

Building a Risk Assessment Tool for Pediatric Anxiety Diagnosis

Data Science Interns:

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Background

- Anxiety disorders affect 19.1% of US adults¹ and 31.9% of adolescents¹ annually
- ~50% of people have Generalized Anxiety Disorder symptoms for 2+ years before being diagnosed²
- Screening tool exists for depression (PHQ-2) based on various risk factors

Table 2. Risk Factors for Depression

Chronic medical illness	Low self-esteem
Chronic minor daily stress	Low social support
Chronic pain syndrome	Prior depression
Family history of depression	Single/divorced/widowed
Female sex	Traumatic brain injury
Low income/job loss	Younger age

1. Anxiety Disorders - Facts & Statistics (<https://adaa.org/understanding-anxiety/facts-statistics>)

2. Anxiety Facts: All You Need to Know (<https://psychcentral.com/anxiety/anxiety-facts>)

Methods

- Public dataset for now, but in process of acquiring data from CHOC database
 - Data.world — [*Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days*](#) (2020)
- Exploratory analysis of potential factors of anxiety
- Unsupervised learning (clustering, covariance between variables, etc.)
 - Search for unknown correlations and create corresponding groups highlighting these connections using unlabeled data

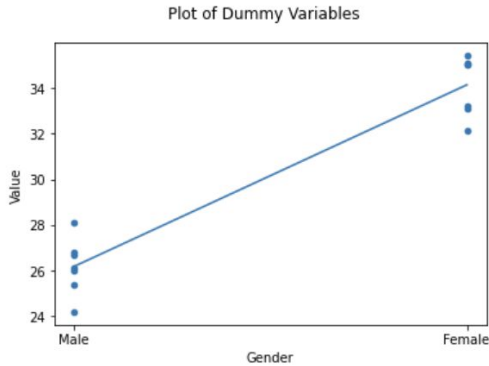
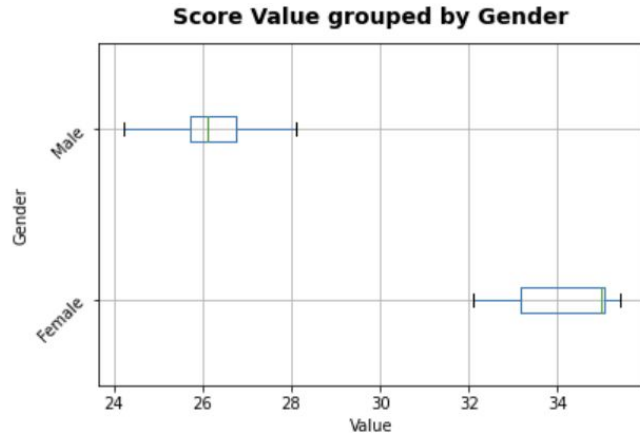
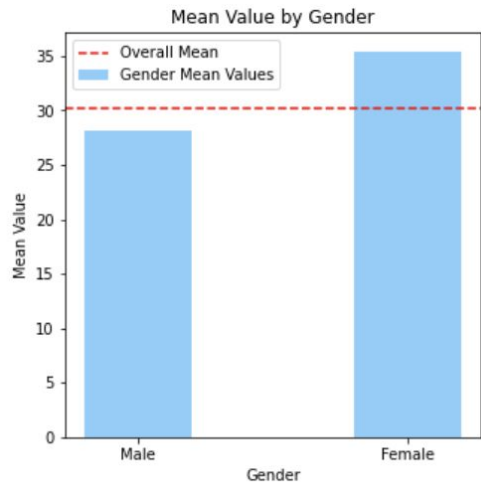


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Exploratory Analysis

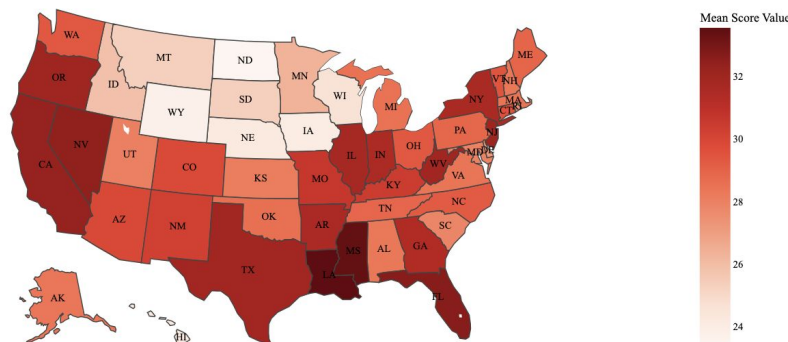




	coef	P> t
Intercept	34.1286	0.000
C(Subgroup)[T.Male]	-7.9429	0.000

- T-test indicates gender explains changes in mean anxiety value score
 - Males tend to be less anxious than females
- Female data heavily skewed left; specific female groups experiencing wide varying levels of anxiety
- Gender wage gap helps explain increase in anxiety³

