

Ron and Kathy Assaf  
College of Nursing  
**NOVA SOUTHEASTERN UNIVERSITY**

**NSU**  
Florida

---

Does physical exercise have  
an impact on Generalized  
Anxiety Disorder in adults  
measured by GAD-7 scores?


Antoinette Watson, APRN, AG-ACNP-BC, PMHNP-BC  
NSG 7451 Project IV  
DNP Project Defense

Ron and Kathy Assaf  
College of Nursing  
**NOVA SOUTHEASTERN UNIVERSITY**

**NSU**  
Florida

NSU Committee Members

- Dr. Teresa Gore, DNP Project Chair
- Dr. Kimberly Sand, Program Director
- Dr. Kniaka Bethel, Graduate Programs



# Diagnosing Generalized Anxiety Disorders

- DSM -5 criteria is the gold standard criterion for diagnosis
  - Anxiety and worry for at least 6 months
  - Associated with at least 3 other diagnostic symptoms
    - Only 1 other symptom in children

# Background and Significance

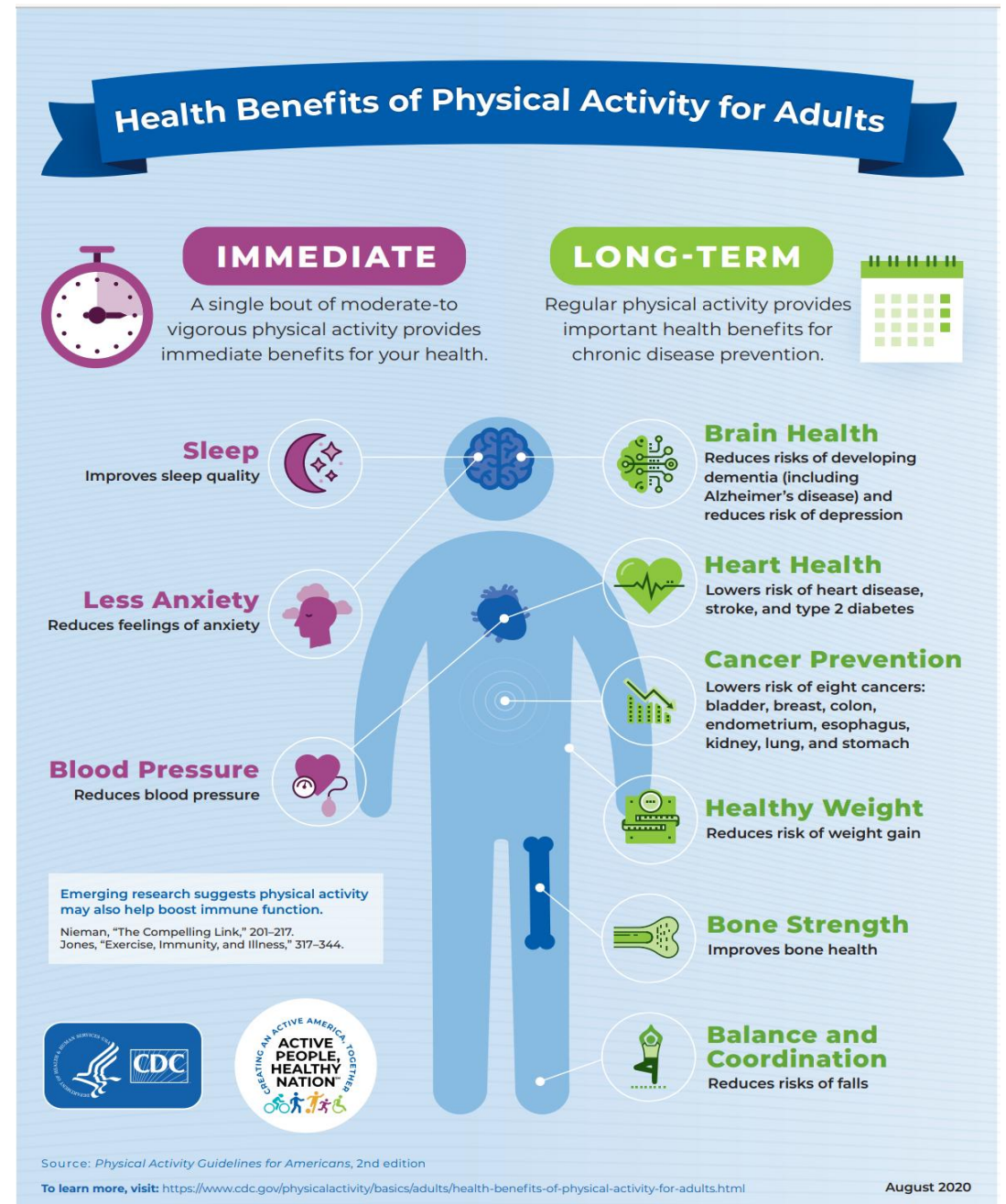
- The World Health Organization estimates 301 million people in the US experience anxiety.
  - This includes phobias, social phobias, panic disorder, generalized anxiety disorder
- 
- During COVID, there was a 26% increase in anxiety diagnoses.
  - [Mental disorders \(who.int\)](#)

