Women's Preventive Services Initiative Recommends Screening for Anxiety for All Women

Washington, DC – Under a new recommendation from the Women’s Preventive Services Initiative (WPSI), all adolescent and adult women age 13 and older should be screened for anxiety. The new recommendation, which includes women who are pregnant or postpartum, was published June 9 in the Annals of Internal Medicine along with a systematic review of the effectiveness of screening, accuracy of screening instruments and the benefits and harms of treatments in adolescent and adult women.

Recommendations from WPSI are intended to guide clinical practice and coverage of services for the Health Resources and Services Administration and other stakeholders; because of the new recommendation, screening for anxiety in women in the primary care settings will now be covered without cost-sharing. This is the first such recommendation for universal screening for anxiety.

“The new recommendation has the potential to dramatically expand access to treatment for anxiety for our patients,” said Kimberly D. Gregory, MD, MPH, chair of the WPSI Advisory Panel. “Ensuring that screening will be available without cost-sharing means more equitable care for women who are living with anxiety today. This is especially important at a time when anxiety is high as a result of the ongoing COVID-19 pandemic—and, as data show, disproportionately impacting women.”

The WPSI recommendation stipulates that when screening suggests the presence of anxiety, further evaluation is necessary to establish the diagnosis and to determine appropriate treatment and follow-up. Although the recommendation does not identify optimal screening intervals, it does recommend screening for women who have not been previously screened; screening may be conducted in conjunction with screening for depression.

Overall, the recommendation for screening for anxiety was based on the determination that the balance of benefits and harms would likely be favorable based on the high prevalence of anxiety in women; the substantial impact of anxiety on health, function, and quality of life; and evidence on the accuracy of screening instruments in primary care settings and the effectiveness and harms of treatment.

“WPSI developed this recommendation based on the substantial evidence that points to the benefits of screening for anxiety in routine clinical practice. The current crises that pose barriers to patients coming to the office—the COVID-19 epidemic and the current social unrest in response to continued racism and injustice—make this even more important,” said David Chelmow, MD, chair of the WPSI Interdisciplinary Steering Committee. “Since screening for anxiety can be done by telehealth, clinicians should feel comfortable immediately incorporating it into their practice as they see patients remotely.”
Additional quotes from WPSI partners can be found below.

About WPSI

On March 1, 2016, The American College of Obstetricians and Gynecologists (ACOG) launched the Women’s Preventive Services Initiative (WPSI). Through this five-year cooperative agreement with the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), ACOG is engaging a coalition of national health professional organizations and consumer and patient advocates with expertise in women’s health across the lifespan to develop, review, and update recommendations for women’s preventive health care services, including HRSA-sponsored Women’s Preventive Services Guidelines. The recommendations, if adopted by HRSA, will help ensure that women receive a comprehensive set of preventive services without having to pay a copayment, co-insurance, or deductible.

American Academy of Pediatrics, Sally Goza, MD, FAAP, president: “The American Academy of Pediatrics supports the importance of anxiety screening. This type of universal screening helps to normalize anxiety as a common and treatable issue among adolescents and can be a way for health care professionals to have important conversations with adolescents and young adults about healthy emotions, problem-solving skills, handling stress, and other challenging situations.”

American Academy of Physician Assistants: David E. Mittman, PA, DFAAPA, president: “PAs are trained to treat the ‘whole patient,’ and mental health care, including the treatment of anxiety, is essential for a person’s long-term health and well-being. AAPA strongly supports WPSI’s recommendation and commends this effort to ensure women living with anxiety receive the care they need.”

American College of Nurse-Midwives, Cathy Collins-Fulea DNP, CNM, FACNM, president: “The American College of Nurse-Midwives enthusiastically endorses the recommendation that all adolescent and adult women age 13 and older be screened for anxiety. Anxiety affects women in every phase of their reproductive life and particularly so in light of recent world events. Pregnant and postpartum individuals specifically are at great risk for the adverse physical, emotional, and psychological effects of anxiety. This recommendation will enable so many women who struggle with anxiety to receive the help that they desperately need.”

