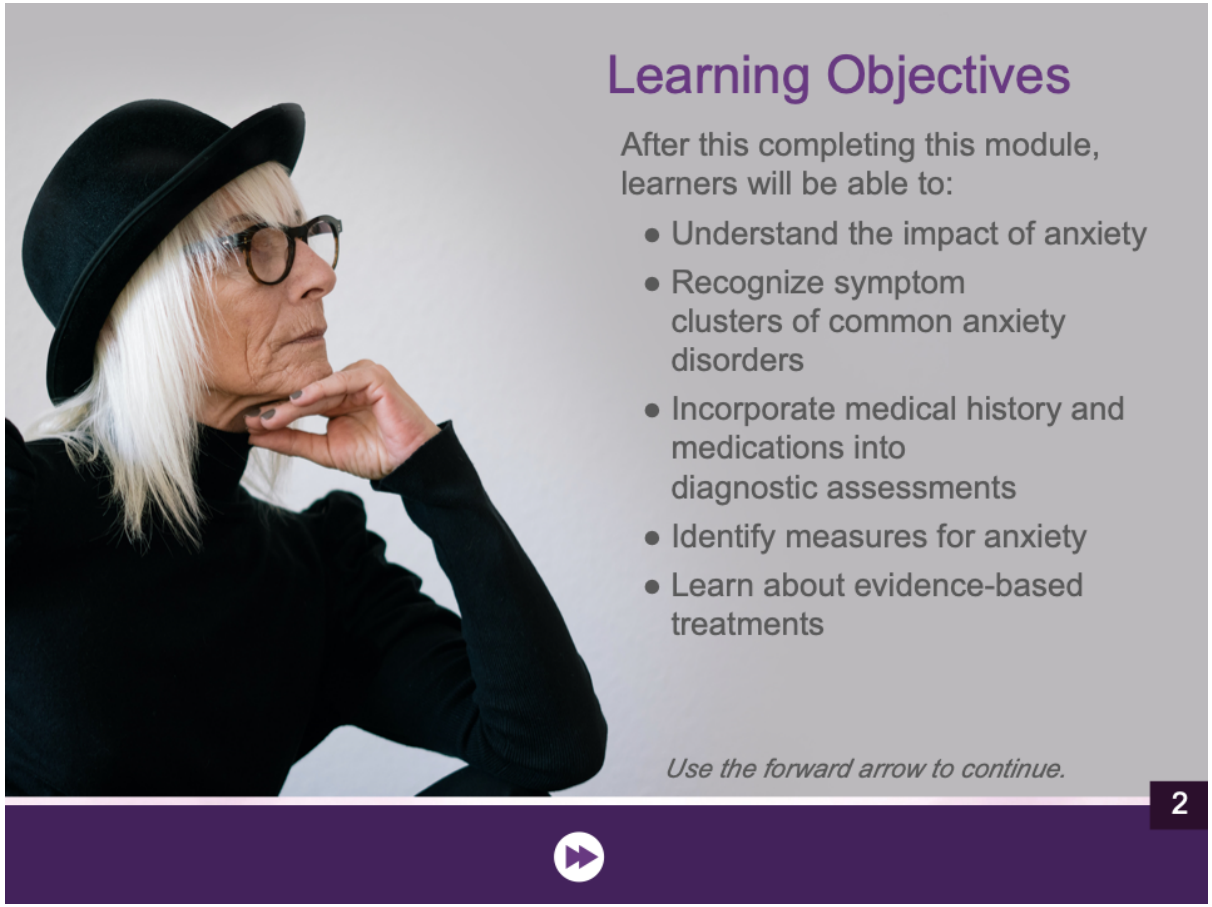
Slide 1


Click here to start the module.
Anxiety in Older Adults
At any time, feel free to select the CC button to see captions text
or the Exit button to leave the module.
Use the forward arrow to continue.

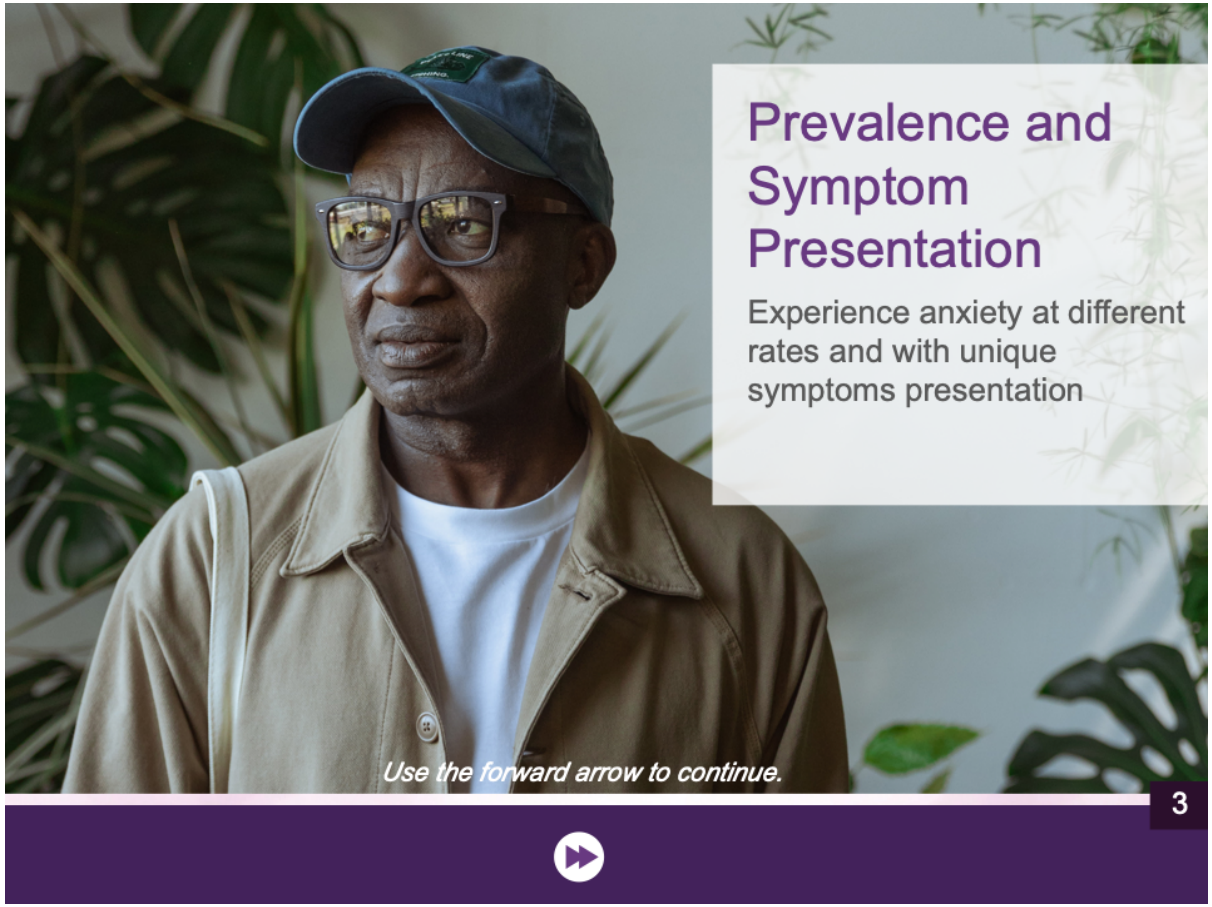
Slide 2


Anxiety in Older Adults
At any time, feel free to select the CC button to see captions text
or the Exit button to leave the module.
Use the forward arrow to continue.

Slide 3


Learning Objectives
After this completing this module, learners will be able to:
• Understand the impact of anxiety
• Recognize symptom clusters of common anxiety disorders
• Incorporate medical history and medications into diagnostic assessments
• Identify measures for anxiety
• Learn about evidence-based treatments
Use the forward arrow to continue.
2

Slide 4


Prevalence and Symptom Presentation
Experience anxiety at different rates and with unique symptoms presentation
Use the forward arrow to continue.
3

Slide 5

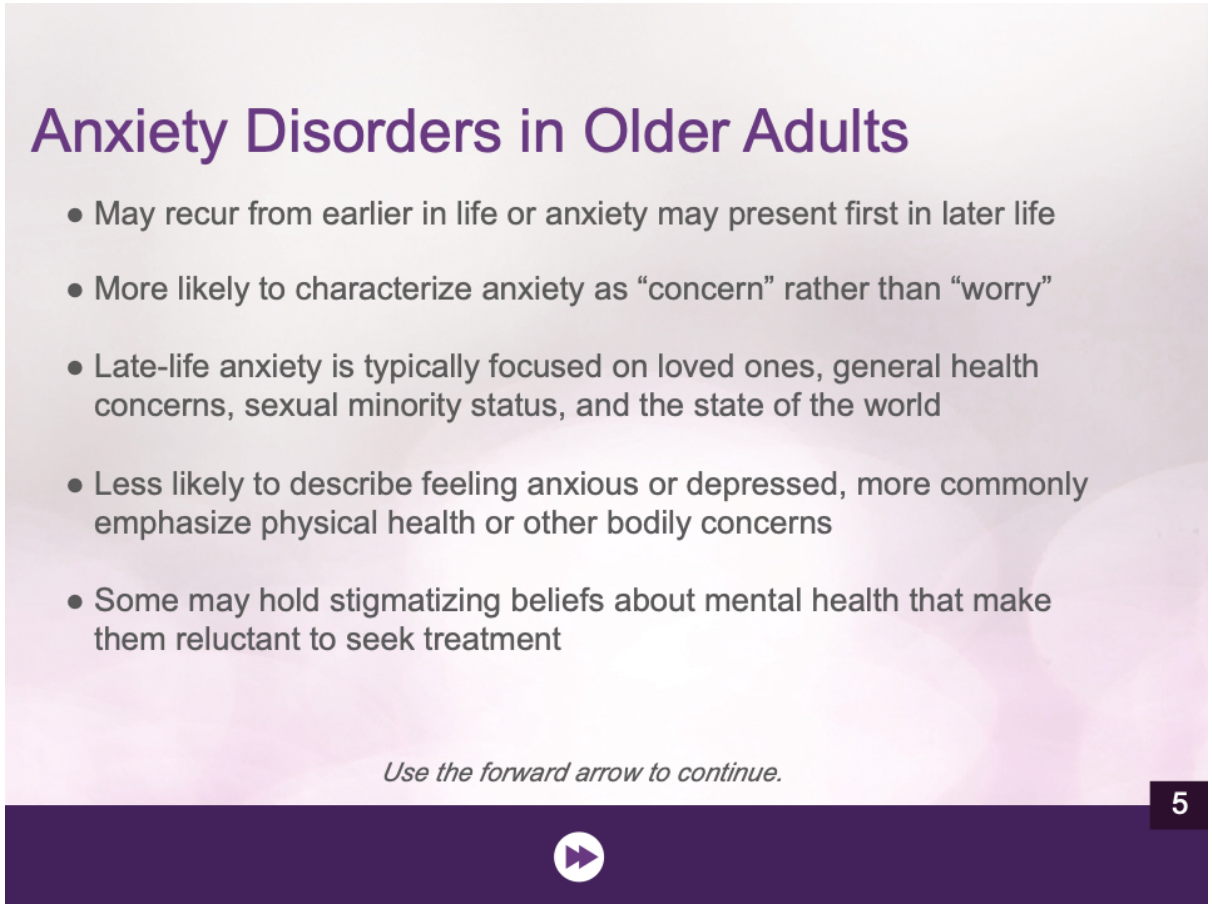
Prevalence of Older Adult Anxiety Disorders

- Estimated prevalence rates range from 3.2% to 14.2%
  - Subthreshold anxiety affects about 26% of older adults
- May be more prevalent in long-term care
- Generalized Anxiety Disorder and specific phobias are most common diagnoses
  - Prevalence of specific anxiety disorders differs by age group

Use the forward arrow to continue.

4

Slide 6


Anxiety Disorders in Older Adults
• May recur from earlier in life or anxiety may present first in later life
• More likely to characterize anxiety as “concern” rather than “worry”
• Late-life anxiety is typically focused on loved ones, general health concerns, sexual minority status, and the state of the world
• Less likely to describe feeling anxious or depressed, more commonly emphasize physical health or other bodily concerns
• Some may hold stigmatizing beliefs about mental health that make them reluctant to seek treatment
Use the forward arrow to continue.
5

Slide 7

Specific Anxiety Disorders

- Specific symptoms clusters characterize anxiety disorders
- Refer to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) for complete diagnostic criteria

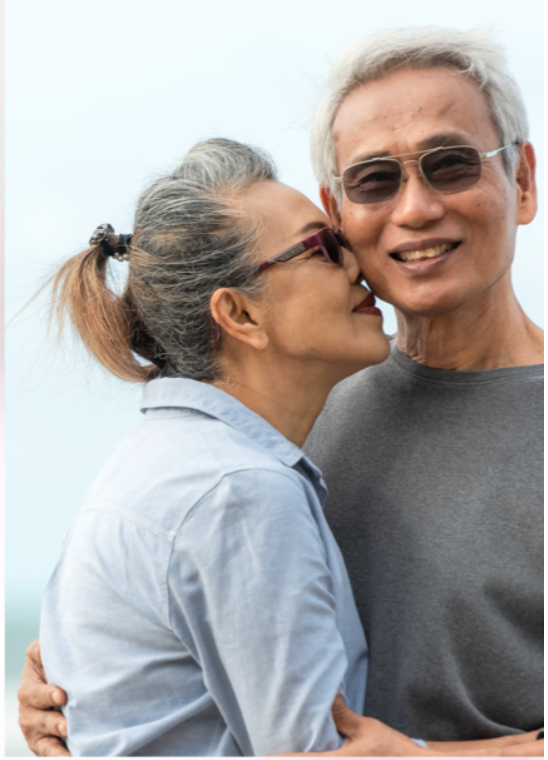
Use the forward arrow to continue.

6

Slide 8

Generalized Anxiety Disorder

- Most common late-life anxiety disorder
- Characterized by excessive and uncontrollable diffuse worry and hyperarousal symptoms
- Symptoms are present most days for at least six months



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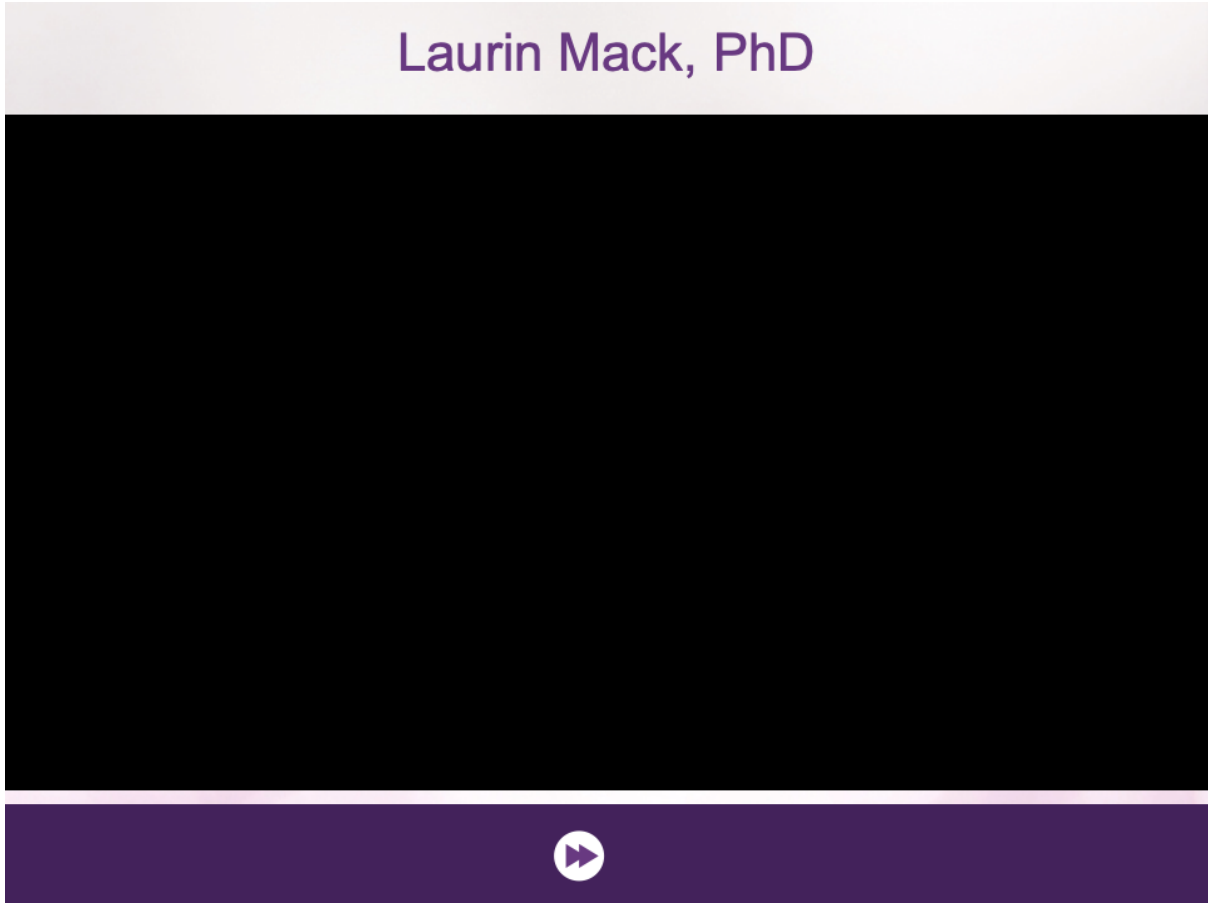
7

Slide 9



Slide 10

Specific Phobias

- Common in late life
- Excessive fear and avoidance are common characteristics
- Agoraphobia
  - Fear of places and situations that may cause feelings of panic, helplessness, or embarrassment
- Fear of falling
  - Can lead to decreased activity resulting in deconditioning and impaired mobility which can lead to subsequent falls

Use the forward arrow to continue.

