Use and perceptions of information among family physicians: sources considered accessible, relevant, and reliable

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APPENDIX B

Sequence no: A, mood and anxiety disorders in Saskatchewan family practice survey

Completion of this questionnaire implies consent to participate in this survey.

Confidential when completed.

If you have any questions regarding this survey, please contact:
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Introduction

This survey concerns your practices regarding the diagnosis and treatment of patients with mood and anxiety disorders.

This survey is completely voluntary and will take approximately 20 minutes to complete. All family physicians in Saskatchewan are being surveyed in order to have accurate results that are representative of our province as a whole. Your name and address were obtained from the Canadian Medical Directory and the College of Physicians and Surgeons of Saskatchewan mailing list.

The findings of the survey will help us to learn more about the information and resources that physicians use and need to effectively diagnose and treat patients with mood and anxiety disorders.

Your answers are strictly confidential and anonymous. Only aggregate data will be reported; as such, your answers cannot be identified. The findings will be made available directly to the study participants and will also be available to the public and the media in a summary report. Peer-reviewed scientific journal articles and conference presentations will also result from the successful completion of the study.

Your help is greatly appreciated.

A. Clinical scenario

The following is a clinical scenario of a patient whom you may encounter in your practice. We are interested in how you would treat this patient. Please read the scenario and respond to the questions below.

Your patient is a 42 year-old employed woman, married for 21 years with 2 adult children. She is being seen for a four-week history of fatigue, insomnia, headache, and abdominal pain. The pain is generalized over the abdomen, constant in nature. She denies signs and symptoms of an acute infectious process and was in relatively good health before the previous month. She has obtained intermittent relief from headache by using acetaminophen and takes a multivitamin regularly. She complains, "food just doesn't taste good anymore." She has been finding it harder lately to concentrate at work and to get up the energy to socialize with friends and family. Your patient has reached a point where she wonders if she will ever feel normal again, yet denies any stress or significant problems in her life. She does not smoke and drinks 2 cups of coffee/day. She denies alcohol intake. Physical exam: General: tired but in no acute distress, Skin: normal, Color: good, HEENT: unremarkable, Pelvic exam: normal, Abdomen: generalized tenderness, Extremities: unremarkable.

1. What specific laboratory tests, medical procedures, and/or consults (if any) would you order at this point?

2. Although you may feel you need more information, please list the specific tentative diagnoses that you are considering *and* make a tentative diagnosis.

3   What treatment plan would you initiate at this point (if any)?

4. If you recommended treatment to this patient, when would you like the patient to return for:
a. 1st follow-up?   _____ weeks after 1st visit
b. Subsequent follow-up?   _____ weeks after 1st visit
                            _____ weeks after 1st visit

5. Please list one or more reasons that you may not be able to provide the best possible care for this patient.

B. Information use

1. Using check marks where applicable, indicate the information sources that you use on a regular basis (at least once per month) to *update your general medical knowledge* and to *make specific clinical decisions.*

Specific purpose of using the information source

	To update your general medical knowledge	To make a specific clinical decision
Example: Medical journals	☑	☑
Information source		
a. Medical journals	❏	❏
b. Medical textbooks	❏	❏
c. Colleagues in your *main patient care setting*	❏	❏
d. Colleagues outside of your *main patient care setting*	❏	❏
e. Pharmaceutical sales representatives	❏	❏
f. Clinical practice guidelines	❏	❏
g. Personal digital assistant programs (PDA)	❏	❏
h. Other decision aids	❏	❏
i. Drug manuals	❏	❏
j. Psychiatrist(s)	❏	❏
k. Mental health professional(s) (other than psychiatrist)	❏	❏
l. Pharmacist(s)	❏	❏
m. Favorite Internet website (please specify)	❏	❏
n. Other (please specify):	❏	❏

2. Using check marks where applicable, please indicate whether you find the following information sources to be (in general): reliable, easy to access, relevant to your needs, and easy to understand.

