The 2-item Generalized Anxiety Disorder scale had high sensitivity and specificity for detecting GAD in primary care


In primary care patients, is a brief anxiety measure (Generalized Anxiety Disorder [GAD] scale) accurate for detecting GAD, panic disorder, social anxiety disorder, or post-traumatic stress disorder?

METHODS

Source of funding: Pfizer Inc.

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MAIN RESULTS

20% of patients had ≥1 anxiety disorder. Prevalences were 7.6% for GAD, 6.8% for panic disorder, 6.2% for social anxiety disorder, and 8.6% for post-traumatic stress disorder. The area under the receiver operating characteristic curve for GAD-7 and GAD-2 did not differ for any diagnosis except post-traumatic stress disorder. The table shows the diagnostic performance of the scales.

**Test features of the GAD-7 and GAD-2 scales for detecting anxiety disorders in primary care**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Test and cutoff score</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (CI)</th>
<th>+LR</th>
<th>–LR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalised anxiety disorder</td>
<td>GAD-7 ≥8</td>
<td>92% (83 to 97)</td>
<td>76% (73 to 79)</td>
<td>3.8</td>
<td>0.11</td>
</tr>
<tr>
<td></td>
<td>GAD-2 ≥3</td>
<td>86% (76 to 93)</td>
<td>83% (80 to 85)</td>
<td>5.1</td>
<td>0.17</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>GAD-7 ≥8</td>
<td>82% (70 to 90)</td>
<td>75% (72 to 78)</td>
<td>3.3</td>
<td>0.24</td>
</tr>
<tr>
<td></td>
<td>GAD-2 ≥3</td>
<td>76% (64 to 83)</td>
<td>81% (79 to 84)</td>
<td>4.0</td>
<td>0.30</td>
</tr>
<tr>
<td>Social anxiety disorder</td>
<td>GAD-7 ≥8</td>
<td>78% (66 to 88)</td>
<td>74% (71 to 77)</td>
<td>3.0</td>
<td>0.30</td>
</tr>
<tr>
<td></td>
<td>GAD-2 ≥3</td>
<td>70% (57 to 81)</td>
<td>81% (78 to 83)</td>
<td>3.7</td>
<td>0.37</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>GAD-7 ≥8</td>
<td>76% (65 to 85)</td>
<td>75% (72 to 78)</td>
<td>3.0</td>
<td>0.32</td>
</tr>
<tr>
<td></td>
<td>GAD-2 ≥3</td>
<td>59% (48 to 70)</td>
<td>81% (78 to 84)</td>
<td>3.1</td>
<td>0.31</td>
</tr>
<tr>
<td>Any anxiety disorder</td>
<td>GAD-7 ≥8</td>
<td>77% (70 to 82)</td>
<td>82% (80 to 85)</td>
<td>4.3</td>
<td>0.28</td>
</tr>
<tr>
<td></td>
<td>GAD-2 ≥3</td>
<td>65% (57 to 71)</td>
<td>88% (85 to 90)</td>
<td>5.4</td>
<td>0.40</td>
</tr>
</tbody>
</table>

*GAD-7 and GAD-2 = Generalized Anxiety Disorder 7-item and 2-item scales, respectively; LR = likelihood ratio; diagnostic terms defined in glossary. LRs calculated from data in article.

CONCLUSIONS

In primary care patients, the Generalized Anxiety Disorder scale (GAD-7) had high sensitivity for detecting generalised anxiety disorder and panic disorder. The GAD-2 had high sensitivity and specificity for GAD and high specificity for panic disorder, social anxiety disorder, and post-traumatic stress disorder.

Commentary

Kroenke et al assessed the prevalence and associations of 4 anxiety disorders and the utility of a brief anxiety screening scale (GAD-7) in primary care patients. The prevalence of ≥1 anxiety disorder was quite high (19.5%), confirming the importance of assessing both depression and anxiety disorders in this setting. A 2-item form of the GAD-7 was as informative as the 7-item form for GAD and other anxiety disorders. The authors’ conclusion that the 2-item scale could be used as a brief screening tool is well justified by the data, especially for generalised anxiety and possibly for panic disorder.

Should general practitioners start using this scale to screen for anxiety disorders in their practice? The study was not designed to answer this question, but the answer is no. Better detection of common mental disorders may increase the likelihood of patients receiving antidepressants but, as the example of depression has shown, is not sufficient to improve outcomes over the long term. 1 If this is true for depression then it is even more relevant for anxiety disorders: depression is usually episodic in nature while anxiety disorders are usually chronic. Anxiety disorders are also more likely to require treatment with cognitive-behavioural therapy alone, as studies have shown that the long term prognosis may be better if cognitive-behavioural therapy is not combined with drugs. 2

Anxiety disorders are complex diseases that require considerable expertise in their treatment. Detection should only be considered in the context of a collaborative or a stepped care approach to management in primary care. It is clear that we need more research in the practical management of anxiety disorders in this setting if we want to prevent disability and improve outcomes.

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