

Identifying best practices for screening anxiety in high risk pregnancies

AUTHORS
Cristina Casler, B.S.¹
Allison Dempsey, Ph.D., PMH-C²

AFFILIATIONS
The Psychiatry Undergraduate Research Program and Learning Experience (PURPLE)¹
Department of Psychiatry, University of Colorado Anschutz Medical Campus²

ANXIETY UNDERDIAGNOSED AMONG HIGH-RISK PREGNANCY

Perinatal Mood and Anxiety Disorders (PMADS) occur frequently with high-risk pregnancies. The Edinburgh Postnatal Depression Scale (EPDS) is used for screening depression in the postpartum population, but anxiety is not screened for, though The United States Preventive Services Task Force (USPSTF) recommendations now indicate that anxiety screening should occur in the perinatal period.

RESEARCH QUESTION

How do we implement screening for patients with high-risk pregnancies using a valid measure without increasing patient and provider burden?

- How well does the EPDS 3-A detect individuals with anxiety in comparison to a separate anxiety-specific measure (GAD-7)?
- Does scoring of the EPDS 3-A identify additional patients at risk for mental health disorders than using only the EPDS total measure?

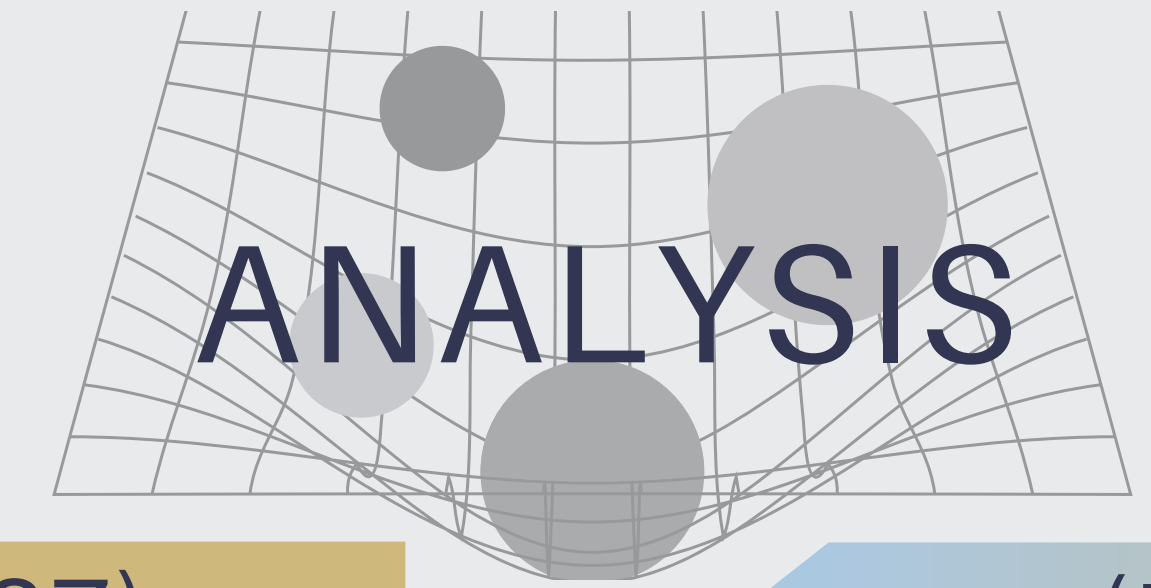
METHODOLOGY



Over a 6-week period in 2019, standardized screening was conducted for 141 patients presenting in a fetal care center for high-risk pregnancies notable for fetal complications. All patients completed the EPDS, and a subset (N=104) also completed the GAD-7.

Performance of EPDS compared to EPDS 3-A

	(N=54) EPDS	(N=87)
(N=89) EPDS 3-A	+ Depression + Anxiety 41 Patients 76% Referral for PMADS	- Depression + Anxiety 13 Patients 15% No Referral for PMADS
	+ Depression - Anxiety 13 Patients 24% Referral for PMADS	- Depression - Anxiety 74 Patients 85% No Referral for PMADS



Performance of GAD-7 compared to EPDS 3-A

	(N=20) GAD-7	(N=84)
(N=61) EPDS 3-A	True Positives 16 Patients 80%	False Positive 27 Patients 32%
	False Negative 4 Patients 20%	True Negative 57 Patients 68%

