

## **Clinical Anxiety Scale**

**Rationale for Anxiety Dimension:** There is mounting evidence that co-morbid anxiety and possibly the severity of anxiety symptoms may have a major influence on the treatment outcome of mood disorders, in terms of treatment response and a high risk of suicide and suicide attempts. While co-morbid anxiety disorders diagnosis may be made, they do not capture all of the co-morbid anxiety because of the asymmetry of criteria (e.g. two weeks of criteria symptoms for major depression and 6 months of criteria symptoms for Generalized Anxiety Disorder. Anxiety occurring as a component of a Mood disorder is not captured). Also the severity of the anxiety is not captured by a co-morbid diagnosis. The addition of an anxiety severity dimension may increase clinical awareness and increase the focus of treatment on the severity of co-morbid anxiety as a part of treatment planning, and possibly to the development of more effective treatments for co-morbid anxiety in the mood disorders and perhaps other disorders.

At present, the Mood Workgroup is considering a simple method by which a clinician is able to rate anxiety severity on a single dimension, useful for both mixed anxiety depression and major depression accompanied by anxiety:

Anxious Symptoms:

- a. describes (irrational) worries
- b. feeling uneasy
- c. feeling nervous
- d. motor tension
- e. feels something awful may happen

Anxious Distress- defined as 3 or more of the above anxious symptoms.

- 0. Not anxious
- 1. mildly anxious
- 2. Moderate Anxiety – 2 symptoms
- 3. Severely Anxious 3-5 symptoms
- 4. Severely anxious with motor agitation

**Behavioral Dimensions: Anxiety ( continued option #2 )**

<b>Option #2: SADS-C Psychic Anxiety</b>	<b>DSM- IV – Non- Existent</b>	<b>Rationale: The SADS-C psychic anxiety scale has evidence for serving as a proxy for overall anxiety severity across various anxiety symptoms</b>	<b>References:</b>
<p><b>Past Week:</b></p> <p><b>0 – No Information</b></p> <p><b>1. Not at all</b></p> <p><b>2. Slight e.g. occasionally feels somewhat anxious</b></p> <p><b>3. Mild, e.g. often feels somewhat anxious</b></p> <p><b>4. Moderate e.g. most of the time feels anxious</b></p> <p><b>5. Severe, e.g. most of the time feels very anxious</b></p> <p><b>6. Extreme, e.g.</b></p>		<p><b>This clinical scale is designed to be scored by a clinician’s interview: It does not count symptoms of anxiety, but focuses on the perceived severity as well as the amount of waking time the anxiety is experienced. This may be an adequate proxy for various anxiety symptoms. It has been shown to predict time afflicted with depression over 16 years as well as suicide within one week to one year. This dual dimensional scale may lend itself to ease of clinical use. See references:</b></p>	<ol style="list-style-type: none"> <li><b>1. Coryell W et al, Am J Psychiatry 2009 Nov;166(11):1238-43</b></li> <li><b>2. Fawcett J et al, Am J Psychiatry 1990 Sep;147(9):1189-94</b></li> <li><b>3. Busch KA et al. J Clin Psychiatry 2003 Jan;64(1):14-9</b></li> </ol>

<b>pervasive feelings of intense anxiety</b>			
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