# Generalized Anxiety Disorder

- 2019 average anxiety severity score was 0.63 in adults 18 years+
- Fall 2020 - 13% increase in anxiety severity
- Florida had the smallest percentage increase in anxiety

# Needs Assessment

- DNP mentor has 437 patients within the practice, 237 patients with a diagnosis of Generalized Anxiety Disorder
- 33% of these patients are seeking non-pharmacological options for treatment
- Natural methods being sought/discussed are herbal treatments, cannabinoids, vitamins, and physical exercise
- 52% of individuals diagnosed with anxiety will develop a cardiovascular disorder (Kandola et al., 2018)



# Problem Statement



Patients are now veering away from pharmacological treatments of anxiety



Would like to focus on methods of treatment that involve less medication



The need has been presented to examine if physical exercise can be considered an adjunctive option for adults diagnosed with Generalized Anxiety Disorder.

# Guiding Question

- Does physical exercise have an impact on Generalized Anxiety Disorder in adults measured by GAD-7 scores?





# Purpose

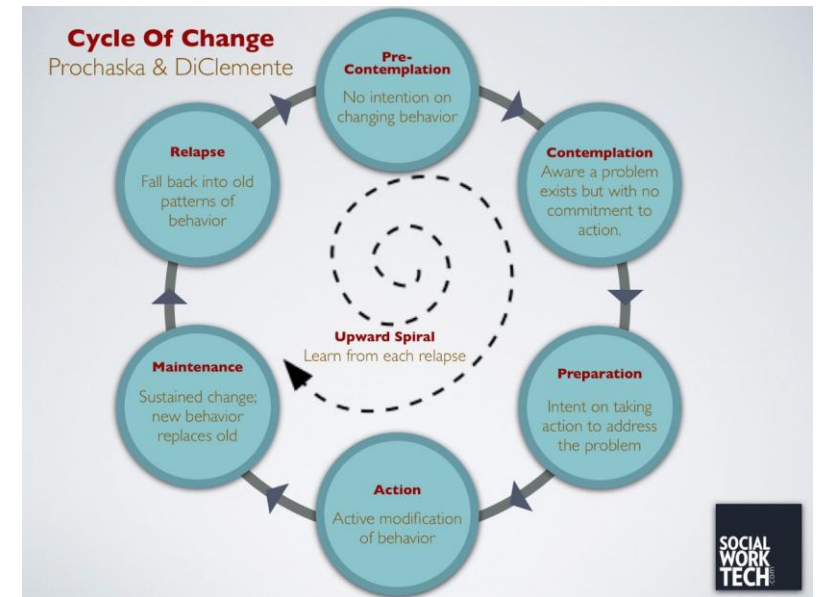
The objective of this project is to determine if physical exercise has an impact on decreasing symptoms of anxiety and facilitate an understanding of the mental health effects of physical exercise

To add data to research to understand the connection between anxiety and physical exercise

To observe the progression of stages of behavior change via the transtheoretical model.