8

Slide 11

Adjustment Disorder with Anxious Mood

- Presence of clinically significant emotional distress or functional impairment within three months of an identifiable stressor
  - Once the stressor ends, symptoms resolve within six months
- Often experience nervousness, worry, jitteriness, separation anxiety
- Common to experience mixed symptoms of depression and anxiety

Use the forward arrow to continue.

9

Slide 12

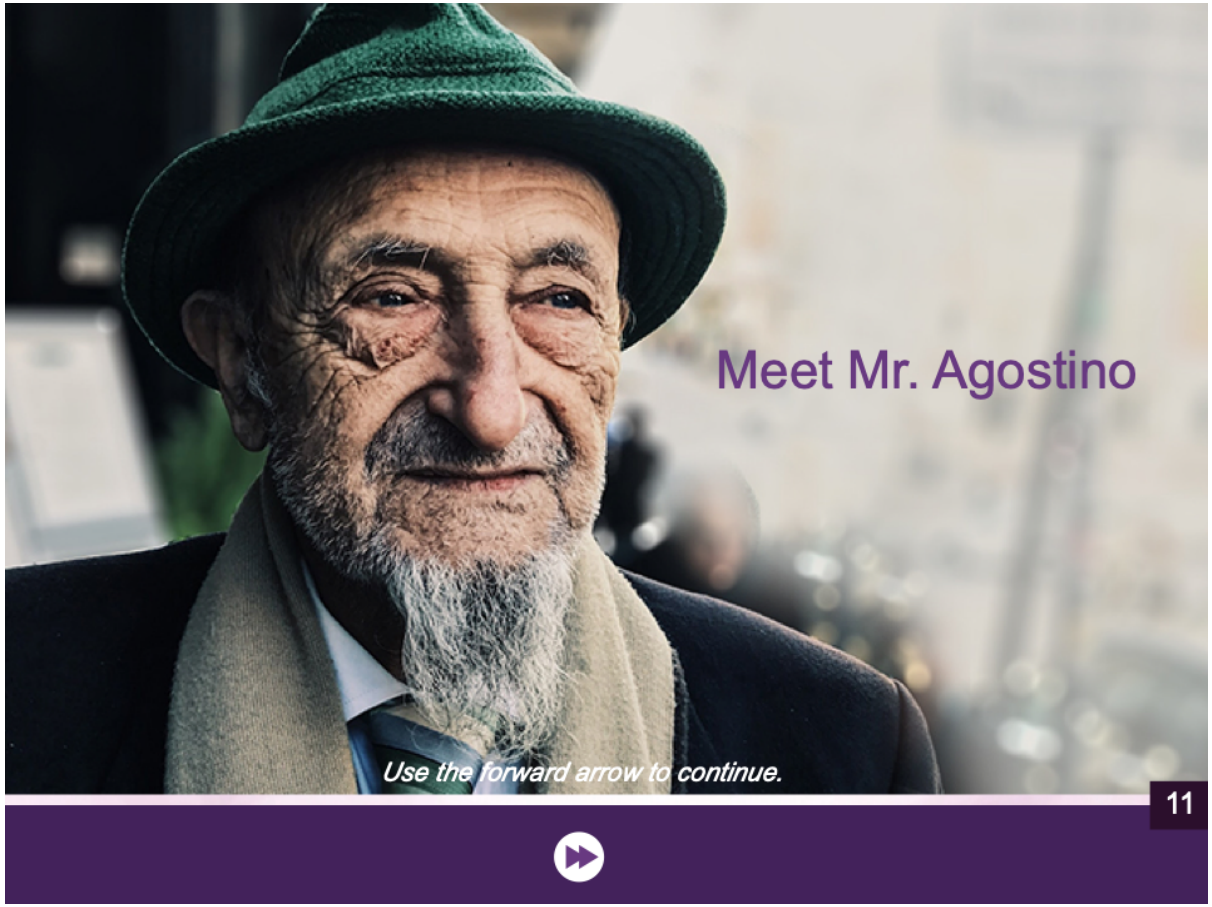
Other Anxiety Disorders

- Rarely occur in community settings
- Panic disorder is more common among older adults with major depressive disorder

Use the forward arrow to continue.

10

Slide 13



Slide 14

Learning Check

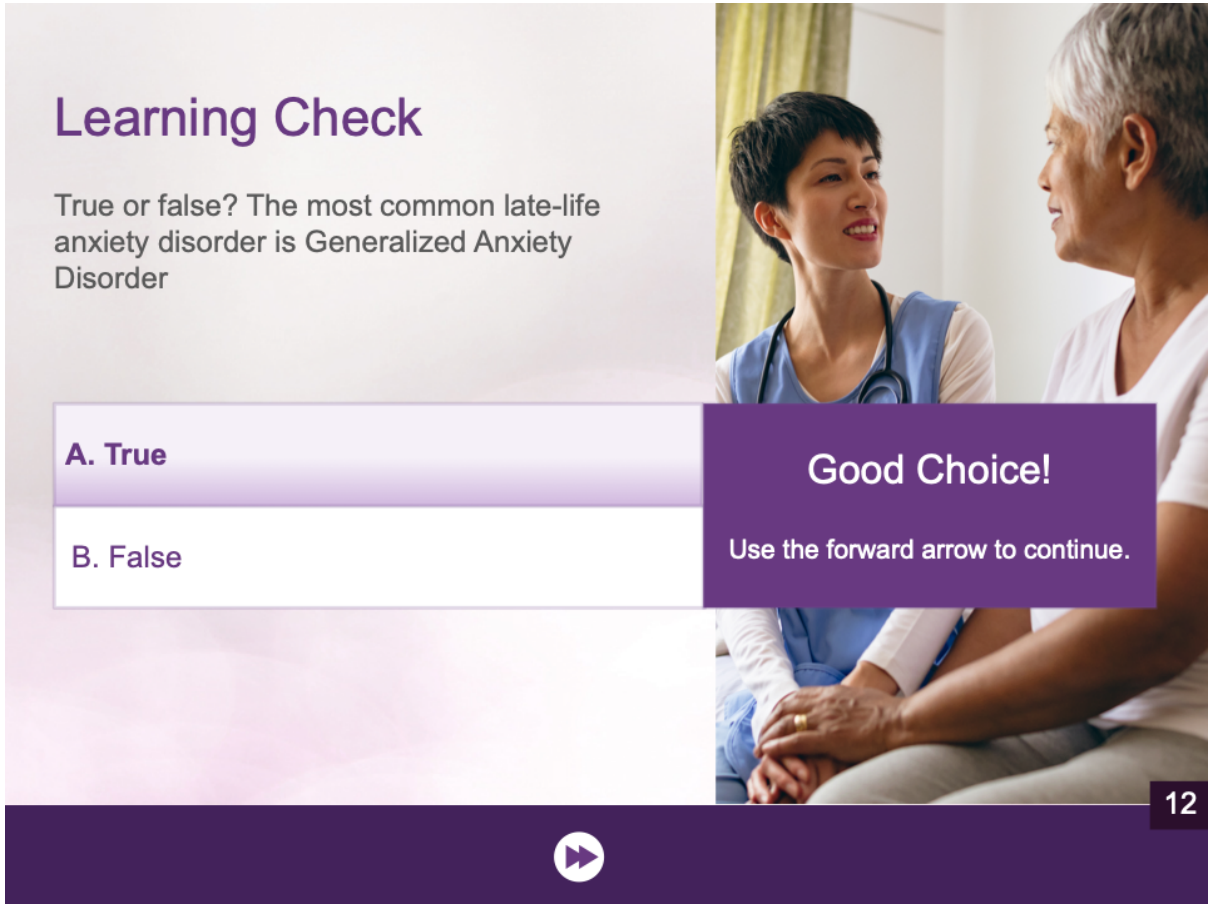
True or false? The most common late-life anxiety disorder is Generalized Anxiety Disorder

A. True

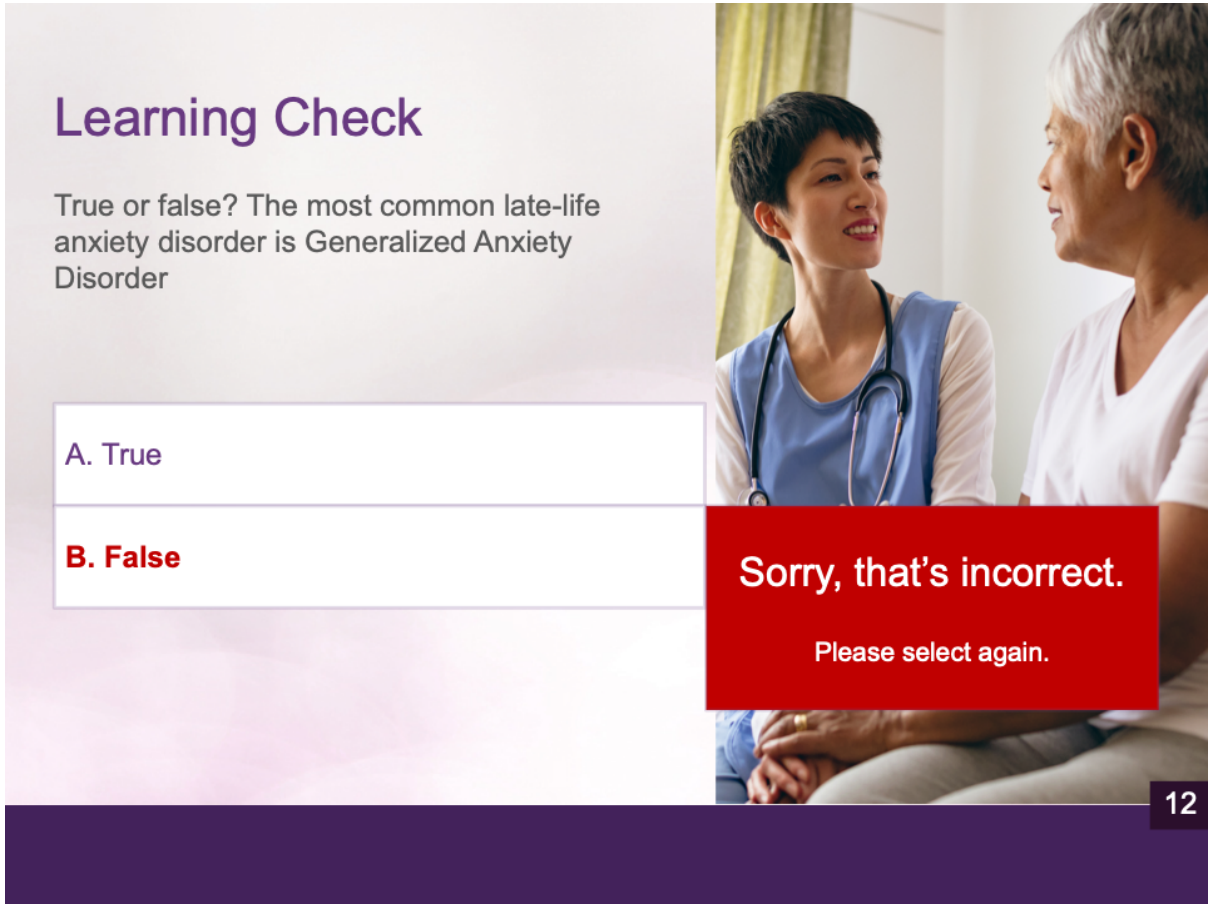
B. False

12

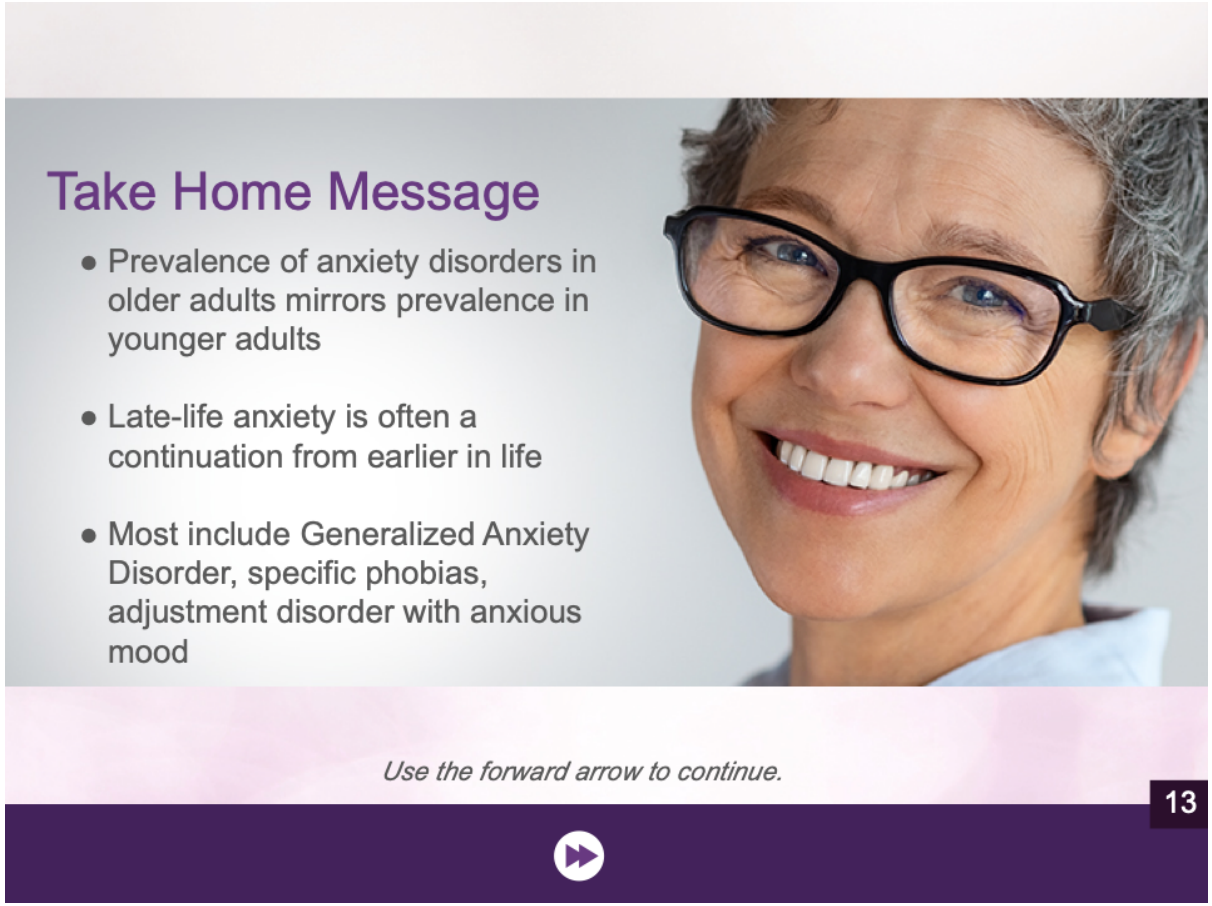
Slide 15


Learning Check
True or false? The most common late-life anxiety disorder is Generalized Anxiety Disorder
A. True
B. False
Good Choice!
Use the forward arrow to continue.
12