American Psychiatric Association, Saul Levin, MD, MPA, CEO and medical director: "Anxiety disorders are some of the most prevalent and consequential mental health problems among women in the United States. This groundbreaking recommendation will be a critical step in the
advancement of the diagnosis and treatment of these conditions, which have previously been underdiagnosed and undertreated."

**Association of Maternal & Child Health Programs**, Jonathan Webb, chief executive officer: “The recommendation is a critical step toward building the comprehensive, integrated, and coordinated system of care and services our nation’s youth and women deserve. Now let’s get to work—and fast—to ensure equitable and culturally humble access to screening and treatment for anxiety. This is especially relevant given the pervasive trauma caused by this boiling point in racial injustice and the coronavirus pandemic.”

**Kaiser Family Foundation**, Alina Salganicoff, PhD, WPSI Advisory Panel member and Kaiser Family Foundation senior vice president: “This new evidence-based recommendation not only provides women with no-cost coverage for screening but perhaps as importantly, will raise awareness of the need for anxiety screening in women and also offer a path to treatment options for women who have been silently living with the sometimes crippling effects of anxiety for years.”

**National Association of Hispanic Nurses**, Ana Sanchez-Birkhead, PhD, APRN, WHNP-BC: “The new recommendation from WPSI that all adolescent and adult women age 13 and older should be screened for anxiety is significant and timely for our Hispanic/Latina community in this era of COVID-19 and social unrest. We understand that race, ethnicity, and culture play a role in how anxiety is expressed. This new recommendation will provide much-needed screening for women in our communities who have not been screened before and who are experiencing disproportionately high levels of anxiety during this pandemic.”

**National Association of Nurse Practitioners in Women’s Health**, Sue Kendig, JD, WHNP-BC, director of policy: “Anxiety can touch women at different points throughout their lives, affecting all aspects of their daily life. NPWH applauds the addition of anxiety screening as recommended preventive service for all women without cost-sharing. Increased availability of this important screening opens the door for women to partner with their health care provider in finding the help they need to treat their anxiety and stay well.”

**National Medical Association**, Edith P. Mitchell, MD, MACP, FCPP and Dotun Ogunyemi, MD, FACOG, MFM: “Depression and anxiety are conditions that commonly affect people of color. This is even more crucial with the current unprecedented COVID-19 pandemic that is disproportionately affecting African Americans. Even more so, the current national focus on institutional racism and police brutality makes a compelling case for the detection of anxiety and depression in our marginalized and underserved communities. The WPSI recommendation for the screening of anxiety in women comes at a most opportune time.”

**Society of General Internal Medicine**, Pelin Batur, MD: “Effectively identifying and treating anxiety within a primary care practice is critical, as anxiety often impacts multiple other medical problems and their health outcomes. Addressing anxiety requires a trusted relationship
between the clinician and patient, and often multiple visits to address patient concerns. Recognition of the importance of emotional health in overall well-being is an important first step. Next steps should be to ensure patients can access the required follow-up services, including expanded options with virtual and telephone visits, and consultation with mental health professionals.”
Below please find summaries of new articles that will be published in the next issue of *Annals of Internal Medicine*. The summaries are not intended to substitute for the full articles as a source of information.

1. Women’s Preventive Services Initiative recommends screening for anxiety in women and adolescent girls 13 years or older

**Review:** [https://www.acpjournals.org/doi/10.7326/M20-0579](https://www.acpjournals.org/doi/10.7326/M20-0579)

**Guideline:** [https://www.acpjournals.org/doi/10.7326/M20-0580](https://www.acpjournals.org/doi/10.7326/M20-0580)

**Editorial:** [https://www.acpjournals.org/doi/10.7326/M20-3116](https://www.acpjournals.org/doi/10.7326/M20-3116)

URL goes live when the embargo lifts

The Women’s Preventive Services Initiative (WPSI), a national coalition of women's health professional organizations and patient representatives, recommends screening for anxiety in women and adolescent girls 13 years or older, including pregnant and postpartum women. Screening involves completing a brief clinician- or self-administered questionnaire that describes symptoms of anxiety. **Optimal screening intervals are unknown, and clinical judgment should be used to determine frequency.** Given the high prevalence of anxiety disorders, lack of recognition in clinical practice, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened. The recommendation was adopted by the Health Resources and Services Administration and will be incorporated into the summary of covered benefits for preventive services without cost-sharing as required by the Patient Protection and Affordable Care Act. Both the guidelines and a systematic review of the evidence are published in *Annals of Internal Medicine.*

