

## **O89 Anxiety and depression patient-reported outcome measures across real-world psychiatric settings**

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**Objective:** To leverage a large real-world patient-reported outcome measure (PROM) dataset to characterize baseline anxiety and depression across psychiatric service lines and to quantify the impact of psychiatric diagnosis on symptom severity at the point of care.

**Methods:** This retrospective observational study examined 29,697 care episodes (i.e., data from 21, 837 individual patients) treated between 2018 and 2025 within a non-profit mental-health system. Data was collected from different service-lines including specialized inpatient units (from 2 psychiatric hospitals), urgent-care clinics, partial hospitalization programs and outpatient clinics across Maryland. Routine measurement-based care included PROMIS Anxiety and Depression short forms for adults, children and adolescents. The first PROM completed in each episode was analyzed. Symptom score distributions were compared across settings using Kruskal–Wallis tests followed by Dunn tests, as well as chi-squared tests. Gamma-linked generalized linear models quantified effects of demographic and clinical variables upon PROMIS T-scores. The effect of psychiatric diagnoses upon T-Scores were also examined.

**Results:** The cohort was 61 % female and 59 % White, mean age  $35 \pm 17.7$  years. Median Anxiety/Depression T-scores differed by service line ( $p < .001$ ), mirroring expected clinical acuities; service line was the strongest clinical predictor of PROMIS T-Score. Sex was the strongest demographic predictor; with female patients associated with higher T-Scores than males within service lines. Diagnoses exerted several robust, location-stable effects. Across all settings, comorbid Anxiety + Depression produced the highest self-reported symptom burden (in adults,  $\Delta$ Anxiety + 5.1;  $\Delta$ Depression + 4.8 versus single-disorder reference,  $p < .001$ ), whereas Schizophrenia/Psychosis and Neurodevelopmental disorders were associated with lower self-reported distress. The effects of race, length of stay and timing of PROM completion were significant but overall small.

**Conclusions:** Nearly 30,000 real-world psychiatric episodes demonstrate that system-wide, point-of-care PROM usage is both feasible and clinically informative. Service line, sex and—crucially—diagnosis systematically stratify baseline anxiety and depression. This data can be used to yield empirically derived benchmarks to improve triage, personalize quality metrics, inform resource allocation and anchor longitudinal evaluations of treatment effectiveness. Embedding expansive, diagnosis-aware PROM monitoring into routine practice holds the promise to offer pragmatic pathways toward scalable, data-driven, patient-centered mental-health-care delivery.