SCREENING FOR GENERALIZED ANXIETY DISORDER WITH THE GAD-Q-IV
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INTRODUCTION
The Generalized Anxiety Disorders Questionnaire 4th Edition (GAD-Q-IV, see Fig. 1: Newman, Zuidig, Kachin, Constantinou, & Cashman, 2003) is a 9-item self-report measure designed for use as an initial screen to diagnose Generalized Anxiety Disorder (GAD) based on the criteria of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994). A scoring system and a means of using the GAD-Q-IV for diagnostic classification have been developed. The diagnostic classification, or categorical scoring scheme, involves examining the symptoms of an individual to determine whether that person meets diagnostic criteria. The dimensional scoring scheme involves summing the scores for individual items to create a total score. When determining the effectiveness of a screening test, studies tend to have respondents complete the screening measure as well as undergo an elaborate, “gold standard” assessment such as a clinician administered diagnostic interview. Four statistics (i.e., sensitivity, specificity, positive predictive power, and negative predictive power; see Fig. 2) are generally reported when comparing the screening instrument relative to the gold standard assessment.

RESULTS
• Among the 64 clients without a SCID GAD diagnosis, the categorical and dimensional approaches were used to examine what SCID diagnoses the patients received after getting a positive GAD diagnosis on the GAD-Q-IV (see Fig. 3).

METHOD
Clients presenting for treatment at the Psychological Clinic at Kent State University completed the GAD-Q-IV and were evaluated by clinic therapists with the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID; First, Spitzer, Gibbon, & Williams, 2002). KSU is a large, Midwestern university, serving approximately 24,000 students. The clinic offers individual, couples, and family outpatient treatment to university students and staff, and residents of the community. Approximately 35% to 40% of clients seen at the clinic are children and adults from the community, while the remainder are KSU students. Interviewers in the clinic were second or third year doctoral students trained in diagnostic assessment with the SCID, and were receiving weekly supervision in diagnostic case formulation. Interviewers were also kept blind to GAD-Q-IV responses.

One hundred and two consecutive adult clients (33 men, 69 women) presenting for treatment at the Psychological Clinic were included in the current study. Age of clients ranged from 18 to 45, with a mean of 23 years (SD = 5.4).

Fig. 1
GAD-Q-IV

Fig. 2
Sensitivity (Sn): Proportion of those who have the condition who are predicted to have the condition. (Sn = a/a+c)
Specificity (Sp): Proportion of those who do NOT have the condition who are predicted NOT to have the condition. (Sp = d/c+d)

Positive Predictive Power (PPP): Proportion of those predicted to have the condition who actually have the condition. (PPP = a/a+b)
Negative Predictive Power (NPP): Proportion of those predicted NOT to have the condition who actually DO NOT have the condition. (NPP = c/d+c)

Fig. 3

<table>
<thead>
<tr>
<th>Scoring System</th>
<th>Categorical Scoring System</th>
<th>Dimensional Scoring System</th>
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<tbody>
<tr>
<td>A score of 21.5 provided the best cut score with an Area Under the Curve (AUC) = .82</td>
<td>Area Under the Curve (AUC) = .86</td>
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<td>A ROC analysis with the use of a cut score was used to identify a continuous variable without the skip out rule of Newman et al. (2002) (33 of 39 true GADs)</td>
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<tr>
<td>ROC analysis was also conducted using a cut score from the continuous variable without the skip out rule of Newman et al. (2002)</td>
<td>Area Under the Curve (AUC) = .82</td>
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<td>Diagnoses using the Newman et al. (2002) dimensional score as a predictor of SCID GAD</td>
<td>Any Anxiety Disorder Dx</td>
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REFERENCES