	Reliable (You trust this source)	Easy to access	Relevant (to your needs)	Easy to understand
Example: Medical journals	☑	☑	☑	☑
Information source				
a. Medical journals	❏	❏	❏	❏
b. Medical textbooks	❏	❏	❏	❏
c. Continuing medical education/continuing professional development/continuing professional learning (CME/CPD/CPL) courses/programs	❏	❏	❏	❏
d. Colleagues in your *main patient care setting*	❏	❏	❏	❏
e. Colleagues outside of your *main patient care setting*	❏	❏	❏	❏
f. Pharmaceutical sales representatives	❏	❏	❏	❏

g. Clinical practice guidelines	❏	❏	❏	❏
h. Personal digital assistant programs (PDA)	❏	❏	❏	❏
i. Other decision aids	❏	❏	❏	❏
j. Drug manuals	❏	❏	❏	❏
k. Psychiatrist(s)	❏	❏	❏	❏
l. Mental health professional(s) (other than psychiatrist)	❏	❏	❏	❏
m. Pharmacist(s)	❏	❏	❏	❏
n. Favorite Internet website	❏	❏	❏	❏

C. Patients with anxiety

1. Please indicate the two treatment interventions that you currently use most often for patients with anxiety disorders that are moderate and severe. Indicate your first choice with "1" and second choice with "2".

	If anxiety disorder is:	
Treatment	Moderate	Severe
Exercise/recreation	_____	_____
Counselor/psychological referral	_____	_____
Medication	_____	_____
Watchful waiting	_____	_____
Psychiatric referral	_____	_____
Psychotherapy provided by you	_____	_____
Other (please specify):	_____	_____

2. When deciding on the best treatment for a patient with depression, do you consider the following factors? Please mark *all* that apply with a check mark.

The patient's	All of the time	Most of the time	Some of the time	A little of the time	None of the time
age	❏	❏	❏	❏	❏
gender	❏	❏	❏	❏	❏
marital status	❏	❏	❏	❏	❏
children	❏	❏	❏	❏	❏
employment status	❏	❏	❏	❏	❏
preference for treatment	❏	❏	❏	❏	❏
family's preference for treatment	❏	❏	❏	❏	❏

3. Please estimate the following:
a. The length of time you spend with a patient presenting with anxiety for a *new* visit
Average number of minutes _____

b. The length of time you spend with a patient you are treating for anxiety for a *follow-up* visit
Average number of minutes _____
c. The number of patients per week you *recognize* as presenting with anxiety
Average number of patients/week _____
d. The number of patients per week you *diagnose* with anxiety
Average number of patients/week _____
e. The number of patients per week you *treat or manage* for anxiety
Average number of patients/week _____
f. *Excluding* patient visits while on-call, please estimate the following:
Number of *total* patient visits per week _____

4. Please check the square that is closest to your level of agreement with the following statements:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. During the past 5 years, I have seen an increase in the number of patients presenting with symptoms of anxiety.	❏	❏	❏	❏	❏
b. The majority of anxiety seen in general practice originates from patients' recent misfortunes.	❏	❏	❏	❏	❏
c. An underlying biochemical abnormality is the basis of severe cases of anxiety.	❏	❏	❏	❏	❏
d. It is difficult to differentiate whether patients are presenting with stress or a clinical anxiety disorder that needs treatment.	❏	❏	❏	❏	❏
e. It is possible to distinguish two main groups of anxiety, one psychological in origin and the other caused by biochemical mechanisms.	❏	❏	❏	❏	❏
f. Becoming anxious is a way that people with poor stamina deal with life difficulties.	❏	❏	❏	❏	❏
g. Anxious patients are more likely to have experienced deprivation in early life than other people.	❏	❏	❏	❏	❏
h. I feel comfortable in dealing with anxious patients' needs.	❏	❏	❏	❏	❏
i. Anxiety reflects a characteristic response in patients that is not amenable to change.	❏	❏	❏	❏	❏
j. Becoming anxious is a natural part of being old.	❏	❏	❏	❏	❏

