

Session # A2

Screening for Anxiety and Depression in Older Adult ED Patients

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources


Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Evaluate the potential utility of screening for anxiety and depression among older adult emergency department patients.
 - Understand the barriers to care experienced by older adults with covert mental health concerns.
 - Evaluate the potential for parallel service providers in the ED to enhance public mental and physical health
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Bibliography / Reference

1. Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual review of clinical psychology, 5*, 363-389.
2. Abar, B., DeRienzo, V., Glick, J., Wood, N., Shah, M. N., Schneider, S., & Adler, D. (2018). Implementation of an Emergency Medicine Research Associates Program: Sharing 20 Years of Experience. *Western Journal of Emergency Medicine, 19*(3), 606-612.
3. Abar, B., Holub, A., Lee, J., DeRienzo, V., & Nobay, F. (2017). Depression and anxiety among emergency department patients: Utilization and barriers to care. *Academic Emergency Medicine, 24*(10), 1286-1289.
4. Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: methodological issues and a review of the literature. *Journal of affective disorders, 109*(3), 233-250.

Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.



Screening for Anxiety and Depression in Older Adult ED Patients

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The Emergency Department as the gateway to the healthcare system

- Many individuals simply do not see a provider **until they have to**
- Oftentimes, the Emergency Department is the default setting for reconnecting with the healthcare system
- Open 24/7 and doesn't require an existing relationship

The Emergency Department as the gateway to the healthcare system

- More than 115,000 patients are seen annually in the ED at Strong Memorial Hospital
 - Basic Math → 315 patients a day
 - Extremely hectic and often stressful environment
 - **Particularly the case for older adults**



The Emergency Department as the gateway to the healthcare system

- Older adults account for between 21% and 40% of ED users and utilize the ED at higher rates than younger cohorts
- Greater number of diagnostic tests, longer length of stays, greater subsequent mortality

The Emergency Department as the gateway to the healthcare system

- Want to keep patients, particularly older adults, out of the ED
- Also want to make the most out of their stay
- My focus is on behavioral health and preventive services



Depression and Anxiety in Older Adulthood

- Depression is less common in older adults than younger cohorts, but is more closely associated with suicide
- Anxiety, particularly GAD, is actually higher in older adulthood than in younger cohorts
- **Identification is key to effective intervention**

Purpose of the Study

- Wanted to explore the utility of screening older adults for depression and anxiety in the ED
 - Can we do it effectively?
 - Is it feasible with regard to resources and time?
 - Are symptoms associated with barriers to care?
 - Is this screening ultimately worth doing?

Methods

- Representative of the UR Emergency Department Research Associates program first approached patients.
- Medical student stationed in the ED consented and surveyed patients using the PHQ-9, GAD-7, and a previously used index of barriers to care

Results - Sample

- 103 older adult ED patients (57 men, 46 women) enrolled over 8 weeks
- 68% between 65 and 74
- 74% were White; 23% were Black
- 6% self-identified as Hispanic/Latino
- 76% reported \geq high school education
- Majority were on Medicare (82, 80%)

Results - Depression

- 25% reported at least moderate depression
 - 3% moderately severe and 2% severe depression
- 78% knew of a healthcare provider to contact if feeling depressed
 - 85% reported their PCP
- Of the 5 moderately severe or severely depressed patients, 3 had previously been diagnosed as depressed and 2 had previously been treated

Results - Anxiety

- 38% reported at least moderate anxiety, with 10% moderately severe and 3% severe anxiety.
- 80% knew of a healthcare provider to contact if feeling anxious
 - 85% reported their PCP
- **None of the 3 severely anxious patients** had ever been diagnosed as anxious previously, though none were surprised at their level of anxiety

Results – Depression, Anxiety, and Utilization

- **None of the patients reporting severe anxiety, moderately severe depression, or severe depression had visited a behavioral health provider in the past 6 months**
- The 3 severely anxious patients visited the ED 4, 12, and 25 times in the past 6 months
- ED utilization for patients with moderately severe or severe depression → 1, 1, 4, 6, and 12 visits

Results – Barriers to Care

- Barriers to care highly prevalent among the 6 patients reporting severe anxiety, moderately severe depression, and/or severe depression.
- At least one barrier that limited patient ability to see a doctor “A whole lot” was reported by 4 patients, with only 1 reporting no salient barriers to care.
- Only 18% of patients neither severely anxious nor depressed reported any barriers limited their care “A Whole Lot” (42% diff; Yates $\chi^2_1 = 5.65, p = 0.017$).



Screening for Anxiety and Depression in Older Adult ED Patients

Patient Mental Health Concern(s)	Barriers to care that have limited patient ability to see a doctor in the past year	
	Limited "Very Much"	Limited "A Whole Lot"
Severe anxiety and mod severe depression	Embarrassment about a potential illness	Difficulty finding transportation; feelings that the doctor is not responsive to my concerns; confusion trying to schedule an appointment
Severe anxiety and mod severe depression	None	Confusion trying to schedule an appointment
Severe anxiety	Lack of insurance; doctor/clinic/hospital bills	None
Mod severe depression	None	Lack of insurance; difficulty finding transportation
Severe depression	None	Feelings that the doctor is not responsive to my concerns
Severe depression	None	None

Conclusions

- Older adults do present to the ED with covert depression and/or anxiety, and can be feasibly identified
- Most severe concerns very often accompanied by perceived barriers to care
- Despite relatively, low prevalence rates, there was utility to the screening performed

Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