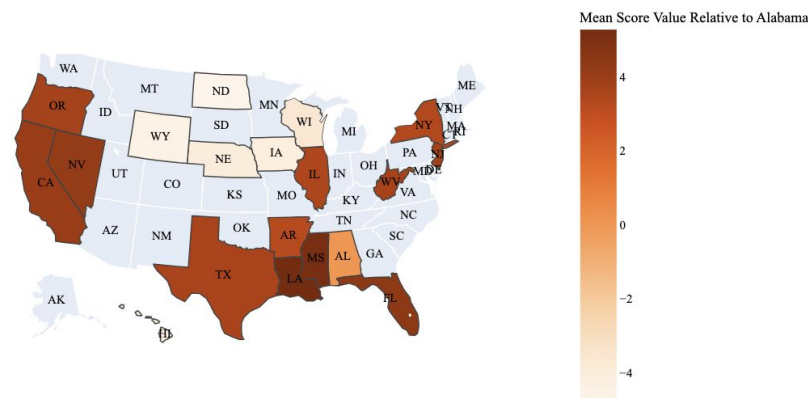




- Heatmap of US with redder states indicating greater mean anxiety score value
 - Southern regions appear the most red
 - Lack of access to high quality healthcare⁴

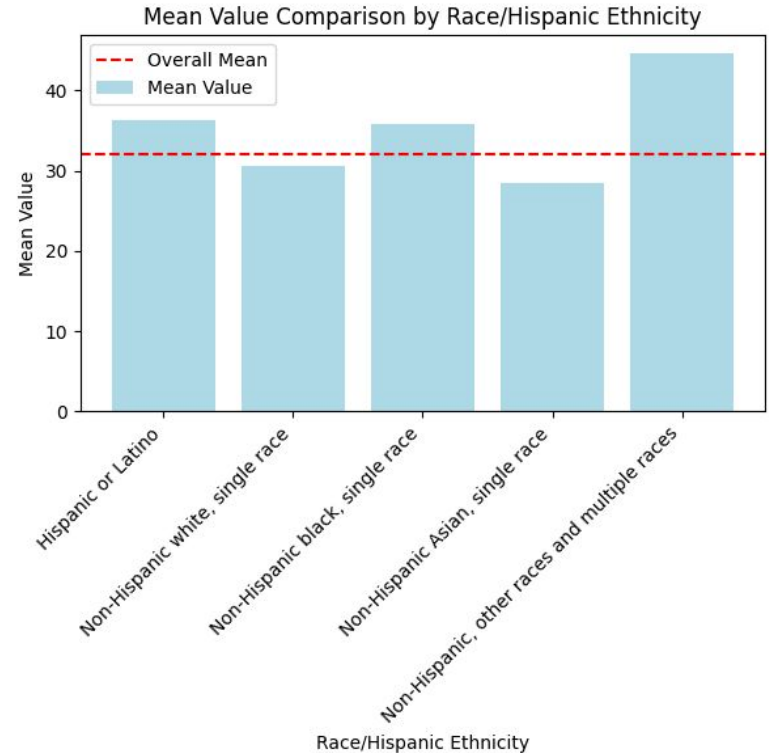
Significant States

- T-test to filter high mean value score relative to Alabama
 - States with large urban populations (e.g. CA, NY) or Deep South states (e.g. TX, LA, MS) experience heightened anxiety

