GAD-7

Evaluation and Treatment Algorithm
**GENERAL ANXIETY DISORDER-7 (GAD-7)**

Over the **last 2 weeks**, how often have you been bothered by the following problems *(circle)*?

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

Add scores from each column for total: _______  =  _______ +  _______ +  _______ +  _______

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

**Adapted from Source:**

**Overall Evaluation**

Complete PHQ-9 or EPDS. Complete PASS or GAD-7 if significant anxiety symptoms reported.

- **To score PHQ-9:**
  - Sum total.
  - Score >10 is considered positive for moderate to severe depression.

- **To score EPDS:**
  - Questions 1, 2, & 4 (without an *) are scored 0, 1, 2, or 3 (top answer = 0, bottom = 3).
  - Questions 3, 5-10 (with an *) are reverse-scored (top answer = 3, bottom = 0).
  - Score of >10 is considered potentially positive.

- **To score PASS:**
  - Sum total.
  - Score >26 is considered positive.

- **To score GAD-7:**
  - Sum total.
  - Score >10 is considered positive.

*Remember that a patient’s score may not correlate with symptom severity.*

*Discussion points to consider…*

- **Counsel patient about antidepressant use.**
  - No medication is risk-free; SSRIs are the best studied class of antidepressants in pregnancy and lactation.

- **Data shows that use of antidepressants in pregnancy may increase risk of:**
  - Persistent Pulmonary hypertension of the newborn (absolute risk of PPHN is low), pre-term labor, poor neonatal adaptation syndrome (PNAS is typically mild and self-limited).
  - Risks are NOT dose-dependent.

- **Data shows risk of under- or non-treatment of depression in pregnancy may increase risk of:**
  - Impaired bonding with baby, poor self-care, postpartum depression (which is associated independently with multiple potential negative outcomes for mother, baby, and family), pre-eclampsia, pre-term labor, substance abuse, suicide.

OVERALL TREATMENT ALGORITHM

If score is **high** OR patient is clinically **symptomatic**:

Ask: “Have you ever had periods of at least three days straight of feeling so happy or energetic that your friends told you you were talking too fast or that you were “too hyper”?”

If “**YES**,” then consult PERISCOPE. Patient should be more thoroughly screened for Bipolar Disorder before any treatment is initiated.

If “**NO**,” then discuss options for treatment of unipolar depressive and/or anxiety symptoms.

- **Antidepressant Therapy** *(see antidepressant treatment algorithm if the patient agrees to this option)*
- **Watchful waiting with increased self care.**
- **Psychotherapy** *(either stand-alone, if clinically appropriate, or adjunctive treatment)*

If score is **low** AND patient is clinically **asymptomatic**:

Continue to screen using PHQ-9 or EPDS at subsequent perinatal visits.

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