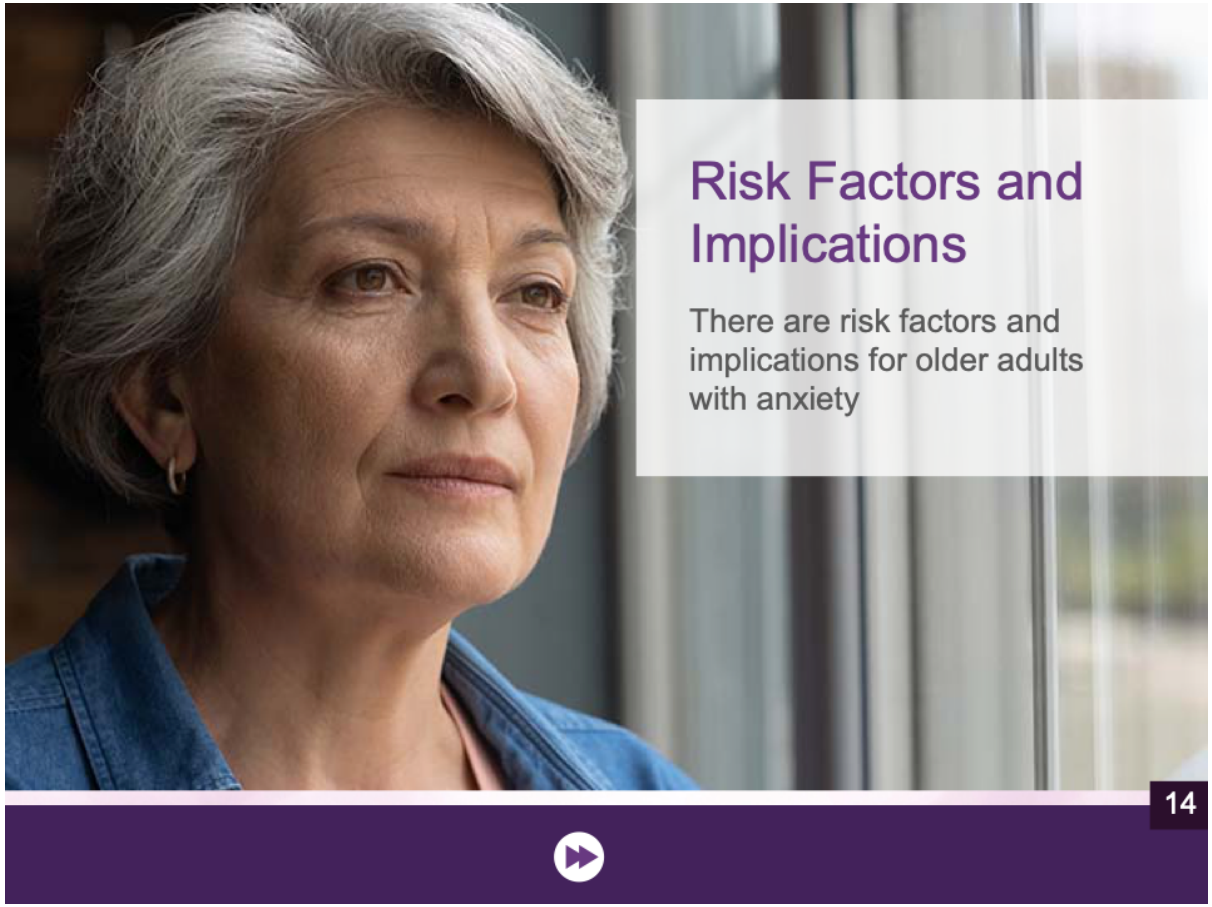
Slide 16


Learning Check
True or false? The most common late-life anxiety disorder is Generalized Anxiety Disorder
A. True
B. False
Sorry, that's incorrect.
Please select again.
12

Slide 17


Take Home Message
• Prevalence of anxiety disorders in older adults mirrors prevalence in younger adults
• Late-life anxiety is often a continuation from earlier in life
• Most include Generalized Anxiety Disorder, specific phobias, adjustment disorder with anxious mood
Use the forward arrow to continue.
13

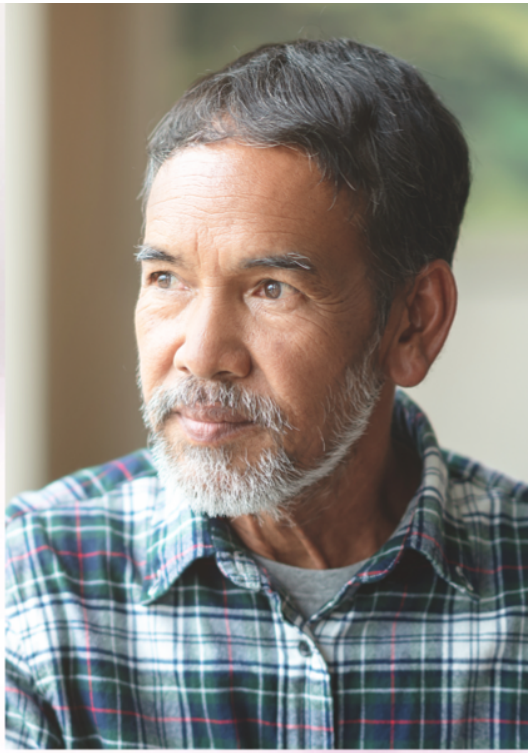
Slide 18


Risk Factors and Implications
There are risk factors and implications for older adults with anxiety
14

Slide 19

Risk Factors

- Previous psychopathology
- History of stressful life events
- History of adverse childhood events
- Female gender
- Single, divorced, or separated
- Multiple medical conditions
- Poorer subjective health
- Physical limitations
- Personality traits
- Inadequate coping strategies
- Lower educational attainment
- Lack of social support



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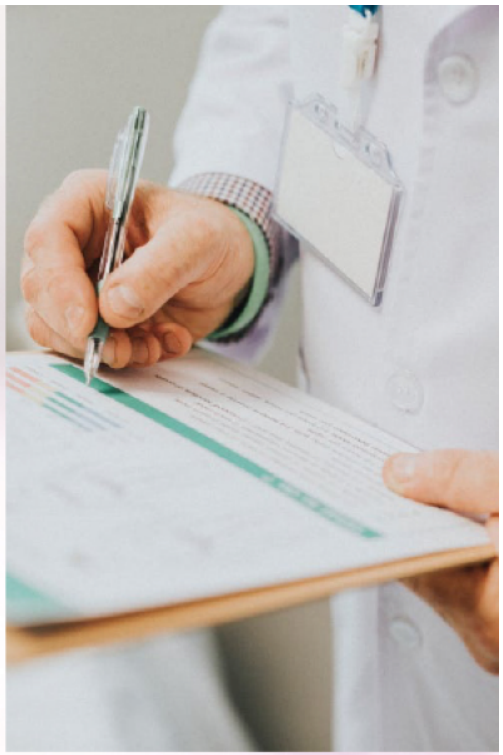
Slide 20

Anxiety and Medical Conditions

- Substantial overlap between medical symptoms and somatic symptoms
- Medication side effects may explain some anxiety symptoms
- New onset of anxiety in late life may be a symptom of cognitive impairment
- Critical to determine if anxiety is primary or secondary to medical illness

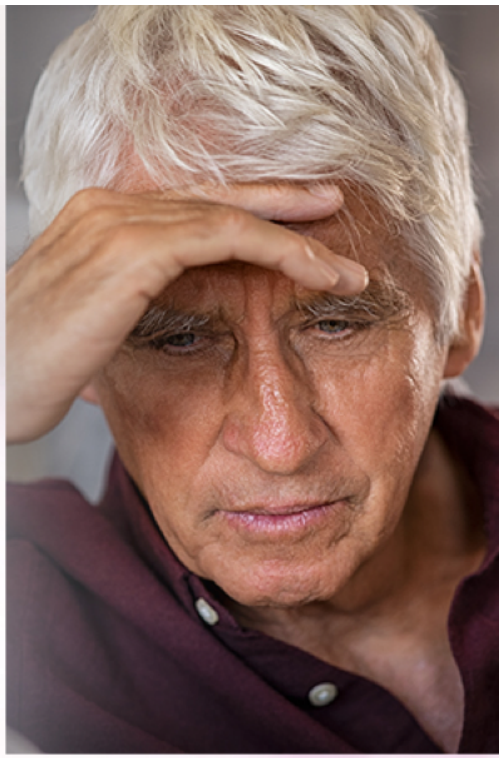


16

Slide 21

Impact of Anxiety in Older Adults

- Can cause significant distress that interferes with normal function
- If untreated, can contribute to medical disorders, a diminished sense of well-being, and disability
- Important public health issue that requires more attention and research



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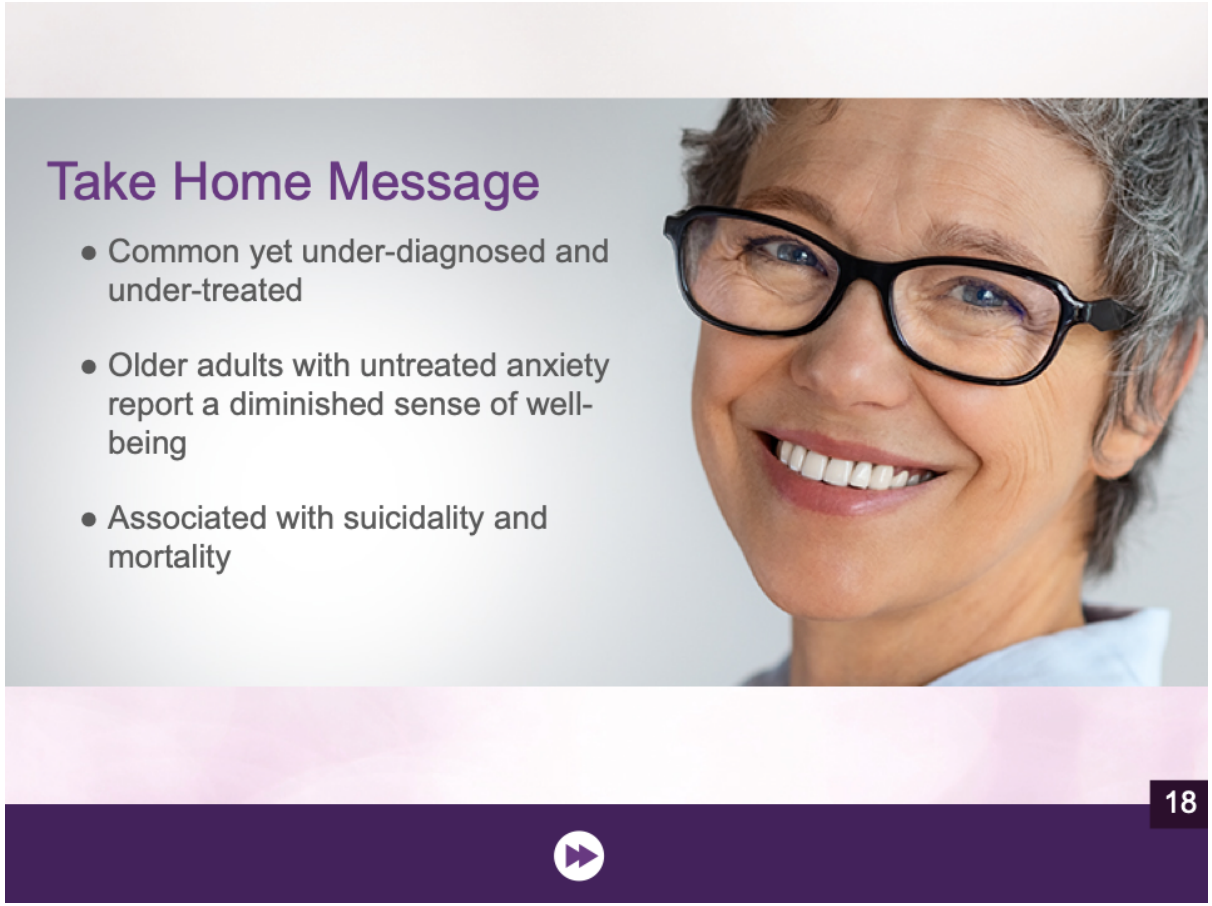
Slide 22


Take Home Message
• Common yet under-diagnosed and under-treated
• Older adults with untreated anxiety report a diminished sense of well-being
• Associated with suicidality and mortality
18

Slide 23


Assessment
Self-report measures, patient interview, physical examination, laboratory studies, and collateral history
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Slide 24


Assessment of Anxiety in Older Adults
Multidisciplinary
Mental health history
Complete physical examination
Appropriate laboratory tests
Validated clinical assessments
Some developed specifically for older adults
Some used in general adult population but validated with older adults
Collateral history
May be necessary, especially if the older adult is experiencing cognitive impairment
20

Slide 25

Challenges to Assessment and Diagnosis of Anxiety

- May under-report symptoms or communicate anxiety by focusing on somatic symptoms
- Can co-occur with medical illness, cognitive impairment, and other mental disorders
  - Making it a challenge to recognize
- Essential to recognize how ageism can affect attitudes toward anxiety

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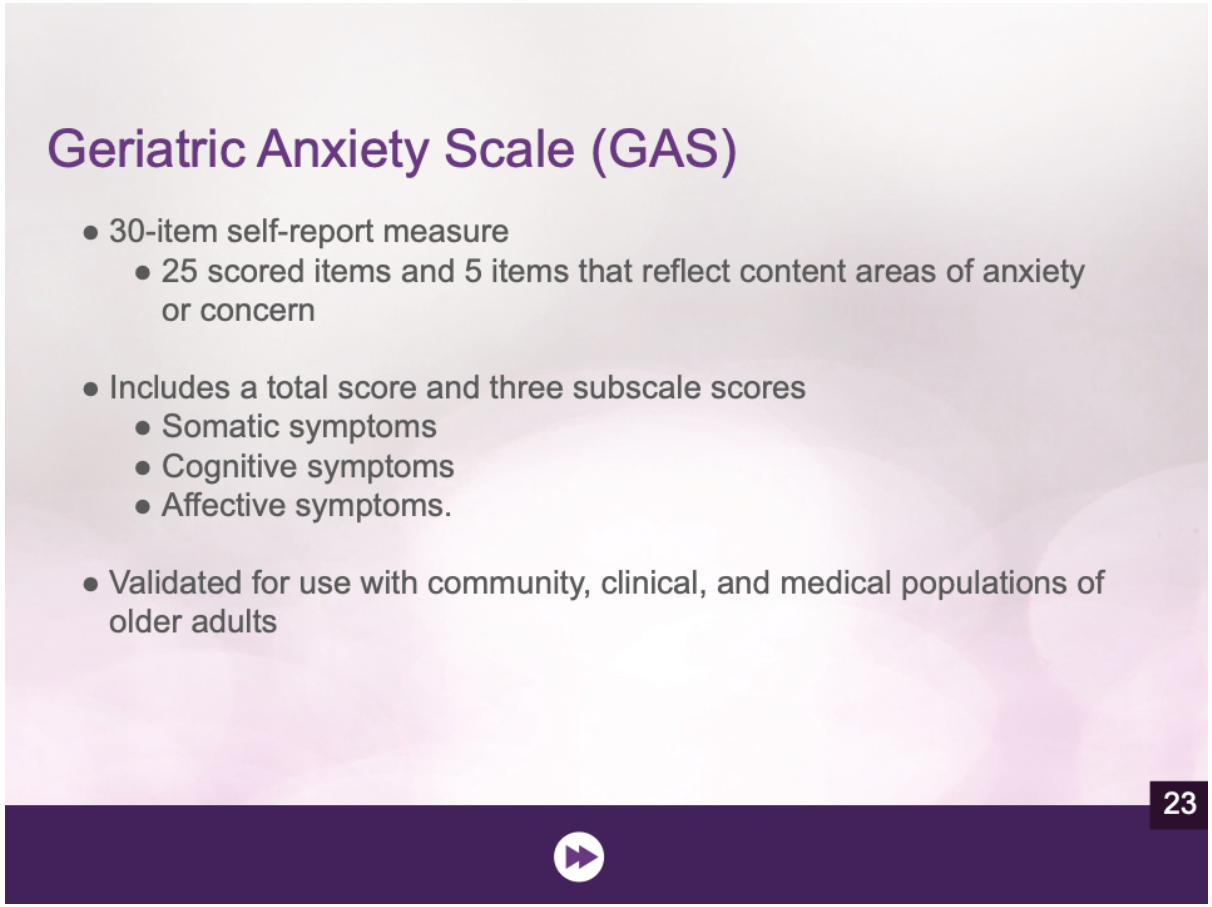
Slide 26