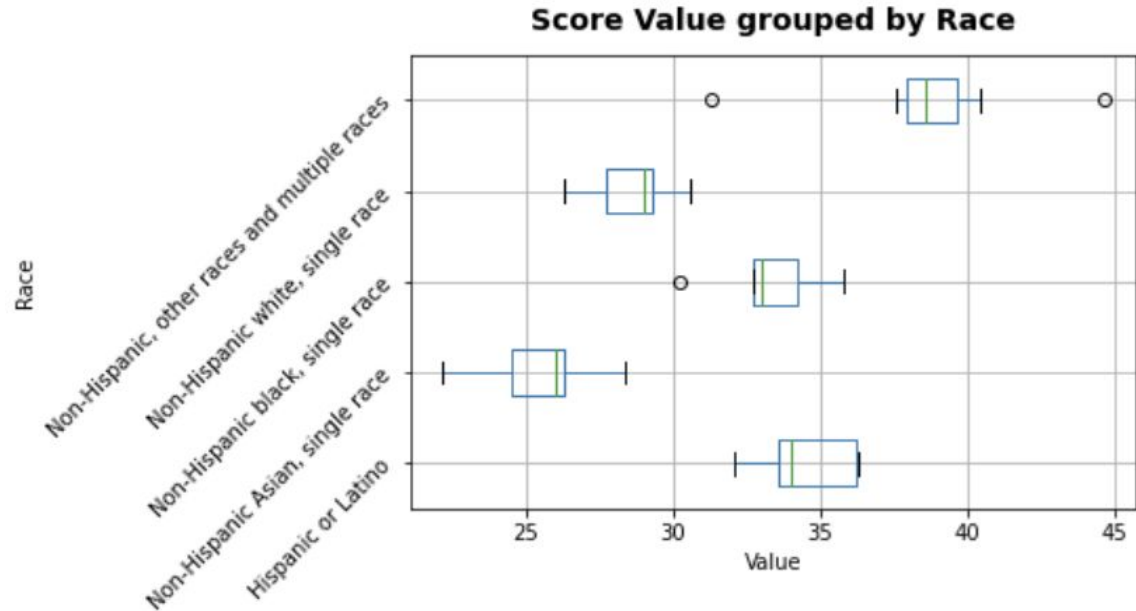


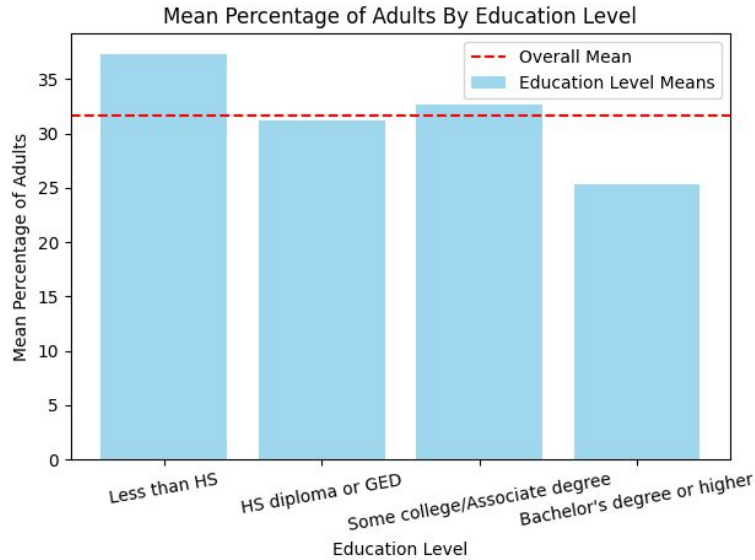
- Low p-values indicate the significance of the differing mean values for Asian, white, mixed, and Latino races when compared to the overall mean
- Asian Americans and whites are less associated with anxiety than mixed races and Hispanic ethnicity

	coef	P> t
Intercept	34.5857	0.000
C(Subgroup)[T.Non-Hispanic Asian, single race]	-9.1286	0.000
C(Subgroup)[T.Non-Hispanic black, single race]	-1.3143	0.305
C(Subgroup)[T.Non-Hispanic white, single race]	-6.0286	0.000
C(Subgroup)[T.Non-Hispanic, other races and multiple races]	3.9286	0.004



- Box plot indicates skewed distribution among majority of data
- Alludes to the racial wage gap, language barriers within healthcare access to medical care,⁵ and health disparities
- Conclusions reinforced by research several research papers