# Theoretical Framework

- Transtheoretical Model of Behavior Change
  - Originally developed in 1983 by Prochaska & DiClemente
  - Focused on addictive or problematic behaviors
  - Used comparison and analysis of individuals decisions for change as an adjunct to psychotherapy methods
  - Now transitioned to focus on physical activity initiatives





# Literature Review

---

- Marshall and Biddle (2001) discuss Prochaska's TTM and the examination of human behavioral change as it was developed
- Hashemzadeh et al. (2019) discusses the use of the TTM in healthcare
  - Low usage in healthcare despite positive results
- Spitzer et al. (2006) discusses the origin of GAD7
- Dhira et al. (2021) provides further details on the validation of the GAD7 questionnaire in a different construct
  - Cronbach's alpha 0.895 in the study
- Ströhle et al. (2018) discuss statistics of anxiety disorder and how to make a diagnosis of the condition.



# Literature Review – Is Exercise an option?

---

- Saeed et al (2019) discusses effectiveness for depression, uncertain effects for anxiety
  - Meta analysis data summarized, 95% CI: -0.81 to -0.42
- Schuch & Vancampfort (2021) discusses moderate effects on exercise in one RCT; no further analyses could be made as the number of studies analyzed were too small, specific p-value is not mentioned but the meta-analysis for anxiety had a 95% CI = 0.62-0.88.
- Kandola et al., (2018) discuss the variance of physical movement; most studies review structured exercise versus physical activity in general.
- Kandola et al., (2018) mentions some efficacy for anxiety but with variance in the amount of physical activity which causes a limitation
  - Lack of sufficient, consistent evidence-based research prevents p-value measurements
- Ramos-Sanchez et al. (2021) demonstrated that physical exercise has a positive impact on anxiety symptoms but were limited by small sample size (effect size -0.425, previously 0.58)

# Literature Review

- Barriers to evidence
  - Lack of resources to support research
  - Limited amount of randomized controlled trials
  - Lack of consistency – studies are using different types and levels of physical movement when measuring exercise/activity and anxiety
  - Drop out rates of participants
  - Inserting assessments of physical health along with mental health

# Methodology

- IRB approval obtained
- Quantitative Research
  - Pre – post design
- Flyer for advertising and recruitment of participants
- Education on using the GAD 7 tool and staging on the TTM



## RECRUITING PATIENTS WITH ANXIETY FOR A STUDY ON THE IMPACT OF EXERCISE ON ANXIETY LEVEL

**YOUR EXERCISE CAN MAKE A DIFFERENCE!!!**

Just adding a 5 minute questionnaire to your day and exercise routine.

Antoinette Watson  
813-714-7397 or  
antoinette@alittlehopetoday.com



**NSU**Florida

Agree to continue your current exercise routine for 4 weeks

Measure your anxiety level daily

Measure your anxiety level with exercise

Anxiety level measure with 5 minute questionnaire

Talk to your provider if you are interested in participating

# Intervention

- Educate participants on the benefits of exercise and their mental health
  - Educate participants on the use of the GAD-7 questionnaire
  - Obtain a baseline GAD-7 score every morning (prior to external stimuli having an impact on mood)
  - Obtain a GAD-7 score prior to physical exercise and immediately following physical exercise
- 
- Physical exercise
    - A structured routine of physical activity of the participants choice
  - Participants with collect their own data for 4 weeks then report
  - Ask participants to rate themselves on the TTM at the start and finish of 4 weeks.

# GAD-7 Questionnaire

- Assessment tool
  - Seven item questionnaire
  - Cronbach alpha = .92
  - Reliability = 0.83
  - Validity = 0.83

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score ( <i>add your column scores</i> ) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