Geriatric Anxiety Inventory (GAI)

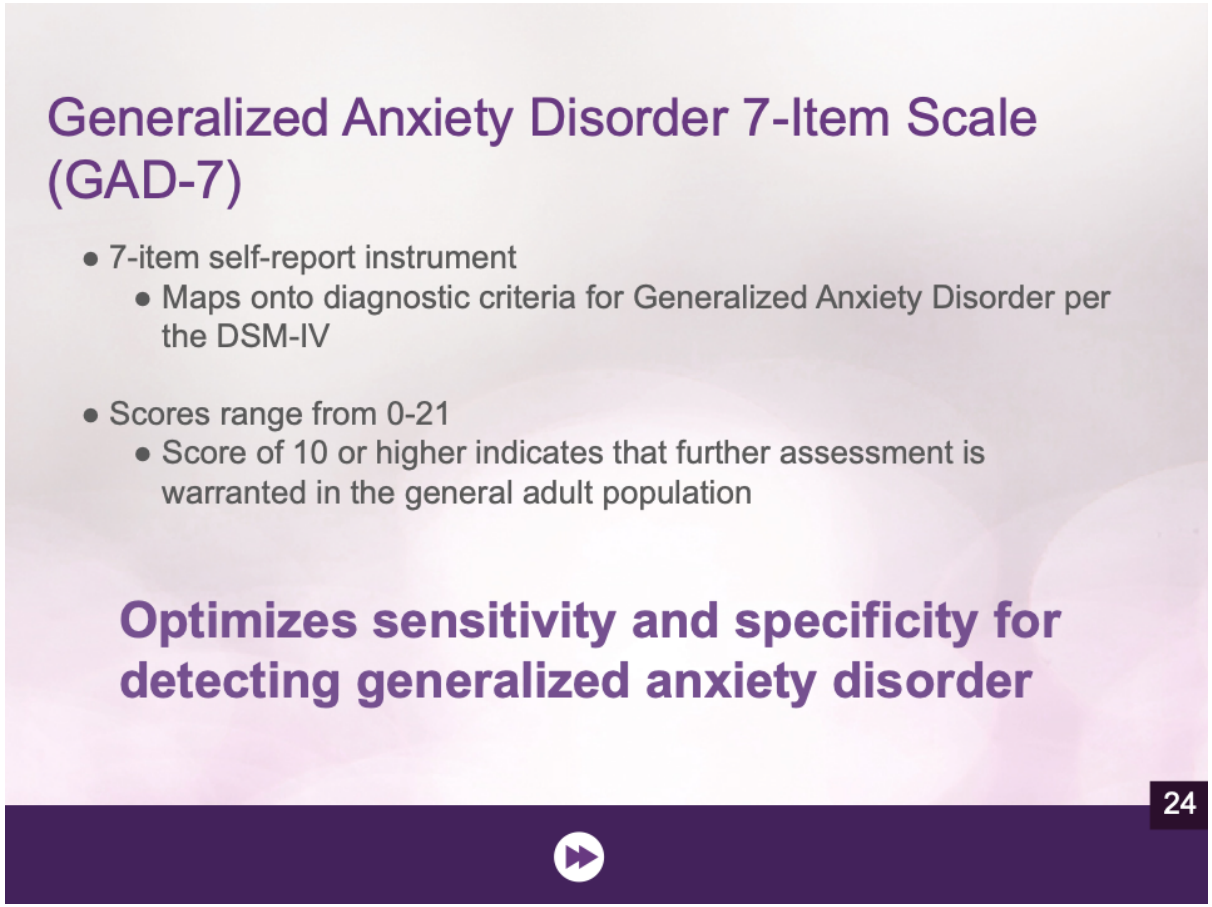
- 20-item self-report measure of anxiety specifically designed for use with older adults
- Uses a simple agree or disagree format to assess symptoms
- Validated in community-dwelling older adults, long-term care, and multiple medical populations

22

Slide 27


Geriatric Anxiety Scale (GAS)
• 30-item self-report measure
• 25 scored items and 5 items that reflect content areas of anxiety or concern
• Includes a total score and three subscale scores
• Somatic symptoms
• Cognitive symptoms
• Affective symptoms.
• Validated for use with community, clinical, and medical populations of older adults
23

Slide 28


Generalized Anxiety Disorder 7-Item Scale (GAD-7)
7-item self-report instrument
Maps onto diagnostic criteria for Generalized Anxiety Disorder per the DSM-IV
Scores range from 0-21
Score of 10 or higher indicates that further assessment is warranted in the general adult population
Optimizes sensitivity and specificity for detecting generalized anxiety disorder
24

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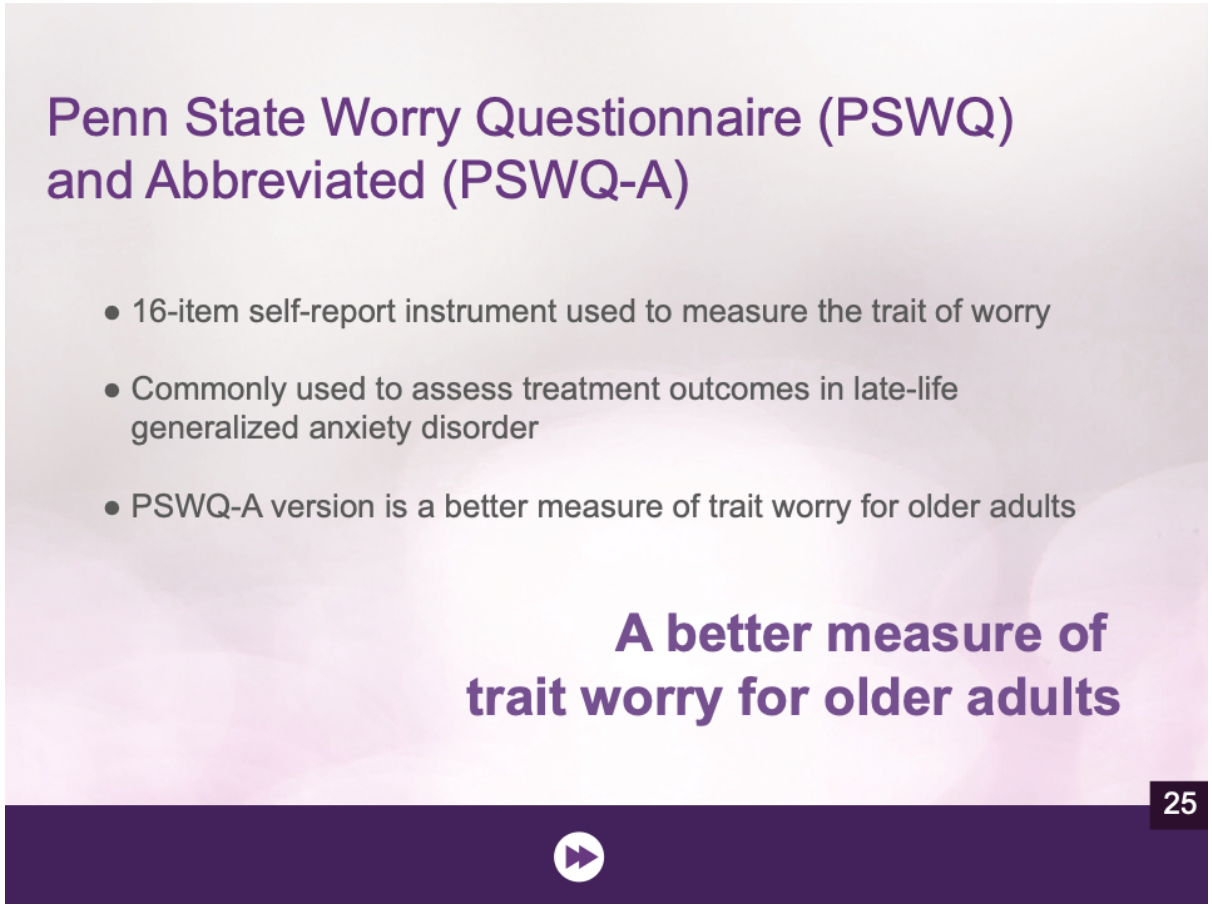

Penn State Worry Questionnaire (PSWQ) and Abbreviated (PSWQ-A)
16-item self-report instrument used to measure the trait of worry
Commonly used to assess treatment outcomes in late-life generalized anxiety disorder
PSWQ-A version is a better measure of trait worry for older adults
A better measure of trait worry for older adults
25

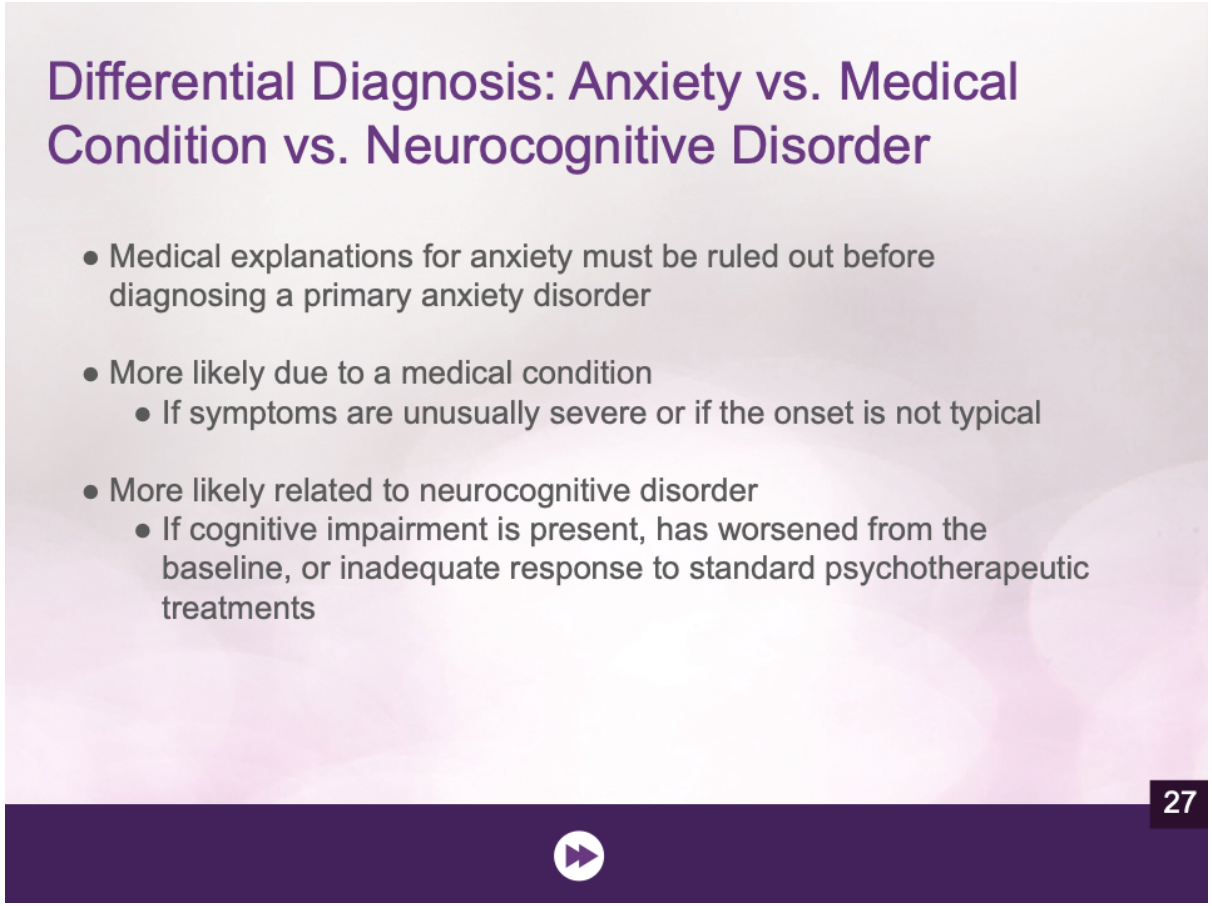
Slide 30

Beck Anxiety Inventory (BAI)

- 21-item self-report scale
- Asks the rater to estimate the severity of various symptoms experienced in the last week
- Validated in older adult samples in community and long-term care settings with good psychometric properties
- Cognitive and behavioral symptoms should be weighted more heavily than somatic symptoms

26

Slide 31


Differential Diagnosis: Anxiety vs. Medical Condition vs. Neurocognitive Disorder
Medical explanations for anxiety must be ruled out before diagnosing a primary anxiety disorder
More likely due to a medical condition
If symptoms are unusually severe or if the onset is not typical
More likely related to neurocognitive disorder
If cognitive impairment is present, has worsened from the baseline, or inadequate response to standard psychotherapeutic treatments
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Slide 32

Differential Diagnosis: Anxiety Disorder vs. another Psychiatric Disorder

- Ruling out or recognizing co-occurring mental health disorders is also necessary when considering a diagnosis of anxiety
- Please see our modules on depression and posttraumatic stress disorder in older adults for more information