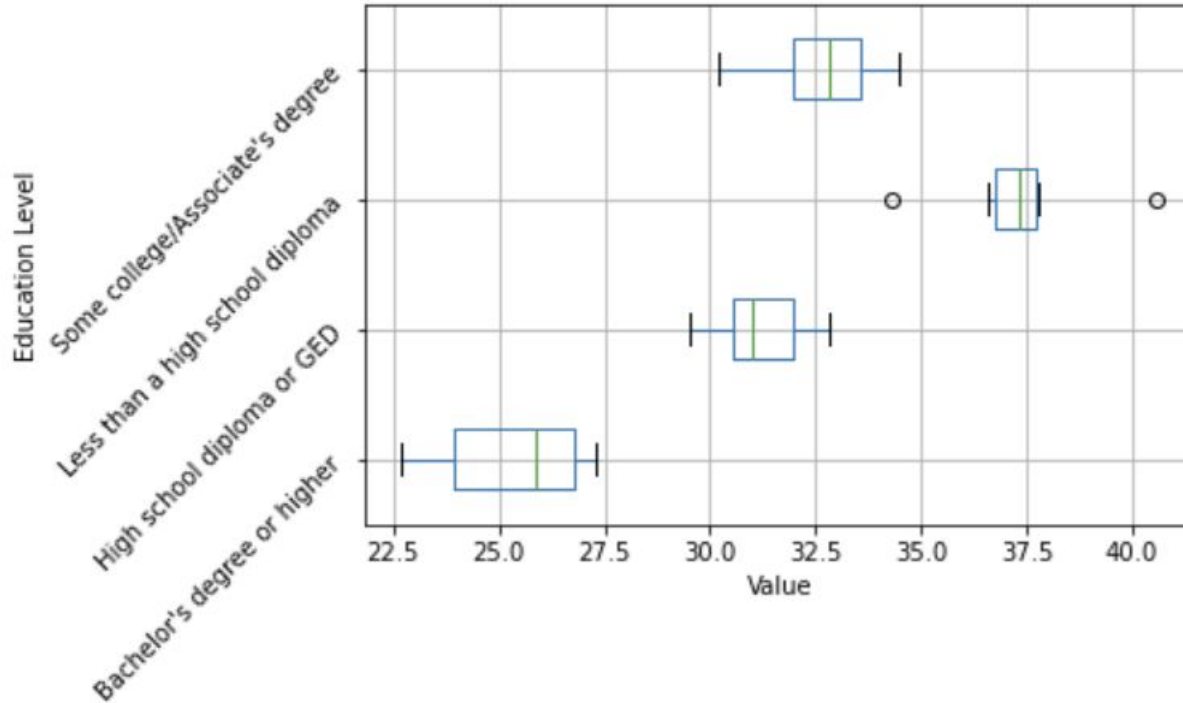




- Intercept: Bachelor's degree or higher
- People with some college/associates degree more anxiety symptoms than people with HS diploma
- All other education levels significantly different from Bachelor's degree or higher.
- Consistent with other study⁶

	coef	P> t
Intercept	25.3429	0.000
C(Subgroup)[T.High school diploma or GED]	5.8429	0.000
C(Subgroup)[T.Less than a high school diploma]	11.9714	0.000
C(Subgroup)[T.Some college/Associate's degree]	7.3000	0.000