Lifetime prevalence of anxiety disorders in women is approximately 40 percent, twice that in men. Despite the high prevalence and burden of anxiety disorders and the availability of methods for screening, diagnosis, and treatment, only an estimated 20 percent of affected men and women seek care. The goal of clinical recommendations for screening is to increase detection and achieve earlier diagnosis of specific types of anxiety and co-occurring conditions; initiate appropriate treatment; and improve health, function, and well-being for women and girls.

To develop the recommendations, researchers reviewed studies that enrolled adolescent girls and adult women not currently diagnosed with anxiety disorders, including those who were pregnant or postpartum, and compared clinical outcomes and harms between women who were and were not screened; diagnostic accuracy studies of screening instruments; and systematic reviews of randomized trials of behavioral and pharmacologic treatments. No studies examined the overall effectiveness and harms of screening for anxiety. But the researchers found strong evidence that screening instruments for anxiety are moderately to highly accurate and that behavioral therapies and antianxiety medications effectively improve anxiety symptoms.

The authors of an accompanying editorial from Yale University School of Medicine suggest that these recommendations are a great start, but issues need to be addressed to ensure that
these recommendations can be implemented in clinical practice. In addition, they suggest that it is worth considering why anxiety is so prevalent and what can be done from a public health perspective to prevent it.

Media contacts: For an embargoed PDF please contact Lauren Evans at laevans@acponline.org. To speak with the lead author of the review, Heidi D. Nelson, MD, MPH, please contact Tracy Brawley at brawley@ohsu.edu. To request an interview with someone from the WPSI, please contact Kate Connors kconnors@acog.org.

2. Filling an opioid prescription in postpartum period strongly associated with overdose and other serious opioid-related events

Abstract: https://www.acpjournals.org/doi/10.7326/M19-3805

Filling an opioid prescription in postpartum period is strongly associated with overdose and other serious opioid-related events (SOREs). The risks increase with number of prescriptions filled and do not seem to differ substantially by route of delivery. Findings from a cohort study are published in Annals of Internal Medicine.

Researchers from Vanderbilt University Medical Center studied 161,318 (209,215 births) women aged 15 to 44 years enrolled in Tennessee Medicaid (TennCare) who were discharged after childbirth between January 2007 and August 2014 to assess risk for SOREs associated with postpartum opioid prescribing after childbirth, including both vaginal and cesarean births. They found that routine prescribing after vaginal birth was common in Tennessee, with 59 percent of vaginal births and 91 percent of cesarean births filling one or more opioid prescription in the postpartum period. A second postpartum opioid prescription was filled by about 11 percent of vaginal births and 24 percent of cesarean births. SOREs were identified in 4,582 women and included persistent opioid use (69 percent); substance use disorder (19 percent); buprenorphine or methadone prescriptions (10 percent); overdose (2 percent); and opioid-related death (0.2 percent). The data showed that covariate-adjusted SORE rate increased with increasing number of postpartum opioid prescriptions.

Current clinical guidelines do not provide specific recommendations for opioid prescribing after childbirth. According to the researchers, these finding suggest that design and implementation of rational opioid prescribing guidelines would be an opportunity to reduce this risk.

Media contacts: For an embargoed PDF please contact Lauren Evans at laevans@acponline.org. To speak with the lead author, Sarah Osmundson, MD, MS, can be reached through Kelli Koch at kelli.koch@vumc.org or directly at sarah.osmundson@vumc.org.

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