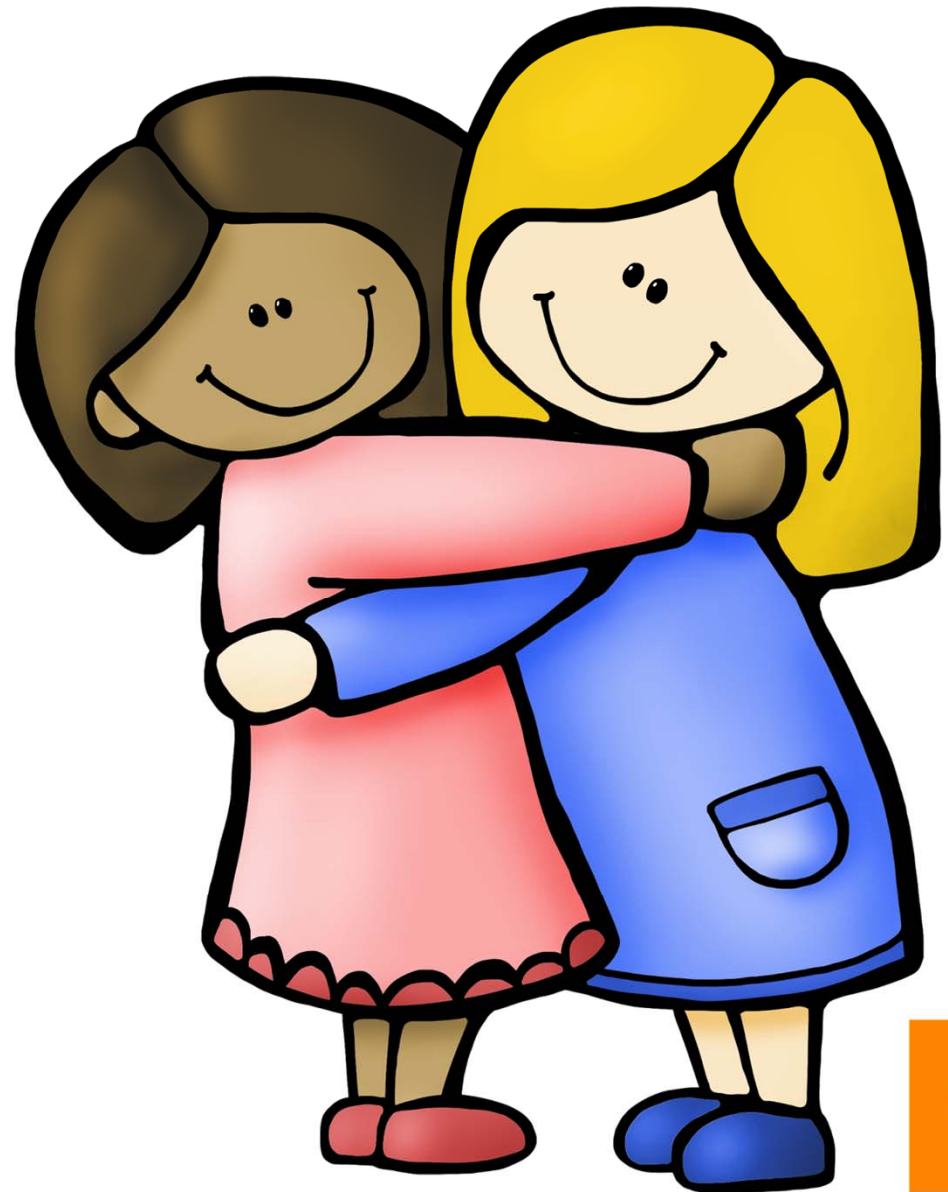
Conclusion

“Improvement doesn’t always mean there is a defect;
it could just mean there’s a better way to do
something.”

