

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

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 _____

Scoring

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%) and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card).

<p>10. If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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Ht:

Date:

Wt:

BMI:

THE TEENS VISIT

Development

1. Sex Education
 - It's way past time to talk birds and bees, but keep the conversations going. Answer questions about sex factually, using actual language and terms. If you need an informational book, please ask for one.
 - Talk with your teen about the changes his/her body will undergo during puberty. Prepare your daughter for the onset of menarche and her periods.
 - Talk to your teen about safe sex and the risks of sexually transmitted disease and teen pregnancy.
2. Actively discourage harmful habits like smoking, alcohol, and drugs. Talk with your teen about peer pressure and how to say no, and the real risks of drunk driving.
3. Talk to your teen about social media and online safety, including online bullying and predators. Internet safety should be a regular and reoccurring conversation at the dinner table.

Injury Prevention

1. Teach your teen to **ALWAYS** wear seat belts even if others in the car do not. By this age, buckling up should be an almost automatic reflex.
2. Continued used of protective equipment for high risk activities (HELMETS are cool!)

Good Health Habits and Self Care

1. Continue to maintain a regular bedtime routine. Teens need 8-10 hours a night.
2. Set limits on TV viewing/video games/social media. The cell phone needs a "bed time" and should be charged outside the room. Parents should set an example.
3. Obesity is a significant health threat. If you are worried, PLEASE bring it up at your visit.
4. Be on the lookout for eating disorders in boys and girls. Discuss all forms of healthy eating, both too much and too little. Don't skip breakfast.

Next Visit

Continue yearly visits, which also serve as sports, camp, and college physicals. Some parents come around the birthday. Some come every fall break. It is a good idea to avoid late June until early August for your yearly check. These are especially busy times here at the office.

All Teens need to get the HPV (Gardasil) vaccine. More people will die this year from HPV disease than died yearly from measles before that vaccine came out. It is a "no-brainer" vaccine. 60% of people are infected with HPV. The odds are against you. Get the first one before age 15, and you only need two shots. You'll need three if you start the HPV vaccine after age 15.

Your teen will need a meningitis booster before heading to college.

We see patients up to age 21.

Don't forget to get a flu vaccine.

NIH News in Health

National Institutes of Health · Department of Health and Human Services · newsinhealth.nih.gov

September 2006

Discussing Drinking A Back-to-School Conversation You Need to Have

As college students arrive on campus this fall, it's a time of new experiences, new friendships and making memories that will last a lifetime. Unfortunately for many, it can also be a time of excessive drinking and dealing with its aftermath—vandalism, violence, sexual aggression and even death. For those beginning their college experience, a rapid increase in heavy drinking over a relatively short period of time can cause serious problems with the transition to college. Alcohol abuse can also be a problem for high school students. Fall semester is a good time to sit down with your child to have a frank discussion about drinking.

We go through many changes in our teen years. Relationships change as our bodies and brains mature. Recent research has shown that the human brain continues to develop into a person's early 20's.

This period is also marked by taking risks. This can include risky drinking. And early drinking is associated with other risky behavior, such as academic failure, unsafe sexual behavior and drug use. Over the long-term, early drinking is associated with an increased risk of developing an alcohol use disorder at some time during the life span.

The consequences of excessive drinking by young people are more

significant, more destructive and more costly than many parents realize. According to the College Drinking Task Force report to NIH's National Institute on Alcohol Abuse and Alcoholism (NIAAA), drinking by 18- to 24-year old college students contributes to an estimated 1,700 student deaths, 599,000 injuries and 97,000 cases of sexual assault or date rape each year.

Students form their expectations about alcohol from their environment and from each other. As they face the insecurity and stresses of establishing themselves in a new social setting, environmental and peer influences combine to create a culture of drinking. This culture actively—or at least passively—promotes drinking through tolerance, or even unspoken approval, of college drinking as a rite of passage.

The transition to college can be difficult, with about 1 of 3 first-year students failing to enroll for their second year. **Anecdotal evidence** suggests that the first 6 weeks of the first semester are critical to a first-year student's academic success. Many students begin drinking heavily during these early days of college, and this can interfere with their successful

adaptation to campus life.