k. The community nurse could be a useful person to support anxious patients.	❑	❑	❑	❑	❑
l. Most anxiety disorders seen in general practice improve without medication.	❑	❑	❑	❑	❑
m. Working with anxious patients is heavy going.	❑	❑	❑	❑	❑
n. There is little to be offered to those anxious patients who do not respond to what general practitioners do.	❑	❑	❑	❑	❑
o. It is rewarding to spend time looking after anxious patients.	❑	❑	❑	❑	❑
p. Cognitive behavior therapy (CBT) tends to be unsuccessful with anxious patients.	❑	❑	❑	❑	❑
q. If anxious patients need pharmacologic management, they should be started on selective serotonin reuptake inhibitors (SSRIs) as first-line treatment.	❑	❑	❑	❑	❑
r. If anxious patients need pharmacologic management, benzodiazepines are considered second-line treatment.	❑	❑	❑	❑	❑
s. If anxious patients need pharmacologic management, they are better off with a psychiatrist than with a general practitioner.	❑	❑	❑	❑	❑
t. Pharmacotherapy usually produces a satisfactory result in the treatment of anxiety in general practice.	❑	❑	❑	❑	❑
u. Psychotherapy for anxious patients should be left to a specialist.	❑	❑	❑	❑	❑
v. If psychotherapy were freely available, this would be more beneficial than pharmacotherapy for most anxious patients.	❑	❑	❑	❑	❑

5. Imagine that you are unsure about *diagnosing* a patient with anxiety. Which of the following actions might you take to confirm your decision? Please mark *all* that apply with a check mark.
❑ Conduct a thorough patient interview
❑ Use a screening instrument (please specify instrument): _____
❑ Consult a diagnostic manual (please specify the manual): _____
❑ Consult a colleague

❑ Consult a psychiatrist
❑ Consult a mental health professional (other than a psychiatrist)
❑ Base it on experience
❑ Other (please specify): _____

6. Although a patient may present with signs or symptoms of anxiety, you may choose not to make a formal diagnosis. Do any of the following reasons contribute to your decision?
Please mark *all* that apply with a check mark.
❑ Physical causes need to be completely ruled out first.
❑ Patient refusal to accept diagnosis.
❑ Patient noncompliance.
❑ The patient will work through it on his/her own.
❑ It is unlikely that the patient will be seen in time if I refer him/her to a specialist.
❑ The patient lives too far away from a mental health specialist.
❑ I don't want the diagnosis to show up on the patient's medical record.
❑ The stigma that the patient may suffer.
❑ Other (please specify): _____

7. Please complete the following statements by indicating your level of agreement with a check mark.

To effectively *manage* patients presenting with symptoms of anxiety, I need...	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. Improved access to psychiatrists.	❑	❑	❑	❑	❑
b. To be able to prescribe affordable medication.	❑	❑	❑	❑	❑
c. More time to spend with my patients.	❑	❑	❑	❑	❑
d. Improved access to mental health professionals (other than psychiatrists).	❑	❑	❑	❑	❑
e. More training on counselling techniques.	❑	❑	❑	❑	❑
f. More personal experience managing patients with mental disorders.	❑	❑	❑	❑	❑
g. Up-to-date information on effective pharmacological treatments.	❑	❑	❑	❑	❑
h. Up-to-date information on effective *non*-pharmacological treatments.	❑	❑	❑	❑	❑
i. More time to spend on accessing and reading research on mental disorders.	❑	❑	❑	❑	❑

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
j. Other (please specify):	❏	❏	❏	❏	❏

8. To what extent do you believe each of the following statements is true or false? Please check the square that is closest to your answer.