141 patients screened

104 patients screened

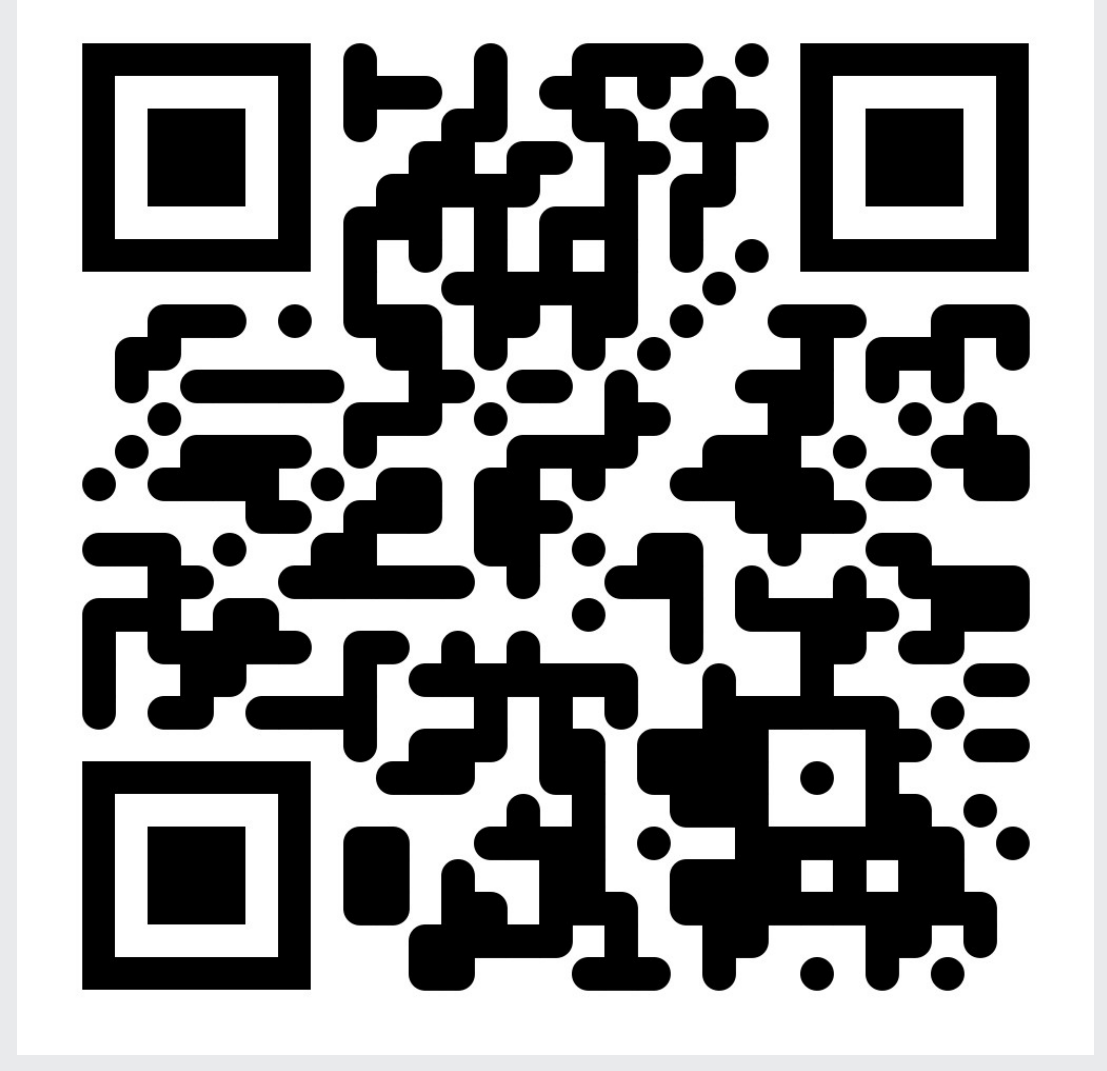
RESULTS/FINDINGS

EPDS 3-A picked up 80% of the cases that GAD-7 would have detected. 20 patients had a positive GAD-7. The EPDS 3-A was positive for 16 of them. 2 additional patients had positive EPDS (but negative 3-A) scores. Thus, 90% of patients with positive GAD-7 had a positive screen on the EPDS and/or EPDS 3-A.

CONCLUSION

This study determined the number of patients with positive 3-A and non-positive total EPDS. We found that 15% of the 141 patients with a positive 3A score had a non-positive total EPDS score. Due to this, we found that using the 3-A with total EPDS could detect significantly more patients than the total EPDS alone.

Slides / References



Acknowledgments

Dr. K. Ron-Li Liaw, Chair of PMHI, Dr. Neill Epperson, Chair of Department of Psychiatry, Dr. Dominic Martinez, Dir. Office of Inclusion and Outreach, CCTSI, Emmaly Perks, Director PURPLE Program, Yunliang Luo, Director PURPLE Program, Merlin Ariefdjohan, Ph.D., Cara L. Solness, Ph.D., Danielle L. Cooke, Ph.D., Stephanie Takamatsu, Ph.D., Jack Dempsey, Ph.D., Jessalyn Kelleher, PsyD, Sarah Nagle-Yang, MD, Alejandra Santisteban, MPH, Shanna Trott B.A.