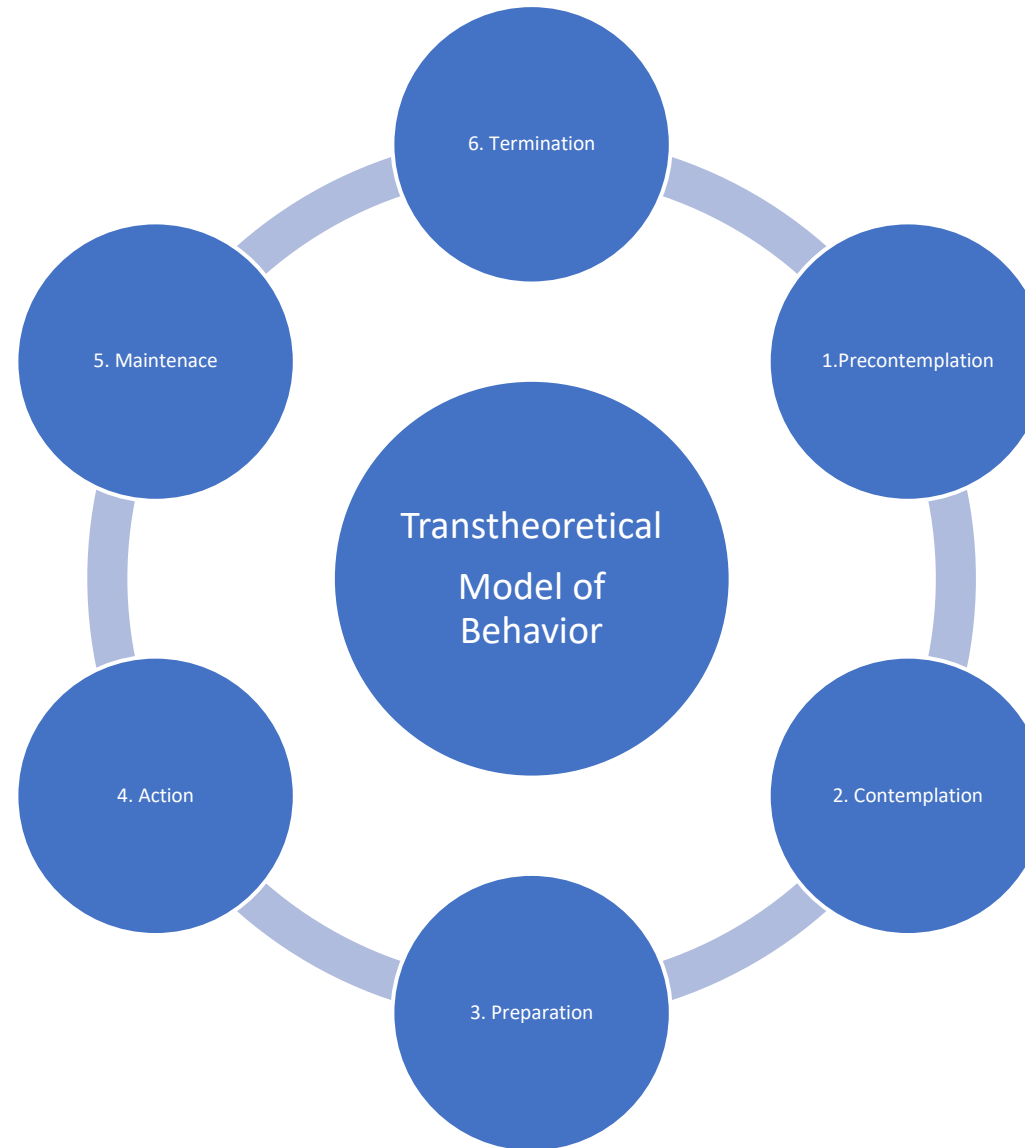
Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.



# Transtheoretical Model



# Sampling

## Convenience sample

- Goal Size – 10-20 participants.