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. Anxiety disorders, with the exception of OCD, are more common in men than women.	❏	❏	❏	❏	❏
b. Monitoring and follow-up of an anxiety disorder should occur for at least 12 months, regardless of whether treatment is pharmacological or psychological.	❏	❏	❏	❏	❏
c. Elderly patients are no more sensitive than adult patients to the side effects of benzodiazepines.	❏	❏	❏	❏	❏
d. Pharmacotherapy and psychotherapy approaches to anxiety may be combined when a single treatment method is not effective.	❏	❏	❏	❏	❏
e. CBT focuses on intervening in the patient's thoughts and behaviours that have a strong influence on their experience of emotion.	❏	❏	❏	❏	❏
f. Relief of anxiety symptoms takes 2–4 weeks when the average patient is treated with an SSRI.	❏	❏	❏	❏	❏
g. Pharmacotherapy and psychotherapy approaches are *not* equivalent in effectiveness for the average patient undergoing treatment for anxiety.	❏	❏	❏	❏	❏
h. When a patient fails to respond to a first-line agent, s/he should be referred to a specialist.	❏	❏	❏	❏	❏
i. The first follow-up for a patient receiving pharmacotherapy for an anxiety disorder should be at one month.	❏	❏	❏	❏	❏
j. Full response to pharmacotherapy for an anxiety disorder can be expected after 12 weeks.	❏	❏	❏	❏	❏

k. CBT for a patient with an anxiety disorder includes weekly contact with a therapist for about 12–20 weeks.	❑	❑	❑	❑	❑
l. The most common side effects of SSRIs are gastrointestinal and sleep disturbances.	❑	❑	❑	❑	❑

9. Please list your first choice of medication to treat anxiety, starting dosage, and duration of treatment for patients in these 3 age groups:

Patient's age	Medication	Starting dosage	Duration of treatment
10–17 yrs	_____	_____(mg)	_____(wks)
18–65 yrs	_____	_____(mg)	_____(wks)
66+ yrs	_____	_____(mg)	_____(wks)

D. Main patient care setting

1. What is your *main patient care setting* (i.e., where you spend the most time providing patient care)?
❑ Private office/clinic (excluding free standing walk-in clinics)
❑ Community clinic/Community health centre
❑ Free-standing walk-in clinic
❑ Academic health sciences centre
❑ Community hospital
❑ Emergency department (community hospital or academic health sciences centre)
❑ Other (please specify): _____

2. How is your *main patient care setting* organized?
❑ Solo practice
❑ Group practice
❑ Other (please specify) _____

3. Do you have Internet access in your *main patient care setting?*
❑   No   ❑   Yes

4. Do you have Internet access during consultations with patients in your *main patient care setting?*
❑   No   ❑   Yes

5. What is the population of the town/city of your *main patient care setting?*
❑ over 75,000
❑ 50,001 to 75,000
❑ 20,001 to 50,000
❑ 10,001 to 20,000
❑ 5,001 to 10,000

❑ 2,501 to 5,000
❑ 1,001 to 2,500
❑ less than 1,000

E. Demographics

1. Gender: ❑ Male   ❑ Female

2. Year of birth? 19 _____

3. Number of years you have been in practice as a family physician? _____ years

4. Your status:
❑ In full-time or part-time medical practice
❑ Locum tenens
❑ On a leave of absence or sabbatical from active patient care
❑ Medical student
❑ Resident
❑ Employed in a medically related field (e.g., administration, teaching, research)
❑ Retired
❑ Other (please specify): _____

F. Education

1. Where and when did you complete your *undergraduate medical* training?
Country   Graduation year
_____   _____
_____   _____

2. Where and when did you complete your *postgraduate medical* training?
Country   Graduation year
_____   _____
_____   _____

3. Other medical training (please specify):

_____

Do you have comments about caring for patients with anxiety?

_____

Do you have any general comments about this questionnaire?

_____

Thank you for taking the time to complete this questionnaire.
Your help is greatly appreciated.

Please return your completed questionnaire in the enclosed envelope to:
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