Stress in Adolescents: Identifying Community Needs in the Primary Care Setting

Marla Osborne, DO; Margaret Ciavarelli, DO; Ellen Duveneck, MD; Jamie Flynn, DO; Junie Joseph, MD; Matthew Kershaw, MD

Objectives

- "Internal" - Individual Impact
  - Establish prevalence and need in primary care offices
  - Do the resources provided address the needs of your adolescent patients with regard to stress management?
- "External" - Community Impact
  - Does using a screening tool to identify children and adolescents with increased levels of stress help allocate stress reduction resources within the community?

Background

- Why Identify Stress in Adolescents?
  - Prolonged stress leads to depression and anxiety
  - Data supports that physiologic stress can influence adolescent brain development
  - Animal models have demonstrated that early stress can lead to deficits in serotonin turnover and decreased GABA expression in the brain
- Current Screening Recommendations (Depression)
  - AAP: screen for depression ages 11 – 21 years old
  - USPSTF: screen for depression ages 12+ (B recommendation)
- We are screening for stress, not depression
- However, studies suggest a connection between stress, depression and possible suicide
  - Data from NJ Suicide Report 2016

Methods

- Resident physicians presented a PowerPoint presentation introducing the Perceived Stress Scale, a validated ten-item questionnaire, and various stress management community resources to a selection of primary care offices in Hunterdon County. Presentations took place from June 2017 to September 2017.
- During these presentations, Pre-Intervention surveys were administered.
- Post-Intervention surveys were administered and accepted from November 2017 through January 2018. The Post-Intervention survey assessed any improvement in comfort with screening for stress and providing resources for stress in adolescents.

Results

- Initial Pre-Intervention surveys were completed by twenty-eight (28) practitioners. Of these results only 18% of practitioners rated themselves as “very comfortable” with knowing when to screen for stress; the majority (68%) felt “somewhat comfortable”; and 14% were “less comfortable” or “uncomfortable”.
- Only 3.6% felt “very comfortable” using available screening tools, and the majority (39%) felt “less comfortable” using screening tools.
- Post-Intervention surveys were completed by thirteen (13) practitioners. When asked about knowing when to screen for stress, 46% felt “very comfortable”; 54% felt “somewhat comfortable”.
- No participants remained in the “less uncomfortable” or “uncomfortable” categories.
- When asked about their comfort using screening tools, the majority (62%) felt “somewhat comfortable”, 8% still felt “uncomfortable”. 31% of practitioners said they used the Perceived Stress Scale as a screening tool.

Discussion and Conclusions

- In summary, the intervention was successful at increasing knowledge among practitioners regarding when to screen for stress, with 18% stating they were “very comfortable” pre-intervention, and 46% stating they felt “very comfortable” after the intervention (28% increase).
- Participants also felt more comfortable using available screening tools, although less than half actually used the Perceived Stress Scale.
- The intervention also helped to make practitioners more comfortable with utilizing stress management resources (7% “very comfortable” pre-intervention, 31% “very comfortable” post-intervention).
- Study limitations include small sample size for both surveys and that the sample size for the post-intervention survey was less than half of the pre-intervention survey.
- This project served to illustrate a need for more education among family medicine and pediatric physicians regarding the importance of screening for and aiding with stress management in adolescents. As family medicine physicians regularly see adolescents dealing with stress in the office, this is highly relevant to the field.

References


Comparison of pre and post intervention surveys with percentage of responders rating comfort level above 2