## Inclusion Criteria

- Patients 18 years of older of my colleague
- Diagnosed with ICD 10 – F41.1 (GAD)
- Using antidepressant medications or psychotherapy
- Patients currently participating in an exercise routine
- Patients that are not personal patients

# Sampling

---

- Exclusion Criteria
  - Patient under the age of 18 years
  - Personal patients
  - Patients diagnosed with mood disorders or schizophrenia
  - Patients using medication for breakthrough anxiety
  - Patients currently pregnant
  - Patients diagnosed with neurocognitive disorders
  - Patients with a chronic medical condition that restricts exercise

# Measurement of Outcomes



Obtain sufficient data to trend the effects of physical exercise on anxiety



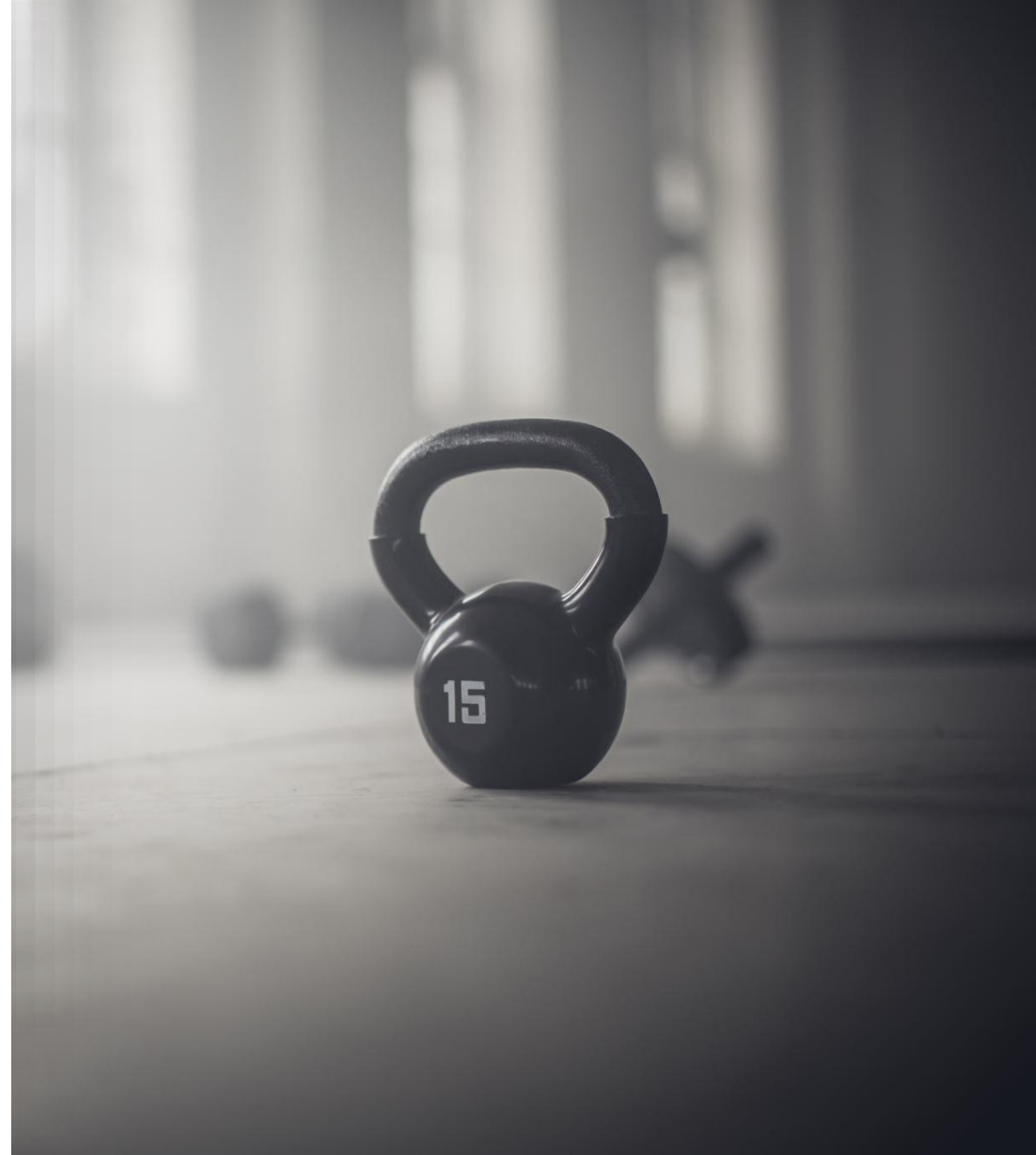
Help individuals visualize the importance of physical exercise for their mental health



Observe for individual progression on the TTM stages for exercise

# Data Collection

- Obtain GAD 7 score every morning
- Obtain GAD 7 score prior to workout
- Obtain GAD 7 score immediately following the workout
- If participants did not exercise, they will only have one GAD 7 score for the day
- Stage themselves on the TTM model at the beginning of the study and the end.



