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Relationship Between Anxiety Symptoms and Health-Related Quality of Life in Patients with Generalized Anxiety Disorder

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Background: While generalized anxiety disorder (GAD) significantly impacts patient health-related quality of life (HRQL) and functioning, it is often not recognized and treated effectively in primary care. Treatment is varied, and little is known about the patterns of psychopharmacologic and other treatments in community practice settings. This study was performed to evaluate the effect of GAD and anxiety symptom severity on the HRQL of primary care patients diagnosed with GAD in an integrated healthcare delivery system. By evaluating the relationship between treatment patterns and through HRQL for GAD patients, we will be able to estimate potential HRQL improvements achievable through adherence to practice guidelines.

Methods: Patients aged 18 years or older with DSM-IV–diagnosed GAD were recruited from the membership of an integrated healthcare delivery system. All patients signed informed consent and agreed to participate in this six-month longitudinal study with three telephone assessments. Clinical assessments included the Hamilton Anxiety Rating Scale (HAM-A). HRQL was assessed using the Quality of Life Enjoyment and Satisfaction Questionnaire–Short Form (Q-LES-Q-SF), Sheehan Disability Scale (SDS), and SF-12 mental and physical component summary scores (MCS, PCS).

Results: A total of 132 patients (78% of whom were women) were enrolled, with a mean age of 47.5 ± 13.9 years. At baseline, mean HAM-A score was 16.8 ± 7.6 (suggesting the presence of moderate anxiety symptoms); mean Q-LES-Q-SF was 46.2 ± 8.7 ; mean PCS was 44.4 ± 9.9 ; mean MCS was 44.4 ± 7.3 , and mean SDS was 12.9 ± 7.6 . At baseline, HAM-A scores were correlated -0.29 ($p < .001$) with MCS, -0.43 ($p < .001$) with PCS, -0.57 ($p < .001$) with Q-LES-Q-SF, and 0.36 ($p < .001$) with SDS scores.

Conclusions: These results indicate that GAD-related symptoms, as measured by the HAM-A, were moderately correlated with measures of HRQL and disability, reduced physical function, and role impairment. Anxiety symptoms reported by GAD patients may be significantly associated with increased impairment to HRQL and functional outcomes. Treatment patterns of patients with diagnosed GAD should be monitored closely to ensure compliance with evidence guidelines and to reduce unnecessary suffering.