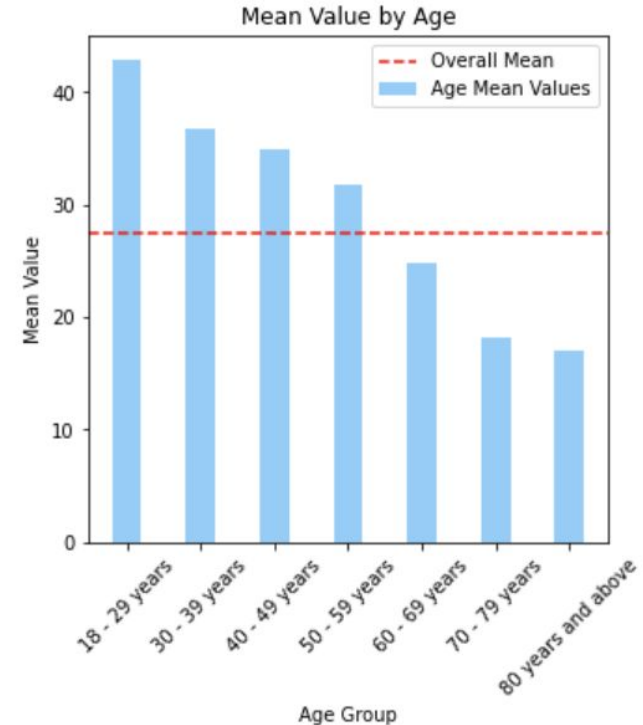
Score Value grouped by Education



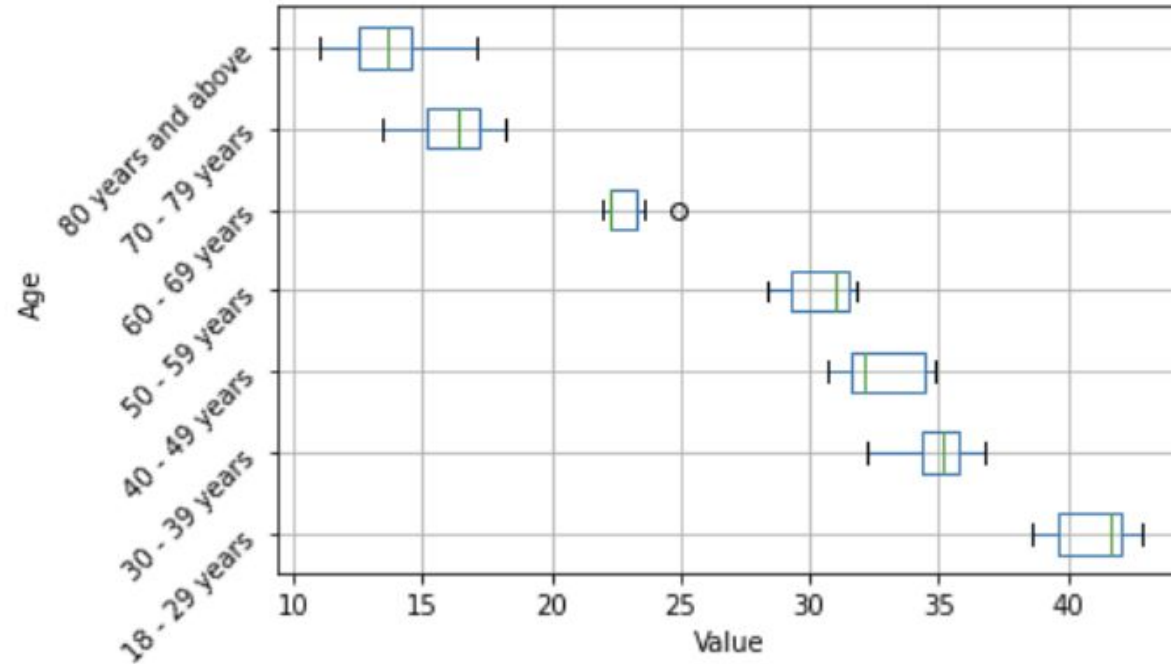
- HS Diploma/GED skewed right
- Bachelor's Degree/higher skewed left

- 18-29 years had the greatest mean value for anxiety amongst all age groups
- Mean anxiety score decreased with increasing age groups

	coef	P> t
Intercept	40.9571	0.000
C(Subgroup)[T.30 - 39 years]	-6.0286	0.000
C(Subgroup)[T.40 - 49 years]	-8.1143	0.000
C(Subgroup)[T.50 - 59 years]	-10.5571	0.000
C(Subgroup)[T.60 - 69 years]	-18.0571	0.000
C(Subgroup)[T.70 - 79 years]	-24.8429	0.000
C(Subgroup)[T.80 years and above]	-27.2286	0.000



Score Value grouped by Age



- IQR width varies in each age group
 - Varying levels of anxiety
- Possibly generational trauma factoring into anxiety⁷
- Competitive job market for younger generations



Conclusion

- Unsupervised learning approach to develop a better understanding of how these variables interact with one another
 - Determining the covariance to characterize the patient population
 - Example: Higher education patterns within racial groups can contribute to lower anxiety scores
 - Obtaining a higher quality data set to solidify and further our findings

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Questions?

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References

1. Anxiety Disorders - Facts & Statistics (<https://adaa.org/understanding-anxiety/facts-statistics>)
2. Anxiety Facts: All You Need to Know (<https://psychcentral.com/anxiety/anxiety-facts>)
3. Unequal depression for equal work? How the wage gap explains gendered disparities in mood disorders (<https://www.sciencedirect.com/science/article/pii/S0277953615302616>)
4. US National and State-Level PRevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children (<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377>)
5. A Cross-Ethnic Comparison of Lifetime Prevalence Rates of Anxiety Disorders (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2931265>)
6. Does a higher educational level protect against anxiety and depression? The HUNT study (<https://pubmed.ncbi.nlm.nih.gov/18234406/>)
7. Age differences in psychological distress during the COVID-19 pandemic: March 2020 – June 2021 (<https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1101353/full>)