# Data Analysis

---

- Planned ANOVA analysis
- Descriptive Statistics

# Results

*Summary Statistics Table for Interval and Ratio Variables*

Variable	M	SD	n	SE <sub>M</sub>	Min	Max
Average Baseline GAD7	8.50	0.71	2	0.50	8.00	9.00
Average Pre-Workout GAD7	10.00	1.41	2	1.00	9.00	11.00
Average Post-Workout GAD7	5.50	3.54	2	2.50	3.00	8.00

# Facilitators VS Barriers

## Facilitators

- Accessible patients
- Patients looking for natural methods of anxiety treatment
- Generalized Anxiety Disorder diagnosis is confirmed
- Not starting a new exercise routine

## Barriers

- Split of patients between virtual and in-office patients
- Lack of rapport with the researcher
- Short duration of the project
- Variance in anxiety response due to different levels of physical fitness
- No staging weekly on the TTM to track progress



# Cost

Anticipated to remain low

Flyer for advertising was personally created and free

GAD7 tool is free and open to public use

Patients used their current gym or exercise routine

Time for researcher

57.69 per hour

150 minimum hours estimated

\$8654

Study proved to be cost effective



# Ethical Concepts

---

- Autonomy
- Beneficence
- Justice
- Non-maleficence

# Discussion



STRENGTHS



LIMITATIONS



COST BENEFIT  
ANALYSIS



FUTURE  
IMPLICATIONS



IMPLICATIONS FOR  
NURSING PRACTICE

# References

---

Kandola, A., Vancampfort, D., Herring, M., Rebar, A., Hallgren, M., Firth, J., & Stubbs, B. (2018). Moving to Beat Anxiety: Epidemiology and Therapeutic Issues with Physical Activity for Anxiety. *Current psychiatry reports*, 20(8), 63. <https://doi.org/10.1007/s11920-018-0923-x>

Kotronoulas, G., Miguel, S., Dowling, M., Fernández-Ortega, P., Colomer-Lahiguera, S., Bağçivan, G., Pape, E., Drury, A., Semple, C., Dieperink, K. B., & Papadopoulou, C. (2023). An Overview of the Fundamentals of Data Management, Analysis, and Interpretation in Quantitative Research. *Seminars in oncology nursing*, 39(2), 151398. <https://doi.org/10.1016/j.soncn.2023.151398>

---

Marshall, S. J., & Biddle, S. J. (2001). The transtheoretical model of behavior change: a meta-analysis of applications to physical activity and exercise. *Annals of behavioral medicine : a publication of the Society of Behavioral Medicine*, 23(4), 229–246. [https://doi.org/10.1207/S15324796ABM2304\\_2](https://doi.org/10.1207/S15324796ABM2304_2)

---

Saeed, S. A., Cunningham, K., & Bloch, R. M. (2019). Depression and Anxiety Disorders: Benefits of Exercise, Yoga, and Meditation. *American family physician*, 99(10), 620–627.

# References

*National and state trends in anxiety and depression severity ...* (2021, October 6). Centers for Disease Control and Prevention.

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7040e3.htm>

# References

---

Schuch, F. B., & Vancampfort, D. (2021). Physical activity, exercise, and mental disorders: it is time to move on. *Trends in psychiatry and psychotherapy*, 43(3), 177–184. <https://doi.org/10.47626/2237-6089-2021-0237>

---

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, 166(10), 1092–1097. <https://doi.org/10.1001/archinte.166.10.1092>

---

Ströhle, A., Gensichen, J., & Domschke, K. (2018). The Diagnosis and Treatment of Anxiety Disorders. *Deutsches Arzteblatt international*, 155(37), 611–620. <https://doi.org/10.3238/arztebl.2018.0611>