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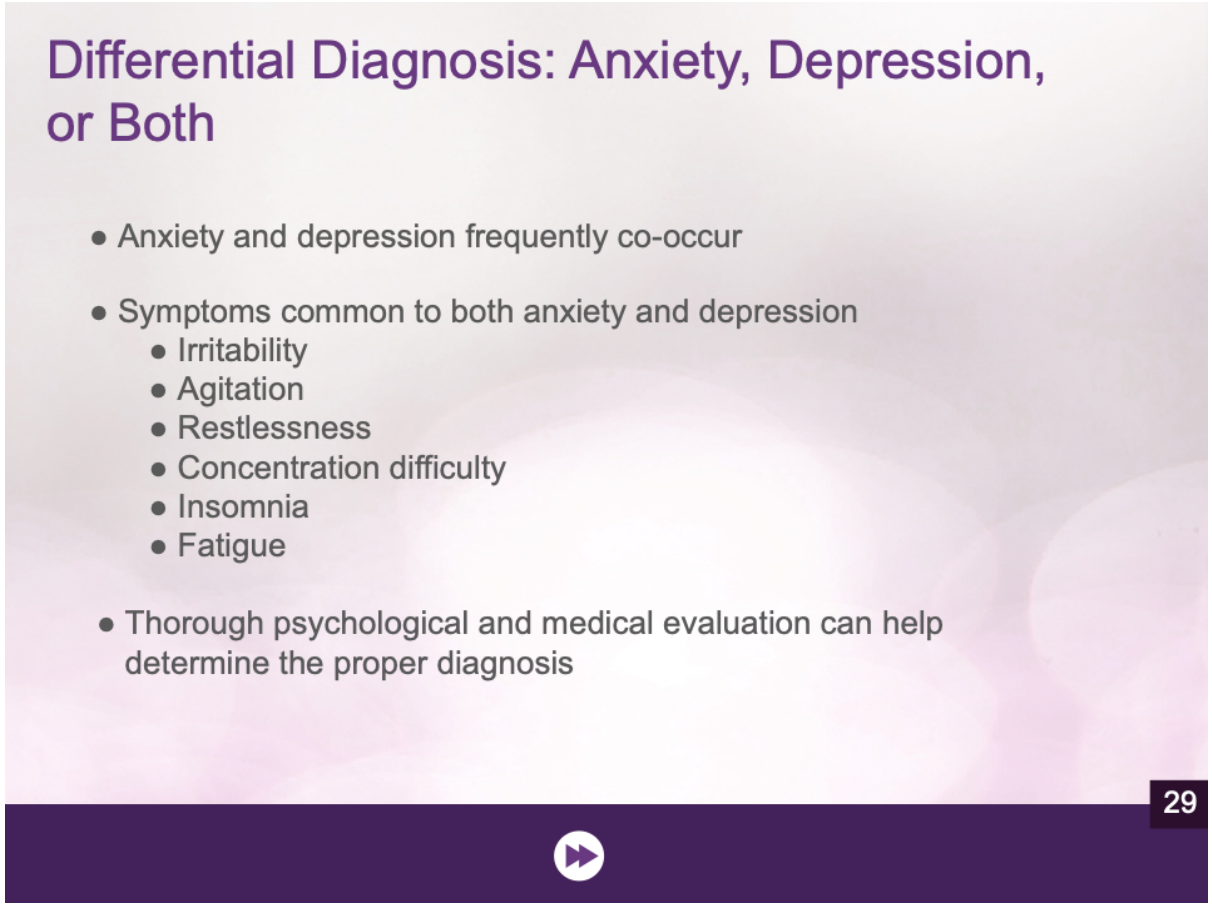
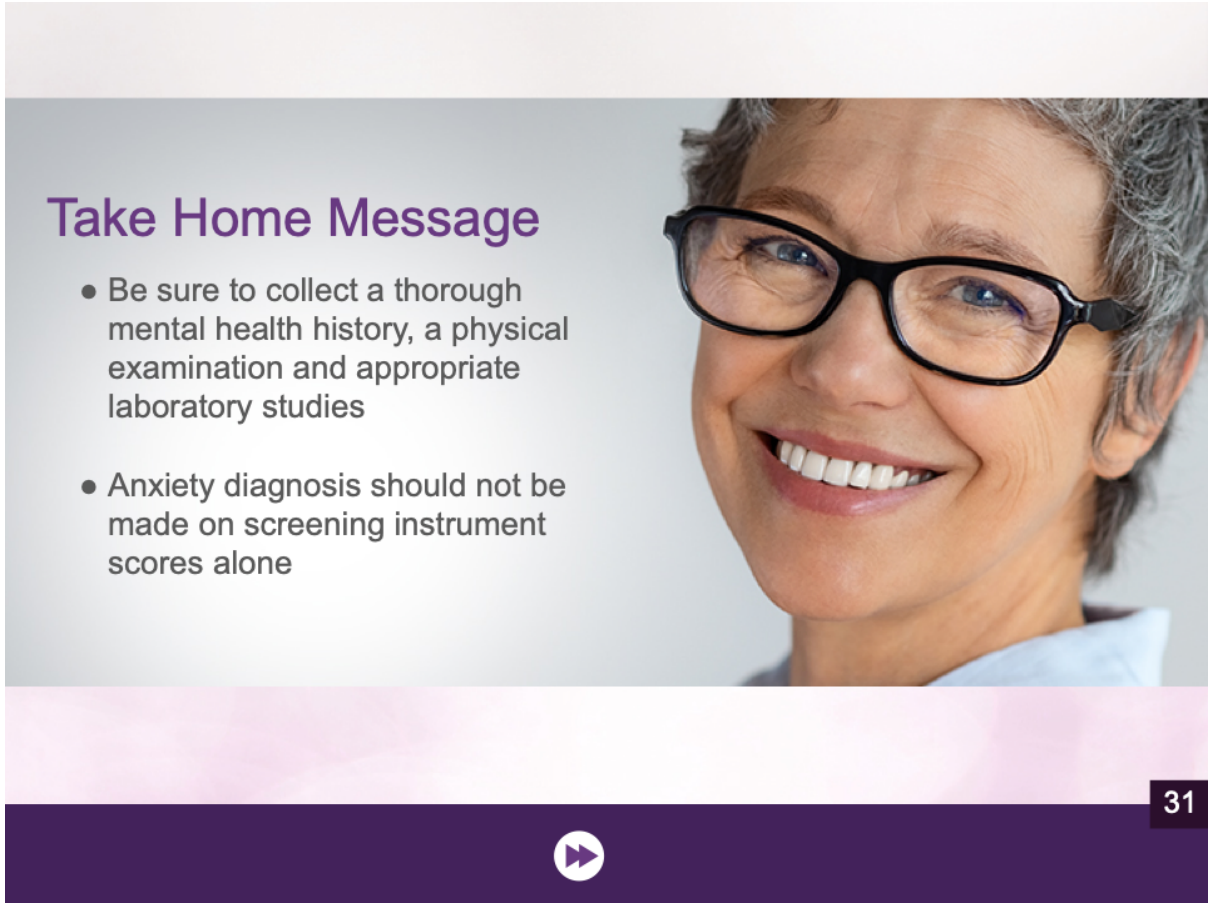
Slide 33

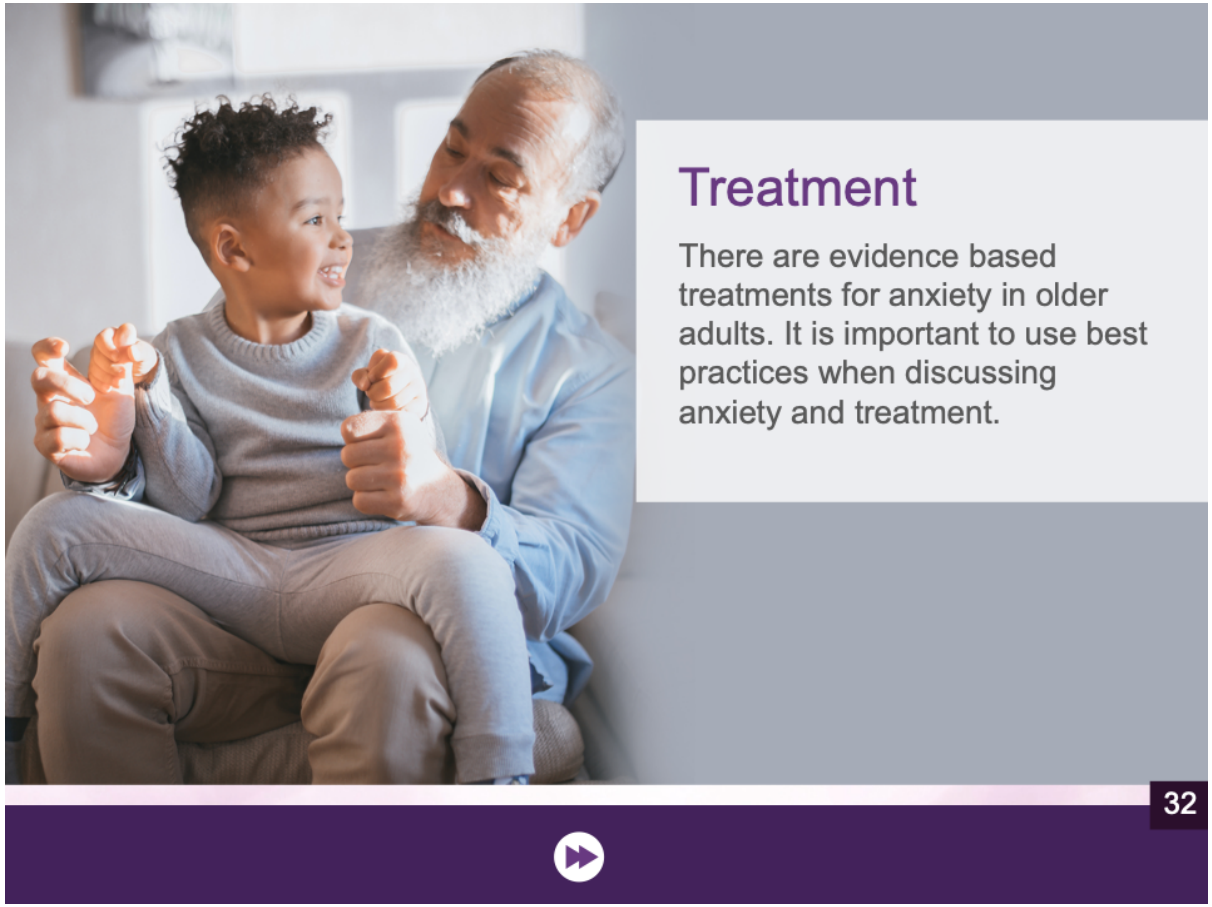

Differential Diagnosis: Anxiety, Depression, or Both
Anxiety and depression frequently co-occur
Symptoms common to both anxiety and depression
Irritability
Agitation
Restlessness
Concentration difficulty
Insomnia
Fatigue
Thorough psychological and medical evaluation can help determine the proper diagnosis
29

Slide 34

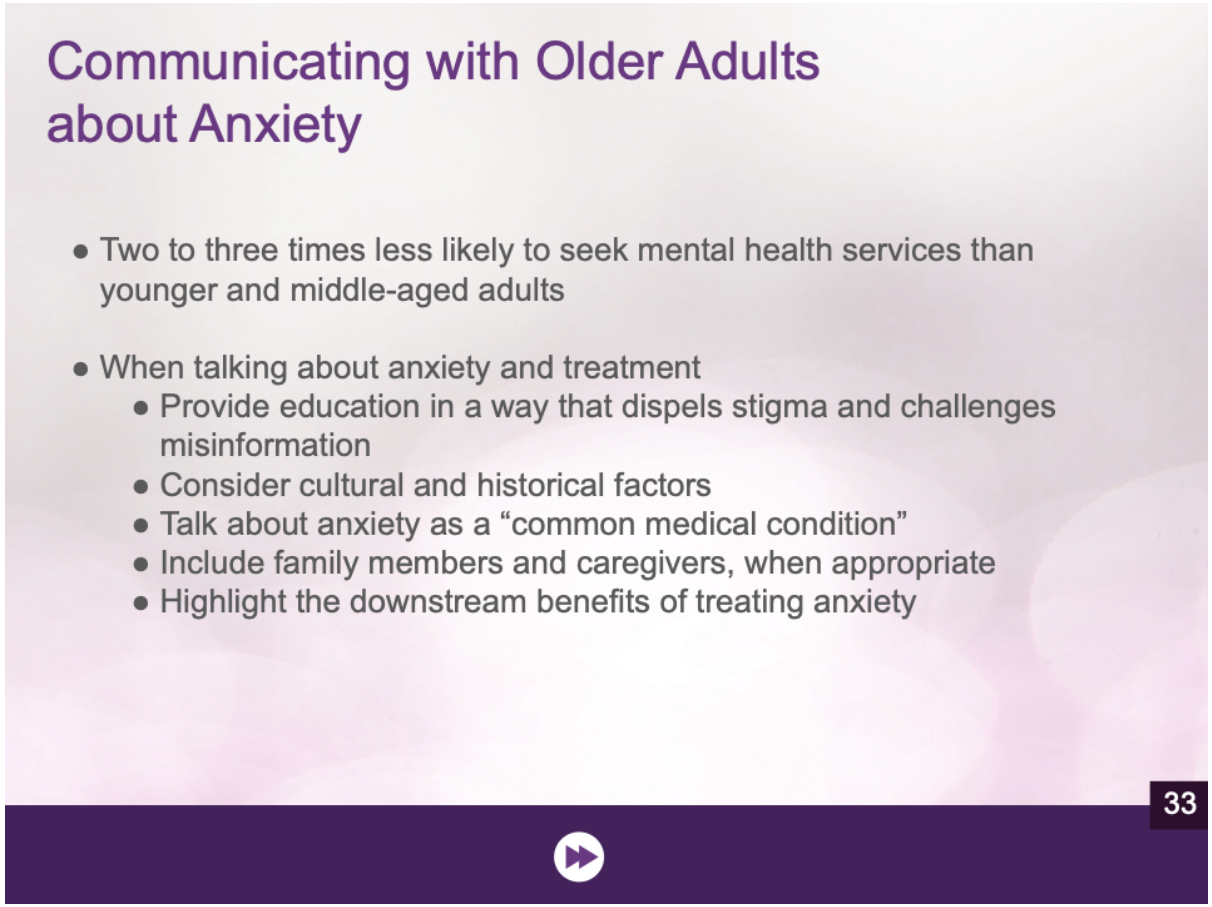
Slide 35


Take Home Message
Be sure to collect a thorough mental health history, a physical examination and appropriate laboratory studies
Anxiety diagnosis should not be made on screening instrument scores alone
31

Slide 36


Treatment
There are evidence based treatments for anxiety in older adults. It is important to use best practices when discussing anxiety and treatment.
32

Slide 37


Communicating with Older Adults about Anxiety
Two to three times less likely to seek mental health services than younger and middle-aged adults
When talking about anxiety and treatment
Provide education in a way that dispels stigma and challenges misinformation
Consider cultural and historical factors
Talk about anxiety as a “common medical condition”
Include family members and caregivers, when appropriate
Highlight the downstream benefits of treating anxiety
33

Slide 38

Addressing Anxiety Stigma

- Current cohort of older adults holds a great deal of stigma about mental health issues
- Use understandable language and reduce stigma
- Can be helpful to talk about anxiety as a medical condition that many people experience

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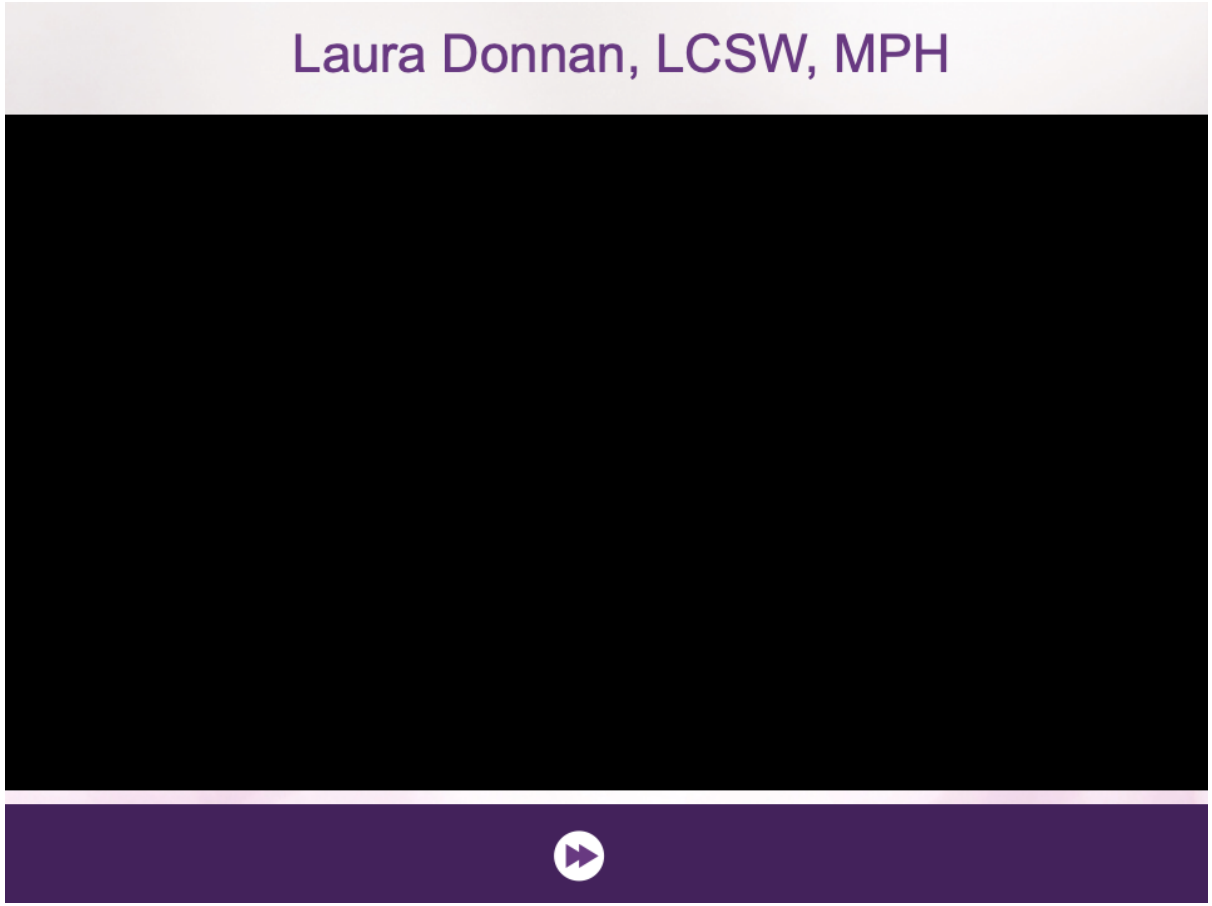
Slide 39