But parents can still play a major role in preventing alcohol problems. The time to start is before your child leaves for college. As the fall semester begins, prepare your college-age children by talking with them about the consequences of drinking. Stay

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Definitions

Anecdotal evidence

Evidence that's based not on carefully controlled scientific experiments, but on things that people notice around them.

Inside News

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 - Physical Activity for a Healthy Heart
 - Web Site: College Drinking



Wise Choices Alcohol Poisoning

When you sit down to talk to your children about the dangers of alcohol abuse, take a few minutes to help them recognize the signs of alcohol poisoning. It could mean the difference between life and death for them or one of their friends.

What Is Alcohol Poisoning? Too much alcohol can shut down the parts of the brain that control breathing and the gag reflex, which prevents choking. Someone who drinks a fatal dose of alcohol will

eventually stop breathing. Even if someone survives an alcohol overdose, the experience can cause irreversible brain damage. Rapid binge drinking is especially dangerous because victims can continue drinking beyond a fatal dose before they lose consciousness.

A person who appears to be sleeping it off may still be in real danger. Blood alcohol levels can continue to rise even after someone's passed out, since alcohol in the stomach and intestine can continue to enter the bloodstream and circulate throughout the body.

What Should I Look For? Critical signs of alcohol poisoning include mental confusion, unconsciousness, vomiting, seizures, slow (fewer than 8 breaths per minute) or irregular (10 seconds or more between breaths) breathing and hypothermia (low body temperature, bluish skin color and paleness).

What Should I Do? Know the danger signals. If you suspect someone has alcohol poisoning, don't wait for all the critical signs to be present. If you suspect an alcohol overdose, call 911 immediately for help.



Definitions

Peer pressure

The feeling that someone your own age is pushing you toward making a certain choice.

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involved during the crucial early weeks of college. Inquire about campus alcohol policies, and ask your children about their roommates and living arrangements.

High school students can also come under pressure to drink from their peers at school. It's important to talk to your high school students about **peer pressure** and how to resist it. They need to know that alcohol can harm their judgment, coordination and reflexes. It can cause them to lose control, take chances



[www.collegedrinkingprevention.gov/
NIAACollegeMaterials/parentBrochure.aspx](http://www.collegedrinkingprevention.gov/NIAACollegeMaterials/parentBrochure.aspx)

www.collegedrinkingprevention.gov

www.TheCoolSpot.gov

and do things they never would do otherwise. In fact, alcohol is linked with an estimated 5,000 deaths in people under age 21 each year—more than all illegal drugs combined.

When you sit down to talk with your child about the consequences of drinking, discuss the penalties for underage drinking as well as how alcohol use can lead to date rape, violence and academic failure. Underage drinking has also been linked with deaths and injuries from burns, falls, alcohol poisoning and suicide.

Discuss drinking and driving. Mo-

tor vehicle crashes are the leading cause of death in people aged 15 to 20. Deadly crashes involving alcohol are twice as common in teens compared with people 21 and older.

Now's the time to talk to your children about the dangers of alcohol. Help prevent them from doing something that they—and you—might regret for the rest of their life. ■



Statistics

- More than three-fourths of 12th graders and two in five 8th graders have tried alcohol.
- Of the people who began drinking before age 14, 47% became alcohol dependent at some point later in their lives, compared with 9% of those who began drinking at age 21 or older.
- Drinking by 18- to 24-year old college students contributes to an estimated 1,700 student deaths, 599,000 injuries and 97,000 cases of sexual assault or date rape each year.

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Office of Communications
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Building 31, Room 5B38
Bethesda, MD 20892-2090

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Editor Harrison Wein, Ph.D.

weinh@od.nih.gov
Tel: 301-435-7489 Fax: 301-496-0019

Contributors

Fred Donodeo, Margaret Georgiann
(illustrations), Gregory Roa and
Harrison Wein.

Drugs are a Drag

Help Your Child Avoid Drugs of Abuse

Kids heading back to school need to keep healthy if they're going to do well in the classroom and on the playing field. That means sleeping well, eating right, getting exercise and avoiding drugs of abuse.