(Frankel et al., 2017, pg. 21)

*Do small things with
great love.*

-Mother Teresa-



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Assessing the Geriatric Population for anxiety Utilizing the GAD-7



Lirio E. Lopez, MSN, APRN, FNP-C

BACKGROUND

The COVID-19 pandemic has caused significant worldwide turmoil but has added distress and amplified anxiety among the geriatric population. In 2018, I began working for United Health Group Optum as a full-time family nurse practitioner for the HouseCalls program. My practice setting includes no standardized anxiety screening tool to assess geriatric anxiety but rather accept self-reported anxiety.

PURPOSE

Use the evidence-based GAD-7 screening tool to accurately assess anxiety in patients 65 years of age or older who report uncontrolled anxiety during a HouseCalls visit.

PICOT Question

- P** : Patients 65 years of age or older who report uncontrolled anxiety
- I** : Use the GAD-7 screening tool
- C** : Self-declared signs and symptoms of anxiety
- O** : Accurate assessment of anxiety in geriatric population
- T** : One-hour home visit

METHODS

- CITI, IRB Training Modules
- Practice needs assessment
- 10-day reflective log:
 - Uncontrolled anxiety
 - Uncontrolled urinary incontinence
 - Uncontrolled chronic lower back pain
- Literature Review
 - Databases
 - Key Terms
 - High-level research evidence articles
 - Various anxiety screening tools

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Translational framework: RE-AIM model



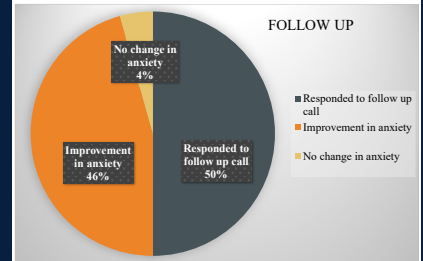
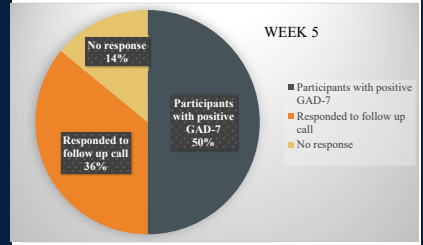
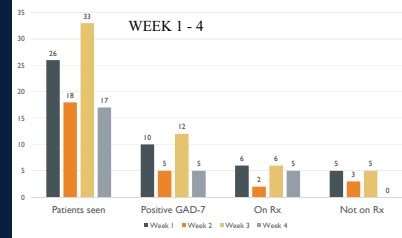
QI model for improvement: PDSA (plan, do, study, act)

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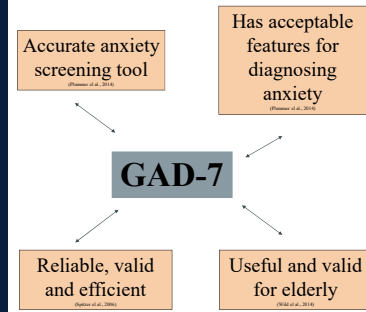
TIMELINE

Dates	Activity
1-15 to 1-29	Use of GAD-7 anxiety screening tool with geriatric patients who complain of continued anxiety with an anxiolytic prescribed and geriatric patients completion of anxiety without an anxiolytic. Document outcome of GAD-7 results at the end of each home visit. (GAD-7, a seven-item questionnaire, scored 0-5: Possible results: 0-4= minimal anxiety, 5-9=mild anxiety, 10-14=moderate anxiety, and 15-21= severe anxiety.
2-1 to 2-5	Continue with GAD-7 procedures from week 1
2-8 to 2-12	Continue with GAD-7 procedures from week 1
2-15 to 2-19	Continue with GAD-7 procedures from week 1
2-22 to 2-26	Complete Project data and outcome results

RESULTS



DISCUSSION



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Improvement doesn't always mean there is a defect;
it could just mean there's a better way to do something.
(Frankel, A., Haraden, C., Federico, F., & Lenoci-Edwards, J.A., 2017, pp. 21)