Slide 40


Treatment of Anxiety in Older Adults
• Treatment of late-life anxiety chosen based on:
• Severity of symptoms
• Extent of distress or impairment
• Treatment availability
• Preference
• Best-studied treatments
• Serotonin or norepinephrine antidepressant medications
• Cognitive behavioral therapy (CBT)
• Acceptance and Commitment Therapy (ACT)
• Another psychotherapeutic approach that evolved from CBT and gaining scientific support
35

Slide 41

Cognitive Behavioral Therapy (CBT)

- Emphasizes identifying and modifying unhelpful thoughts that result in emotional distress, engaging in behaviors that relieve distress
- Treatment ranges from 12-16 sessions
- Standard CBT model includes physiology when applied to older adults

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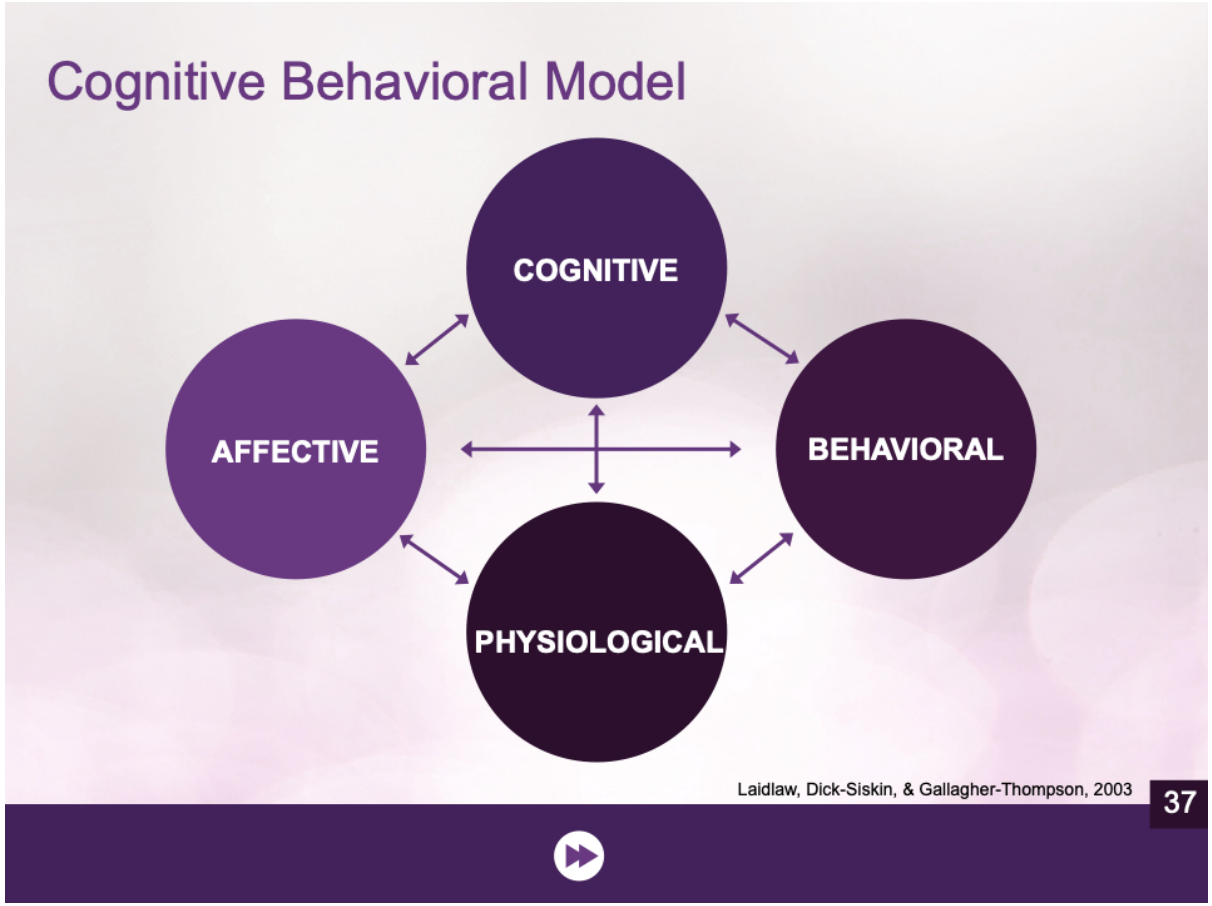
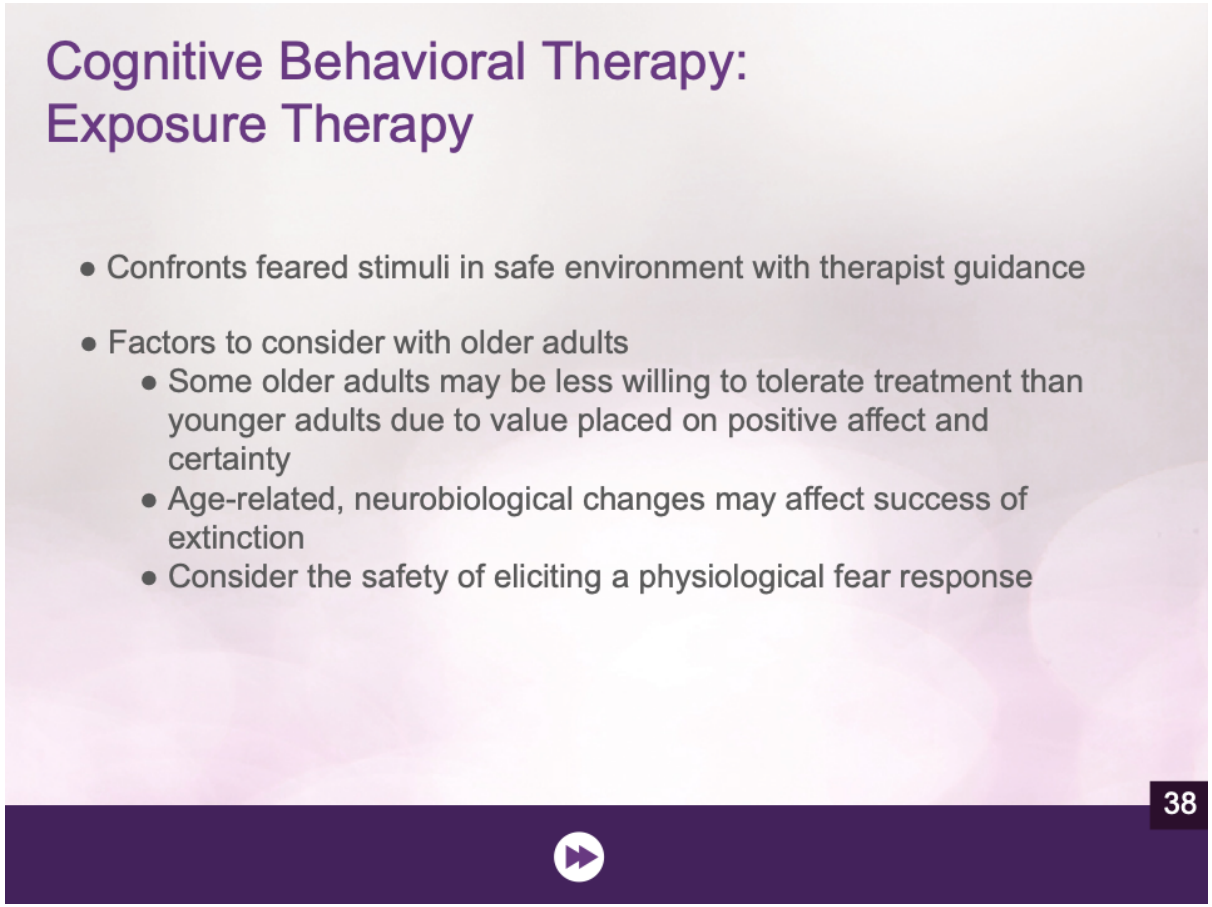
Slide 42


Cognitive Behavioral Model
COGNITIVE
AFFECTIVE
BEHAVIORAL
PHYSIOLOGICAL
Laidlaw, Dick-Siskin, & Gallagher-Thompson, 2003
37

Slide 43


Cognitive Behavioral Therapy:
Exposure Therapy
• Confronts feared stimuli in safe environment with therapist guidance
• Factors to consider with older adults
• Some older adults may be less willing to tolerate treatment than younger adults due to value placed on positive affect and certainty
• Age-related, neurobiological changes may affect success of extinction
• Consider the safety of eliciting a physiological fear response
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Slide 44

Cognitive Behavioral Therapy: Relaxation Training

- Can use tools that they already have
  - Listening to music, reading for enjoyment, going for a walk, taking a bath
- Relaxation skills
  - Slow diaphragmatic breathing, pleasant imagery, muscle relaxation
- Can help reduce autonomic arousal and allow older adults to feel that they have more control over physical symptoms

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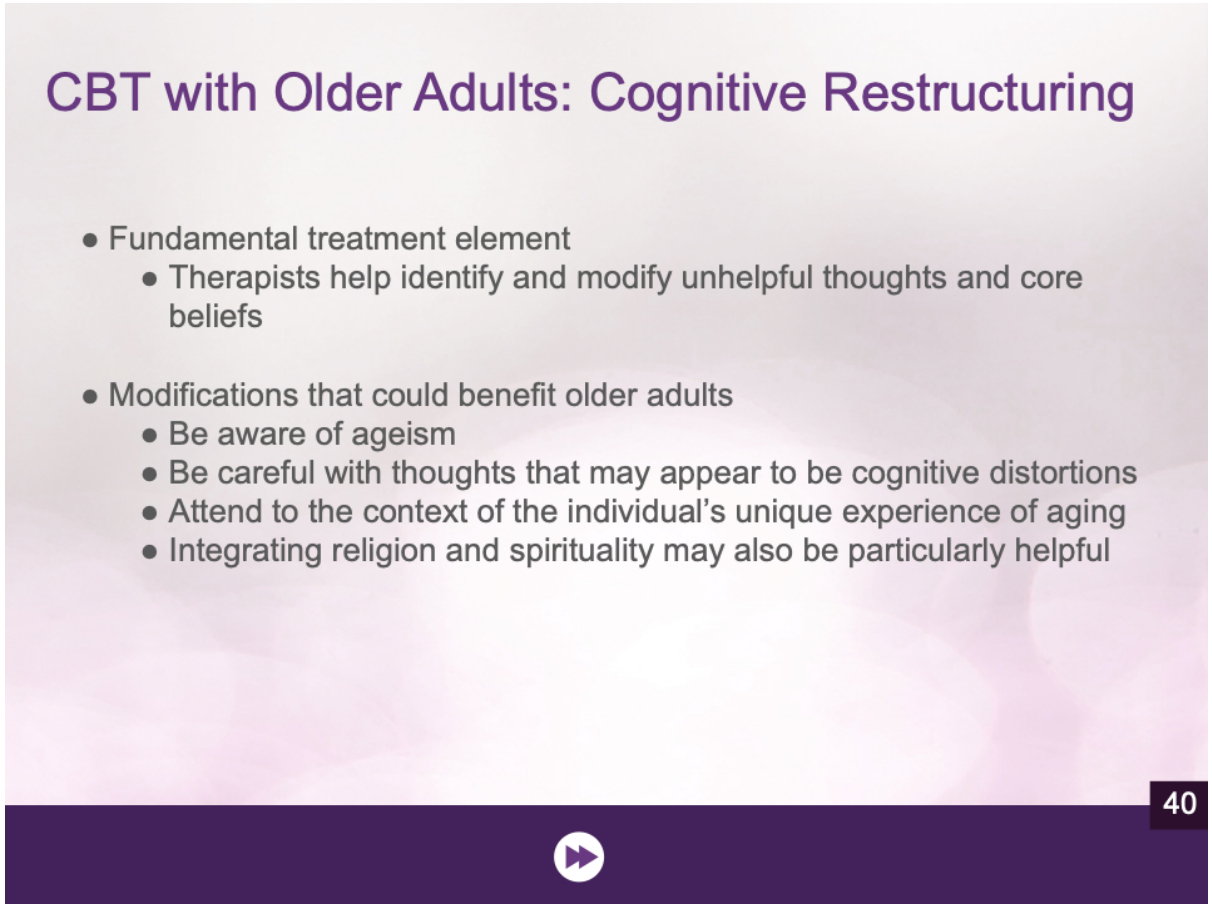
Slide 45


CBT with Older Adults: Cognitive Restructuring
● Fundamental treatment element
● Therapists help identify and modify unhelpful thoughts and core beliefs
● Modifications that could benefit older adults
● Be aware of ageism
● Be careful with thoughts that may appear to be cognitive distortions
● Attend to the context of the individual's unique experience of aging
● Integrating religion and spirituality may also be particularly helpful
40

Slide 46

CBT Treatment Outcomes with Older Adults

- Significantly improved anxiety symptoms at end of treatment and six-month follow-up compared to no treatment and active controls
- Overall effect size was moderate

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Slide 47

CBT for Anxiety with Cognitively Impaired Older Adults

- Peaceful Mind Program
  - Intervention developed for older adults with anxiety and memory impairment
  - Emphasizes repetition, practice, memory cues
  - Requires a companion who acts as a coach
- Pilot study demonstrated a decrease in self-reported and observed anxiety

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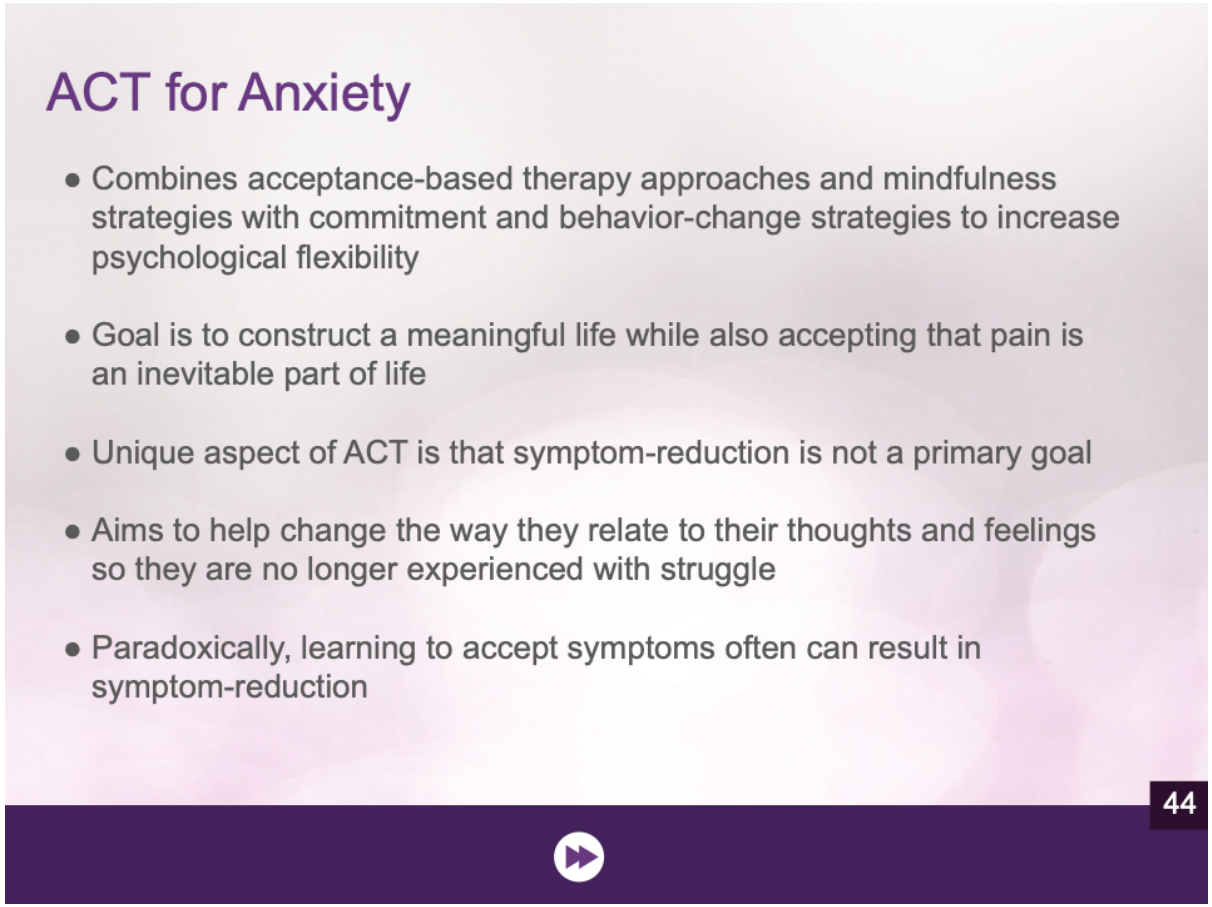
Slide 48

