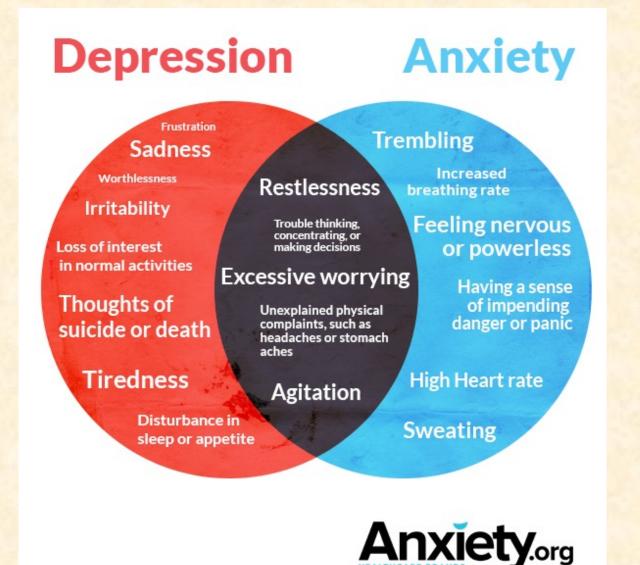


# Generalized Anxiety Disorder and Depression Symptoms in Pediatric Dentists Marriott GM, Shamji H, Contreras Cl The University of Texas Health Science Center at San Antonio, San Antonio, TX 78229

#### BACKGROUND

Dentists experience a multitude of stressors throughout their work environment including practice management, dentistry itself, finances, equipment failure, time-related pressures, and staffing issues. A differentiating factor between pediatric dentists and other dental specialties is anxiety and behavior levels of pediatric patients.<sup>1</sup> Prolonged stressors can put dentists at a higher risk for chronic occupational stress and burnout. Studies have revealed that burnout may lead to depression.<sup>2</sup> Depression is one of the most common mental health disorders within the United States. Symptoms of depression can vary from mild to severe. Symptoms include sad, anxious or empty mood, feelings of hopelessness, guilt, worthlessness or helplessness, and loss of interest or pleasure in activities that once were enjoyed.<sup>3</sup> This disabling disease can have a significant impact on a person's quality of life. An estimated 8.4% of adults in the United States had at least one depressive episode.<sup>4</sup> Along with depression, anxiety has also been observed frequently in dentists.<sup>2</sup> Generalized anxiety disorder (GAD) is characterized by persistent and excessive worry and tension, even when it may not be warranted. Symptoms of GAD may make it difficult to carry out normal daily activities. The purpose of this study is to compare the mental health of pediatric dentists to that of the general population in the United States using validated assessment tools for Generalized Anxiety Disorder and Depression.



Approval to conduct the study was granted by **UTHSCSA Institutional Review Board. Contact** details of pediatric dentists were obtained from the Directory of the American Academy of Pediatric Dentistry (AAPD). An online survey composed of the GAD-7 (Generalized Anxiety Disorder-7)<sup>5</sup> and PHQ-9 (Patient Health Questionnaire-9)<sup>6</sup> questions was sent via email to the American Academy of Pediatric Dentistry listserv of pediatric dentists. Each survey contained questions regarding the frequency of symptoms of anxiety and depression experienced over a 2-week period. Results from the survey were compared to recent National Center for Health Statistics (NCHS) data reports describing anxiety and depression rates among U.S. adults based on GAD-7 and PHQ-9 scores.

Response rate to this survey was approximately 5% (n = 367). Prevalence of mild, moderate, moderately severe, and severe depression was 27.5%, 13.9%, 4.4%, and 1.9%, respectively. Scoring above the moderate range is considered clinically significant for depression.<sup>6</sup> Prevalence of mild, moderate, and severe anxiety was 32.5%, 15.2%, and 5.1%, respectively. 47.2% had minimal or no anxiety. Overall, there were significantly higher rates of both anxiety and depression symptoms (P<.001) in pediatric dentists compared to the U.S. adult population.<sup>7,8</sup> 31 participants (8%) responded affirmatively to question 9 on the PHQ9 regarding thoughts of hurting yourself or contemplating suicide.

There may be higher rates of Generalized Anxiety Disorder and Depression among pediatric dentists when compared to the general population of adults in the United States. At least 8% of respondents, who had a score higher than 0 on question 9 of the PHQ9, require further evaluation for depression. Drawbacks of this study include possible bias in that pediatric dentists who are familiar with or interested in mental health may be more likely to respond. Response rate was relatively low for this study.

### **MATERIALS and METHODS**

### RESULTS

### CONCLUSIONS

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PHQ-9 Score	Depression Severity	Prop
0-4	Non – Minimal	None
5-9	Mild	Watchful waiting; re
10-14	Moderate	Review treatment p Consider discussio pharmacotherapy
15-19	Moderately Severe	Consider adjusting sessions; Discuss a pharmacotherapy; clients, consider co synchronous thera
20-27	Severe	Adjust treatment pl and pharmacothera emergent then refe candidate for asyne

#### Figure 1: Proposed Treatment Action by PHQ9 Score<sup>9</sup>

Risk Level		
No to Low Risk	None	
Mild	Provide general fe consider adjusting 4 weeks	
Moderate	Further evaluation plans consider adj monitor for synchro	
Severe	Adjust treatment p and pharmacother emergent need the care; Client is not a therapy/asynchron	
	No to Low Risk Mild Moderate	

Figure 2: Proposed Treatment Action by GAD7 Score<sup>9</sup>



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posed Treatment Actions

repeat PHQ 9 at follow-up plan if not improving in past 4 weeks; on of additional support such as

g treatment plan and/or frequency of additional supports such as For SonderMind Anytime Messaging onverting from asynchronous to apy channels

plan; focused assessment of safety plan rapy evaluation/ re-evaluation; If er to higher level of care; Likely Not a hchronous/text therapy

Intervention

eedback, repeat GAD-7 at follow up, g treatment plan if not improving in last

recommended; For active treatment ljustment; For text therapy clients ronous therapy

plan; focused assessment of safety plan rapy evaluation/ re-evaluation; If nen consider referral to higher level of

a good candidate for text าอนร