Drugs work by altering the chemistry of the brain. Drugs of abuse, such as nicotine, cocaine and marijuana, work by affecting the brain's signaling system. This system is made up of billions of cells called **neurons**, which send and receive messages to and from other neurons. Messages travel through neurons as electrical signals, which cause the release of a type of chemical at the neuron's end called a **neurotransmitter** to pass the signal on to other neurons.

Some drugs are similar in size and shape to neurotransmitters. This similarity allows them to attach to neurons and start a chemical chain reaction that leads to the release of large amounts of a neurotransmitter called dopamine. Others can block neurons from reabsorbing dopamine for re-use, allowing too much of the chemical to pool in the signaling area between neurons. Too much dopamine is what leads to the powerful high or "rush" that drugs can produce.

The first time someone abuses a drug, he or she may feel intense pleasure. Of course, drugs have other effects, too; a first-time smoker may cough and feel nauseated, while a first-time cocaine abuser might even have a heart attack or stroke.

The unusual amount of neurotransmitters in the brain begins to change

the brain in a number of ways.

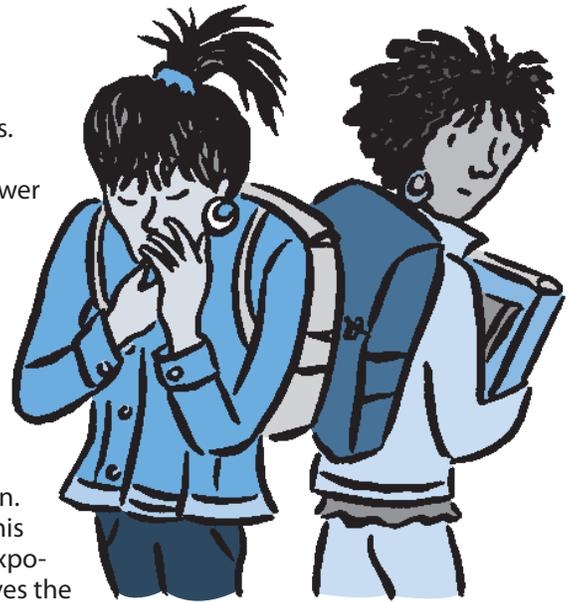
For example, the brain may compensate by producing fewer neurotransmitters. Neurons may become less sensitive to signals from other neurons. Some neurons may even die from the drug's toxicity.

Continued drug abuse also disrupts the brain circuits involved in reward, motivation and control, leading to the disease of addiction. No one knows how quickly this happens, but after enough exposure, an addicted person craves the drug like people crave food, water or air, linking it to their very survival. Eventually, natural "rewards" like friends and family lose out to compulsive drug-seeking and abuse.

That's why it's critical to prevent drug use before it ever starts. NIH's National Institute on Drug Abuse (NIDA) is testing many approaches designed to prevent drug abuse among different populations, espe-

cially young people. But prevention must start at home, with parents. One of NIDA's goals is to help parents understand the causes of drug abuse so they can help prevent it.

Explore NIDA's science-based materials on drug abuse for students, teachers and parents, and use them to help your children do their best—in school and in life. ■



www.drugabuse.gov, or call 301-443-1124
www.drugabuse.gov/drugpages/prevention.html



Wise Choices Is Your Child Abusing Drugs?

Signs that your child is abusing drugs may be obvious—like he or she is dizzy or has trouble walking; seems silly and giggly for no reason; has red, bloodshot eyes; or has a hard time remembering things that just happened. But you should also be aware of the following changes in your child's behavior, bearing in mind that these signs may reflect problems other than drug abuse:

- Withdrawal
- Depression
- Fatigue
- Hostility

- Carelessness with grooming
- Deteriorating relationships with family members and friends
- Changes in school or sports performance
- Increased absenteeism or truancy
- Lost interest in sports or other favorite activities
- Changes in eating or sleeping habits
- Unusual odor on clothes and in the bedroom
- Use of incense and air fresheners or room deodorizers

To find a drug treatment program, Call 1-800-662-HELP, or visit www.findtreatment.samhsa.gov.



Definition

Neuron

Nerve cells that send and receive signals throughout the brain, creating our thoughts, actions and personalities.

Neurotransmitter

A chemical released by a neuron to signal other neurons.