Slide 49


ACT for Anxiety
Combines acceptance-based therapy approaches and mindfulness strategies with commitment and behavior-change strategies to increase psychological flexibility
Goal is to construct a meaningful life while also accepting that pain is an inevitable part of life
Unique aspect of ACT is that symptom-reduction is not a primary goal
Aims to help change the way they relate to their thoughts and feelings so they are no longer experienced with struggle
Paradoxically, learning to accept symptoms often can result in symptom-reduction
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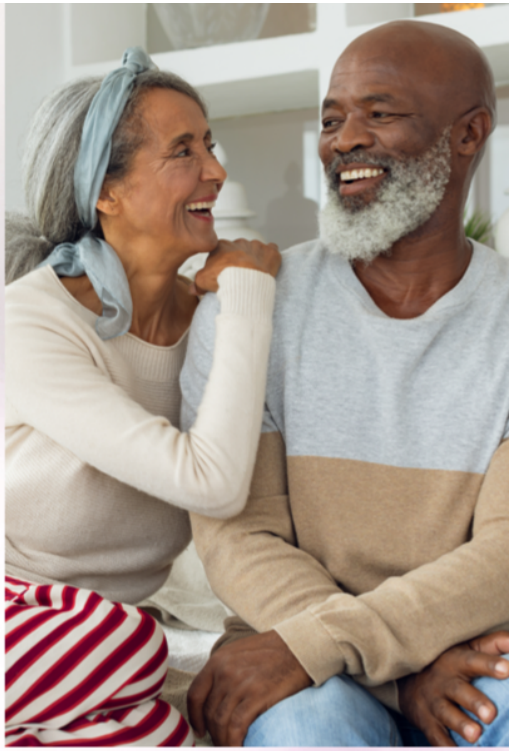
Slide 50

ACT Outcomes for Older Adults

- Research demonstrates a link between acceptance and quality of life for older adults
- Initial supporting evidence for the treatment of GAD
- More research is needed to increase the evidence base for psychosocial treatment of late-life anxiety disorders



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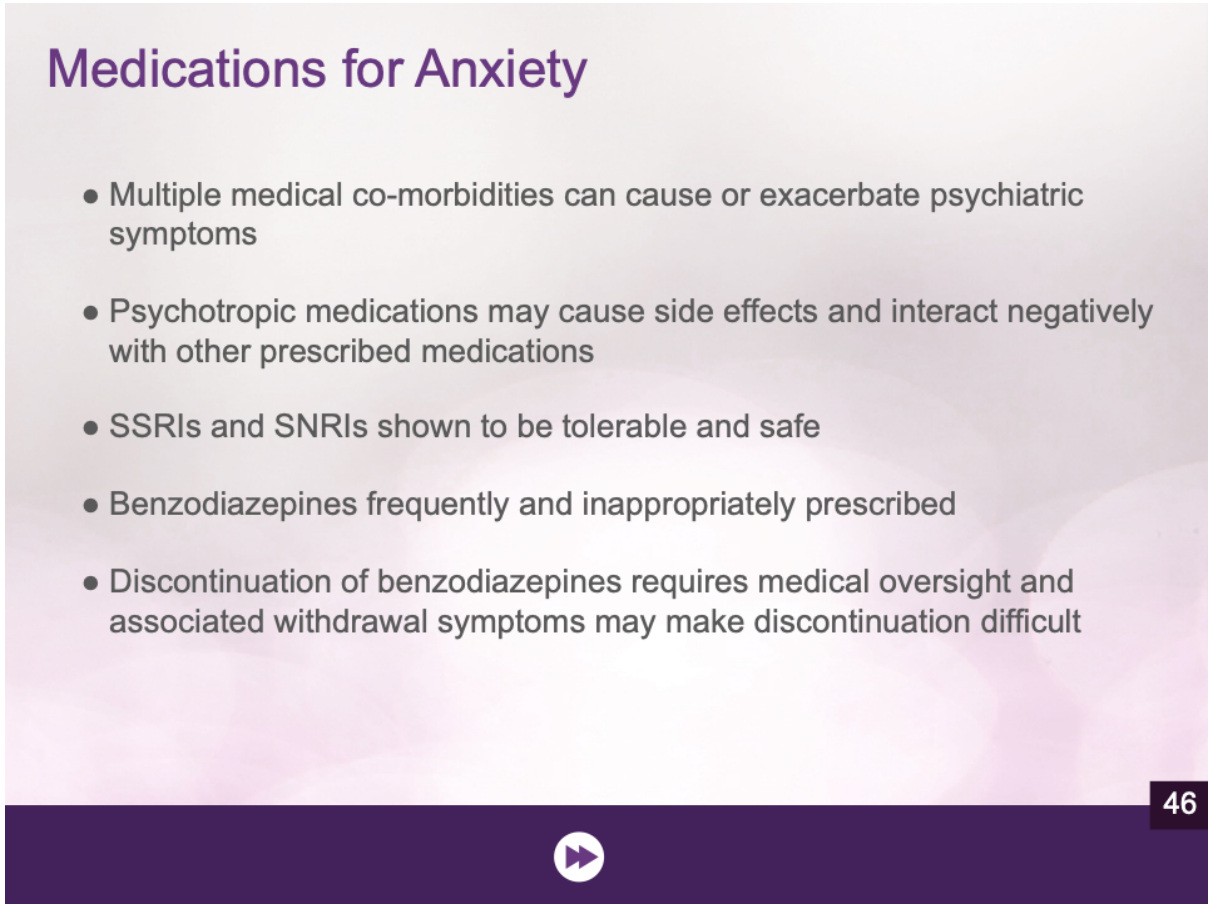
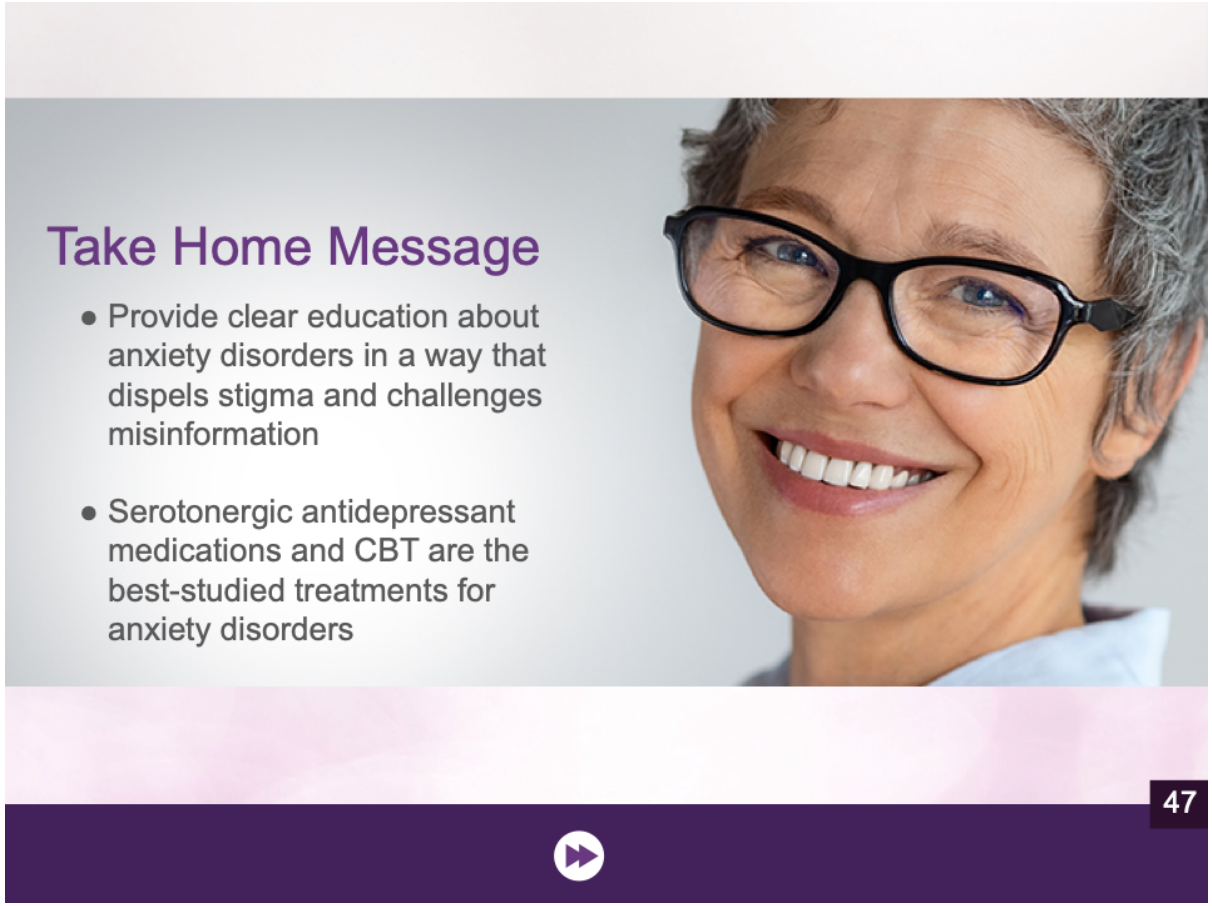
Slide 51


Medications for Anxiety
Multiple medical co-morbidities can cause or exacerbate psychiatric symptoms
Psychotropic medications may cause side effects and interact negatively with other prescribed medications
SSRIs and SNRIs shown to be tolerable and safe
Benzodiazepines frequently and inappropriately prescribed
Discontinuation of benzodiazepines requires medical oversight and associated withdrawal symptoms may make discontinuation difficult
46

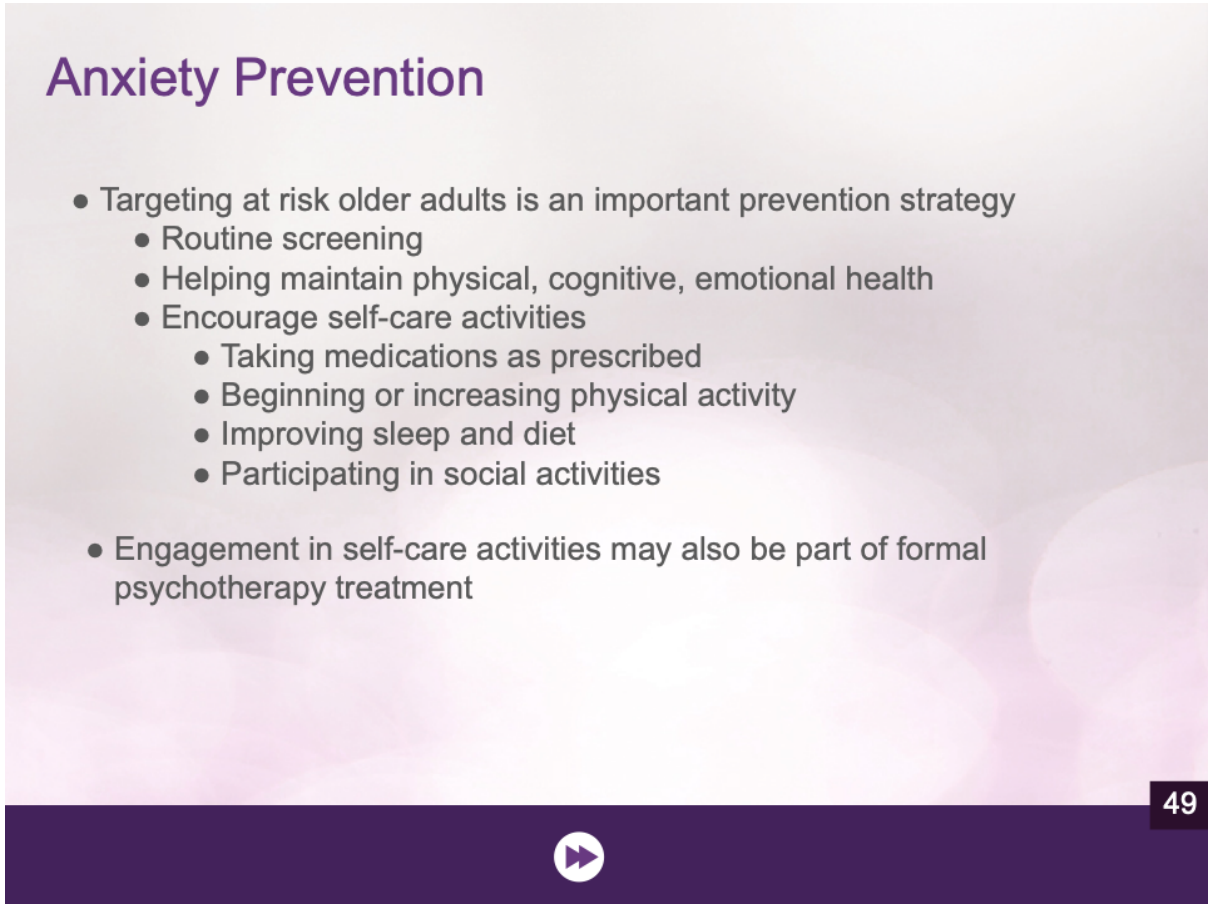
Slide 52


Take Home Message
Provide clear education about anxiety disorders in a way that dispels stigma and challenges misinformation
Serotonergic antidepressant medications and CBT are the best-studied treatments for anxiety disorders
47

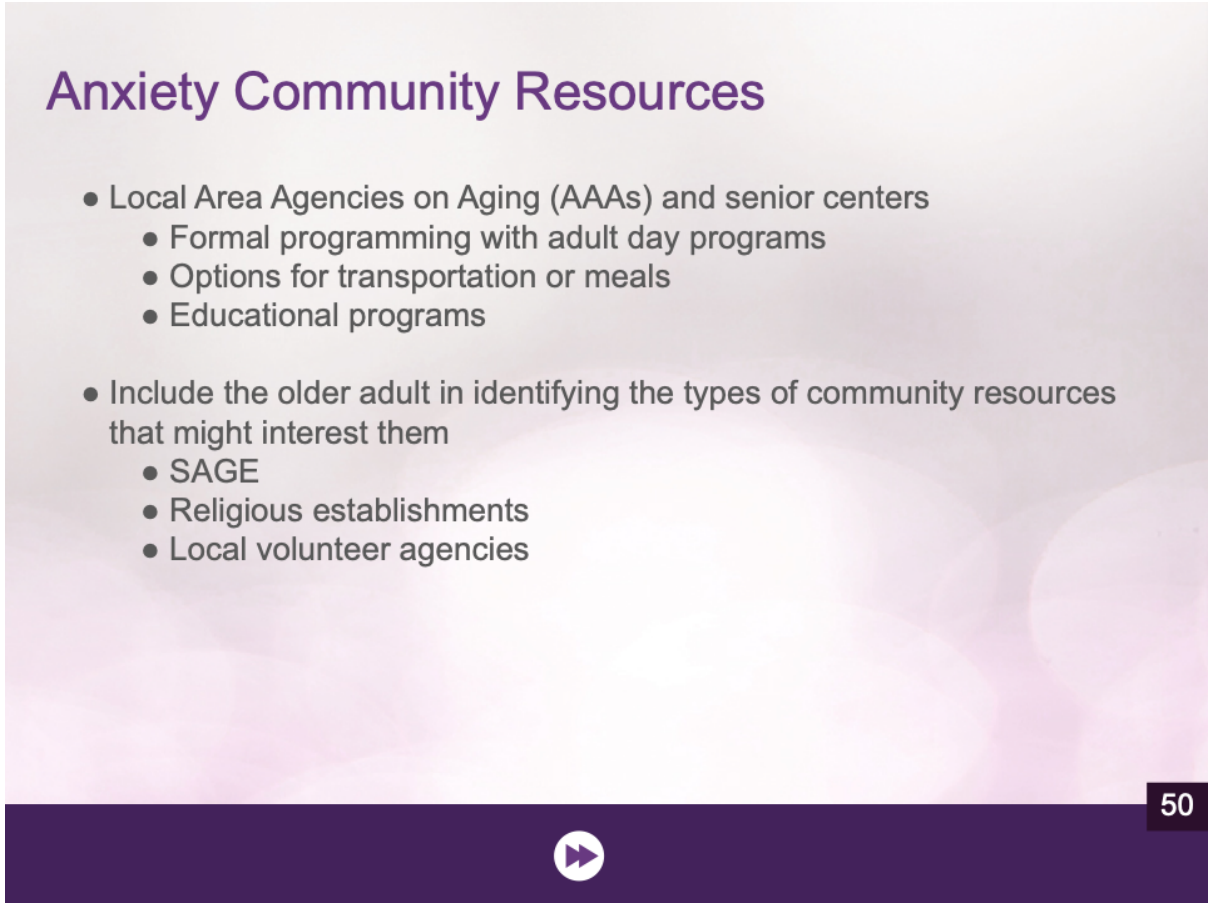
Slide 53


Prevention and Community Resources
There are resources for community older adults as well as for older adults who are home-bound to prevent anxiety.
48

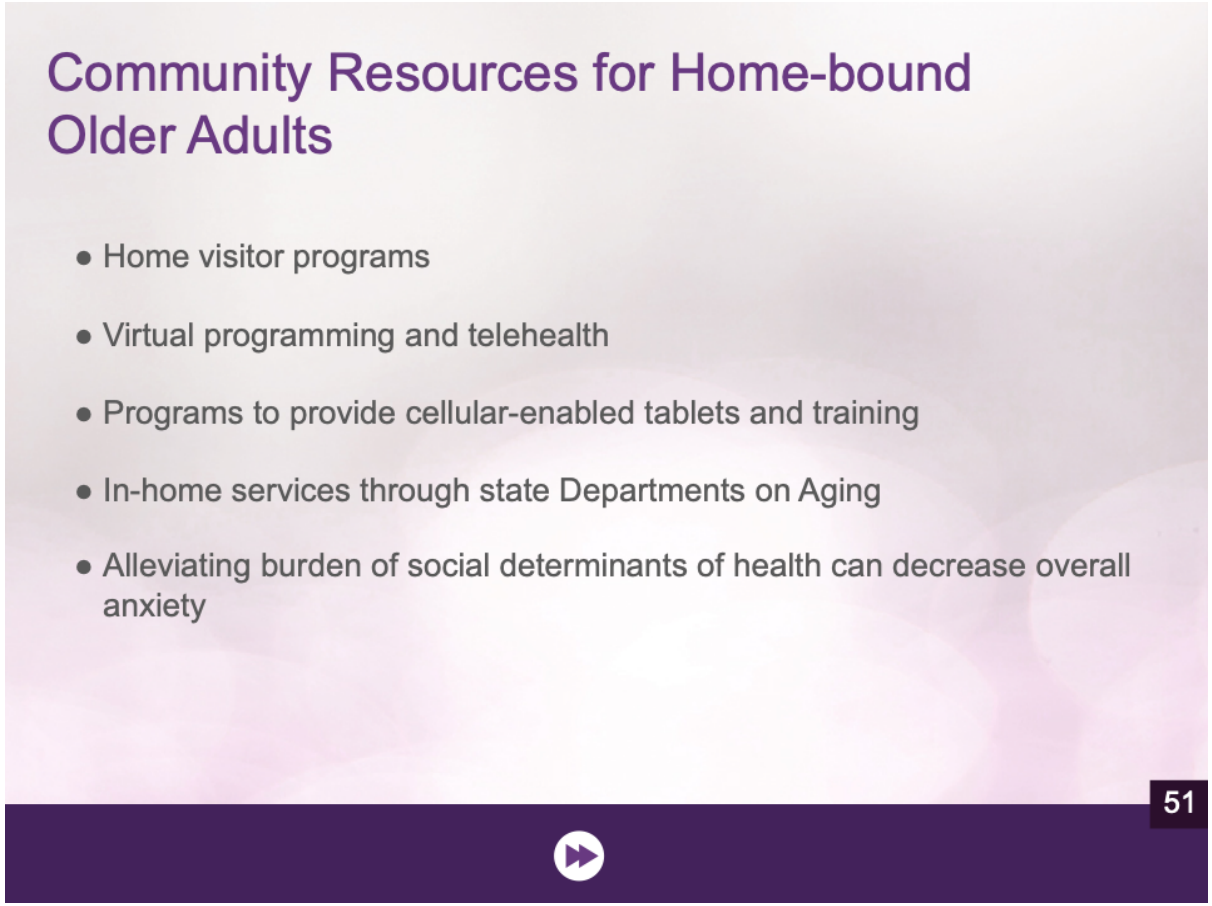
Slide 54


Anxiety Prevention
Targeting at risk older adults is an important prevention strategy
Routine screening
Helping maintain physical, cognitive, emotional health
Encourage self-care activities
Taking medications as prescribed
Beginning or increasing physical activity
Improving sleep and diet
Participating in social activities
Engagement in self-care activities may also be part of formal psychotherapy treatment
49

Slide 55


Anxiety Community Resources
Local Area Agencies on Aging (AAAs) and senior centers
Formal programming with adult day programs
Options for transportation or meals
Educational programs
Include the older adult in identifying the types of community resources that might interest them
SAGE
Religious establishments
Local volunteer agencies
50

Slide 56


Community Resources for Home-bound Older Adults
Home visitor programs
Virtual programming and telehealth
Programs to provide cellular-enabled tablets and training
In-home services through state Departments on Aging
Alleviating burden of social determinants of health can decrease overall anxiety
51

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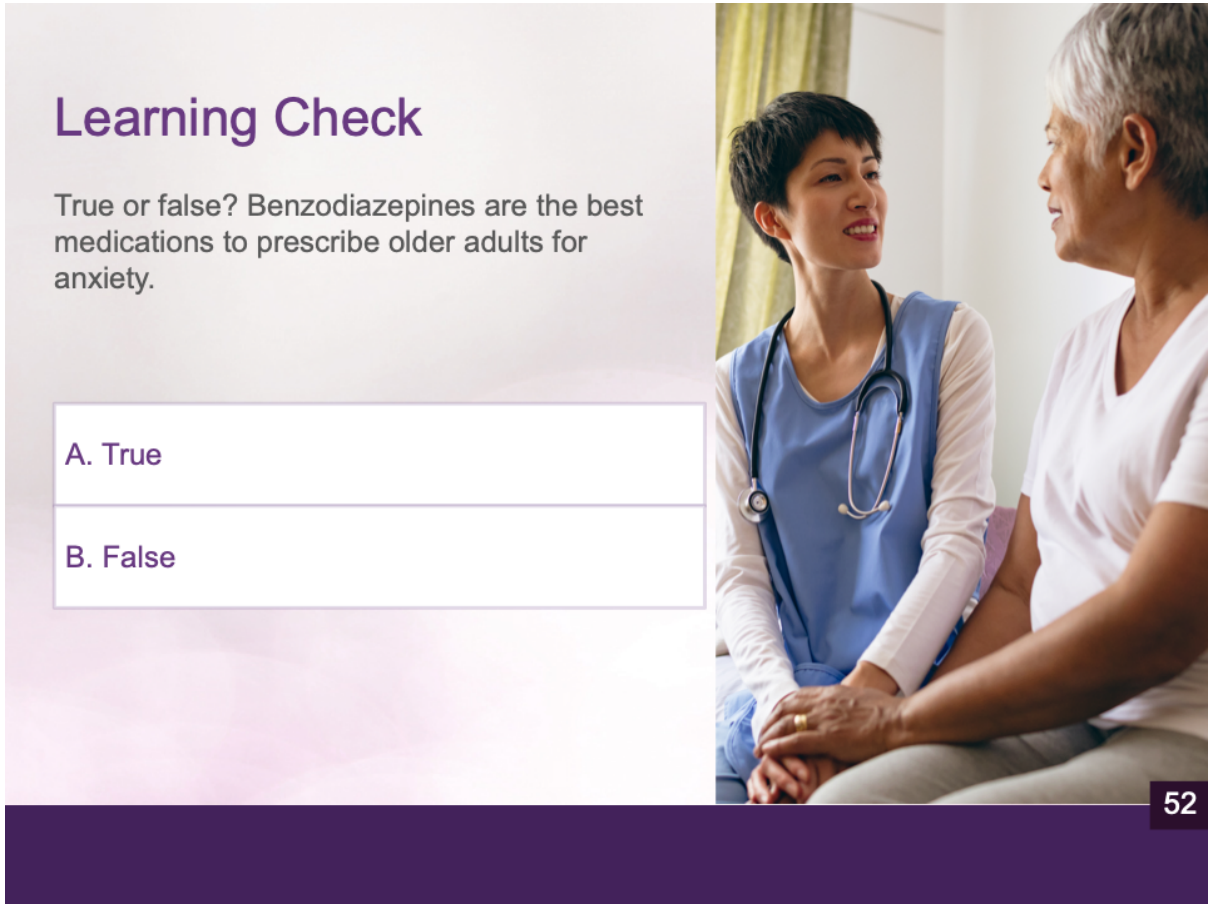
Learning Check
True or false? Benzodiazepines are the best medications to prescribe older adults for anxiety.
A. True
B. False
52

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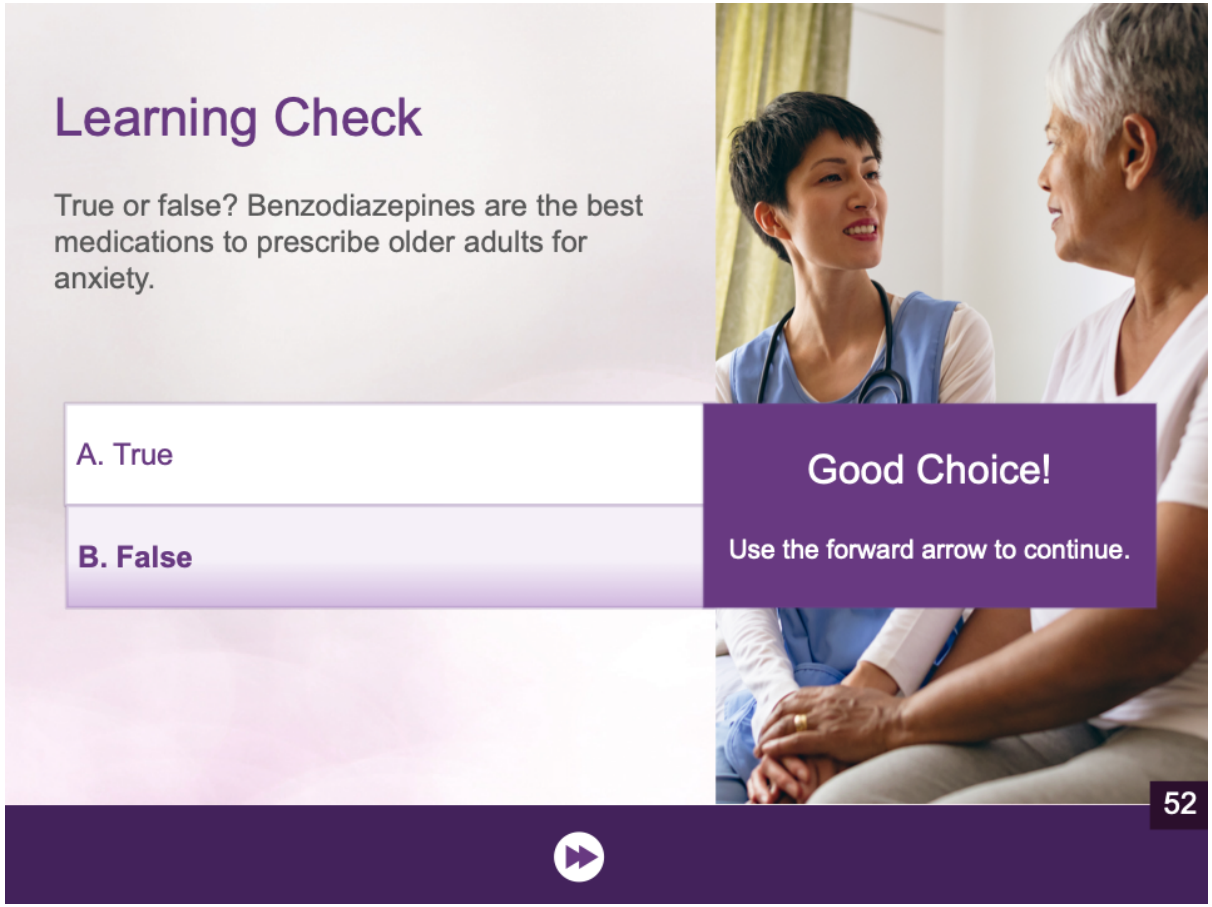
Learning Check
True or false? Benzodiazepines are the best medications to prescribe older adults for anxiety.
A. True
B. False
Good Choice!
Use the forward arrow to continue.
52

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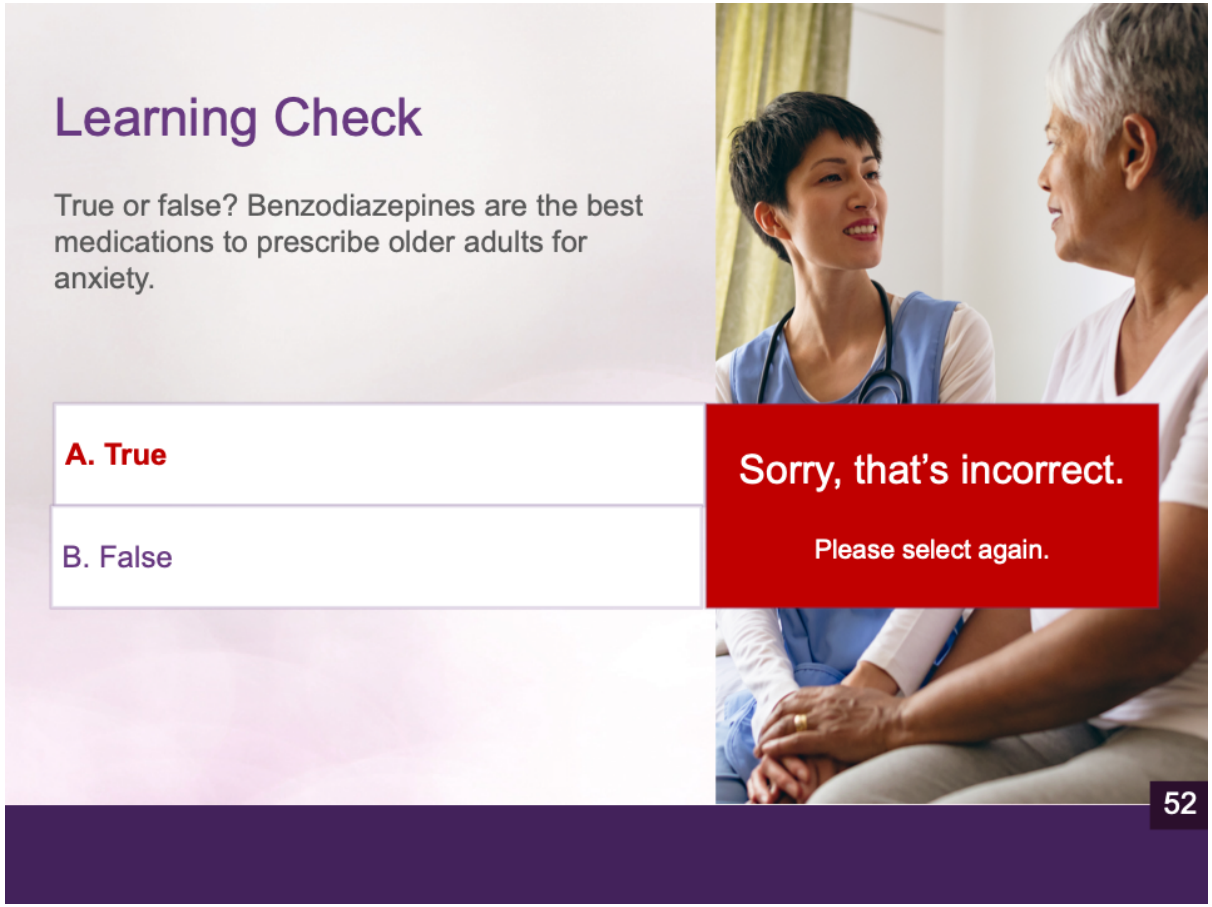
Learning Check
True or false? Benzodiazepines are the best medications to prescribe older adults for anxiety.
A. True
B. False
Sorry, that's incorrect.
Please select again.
52

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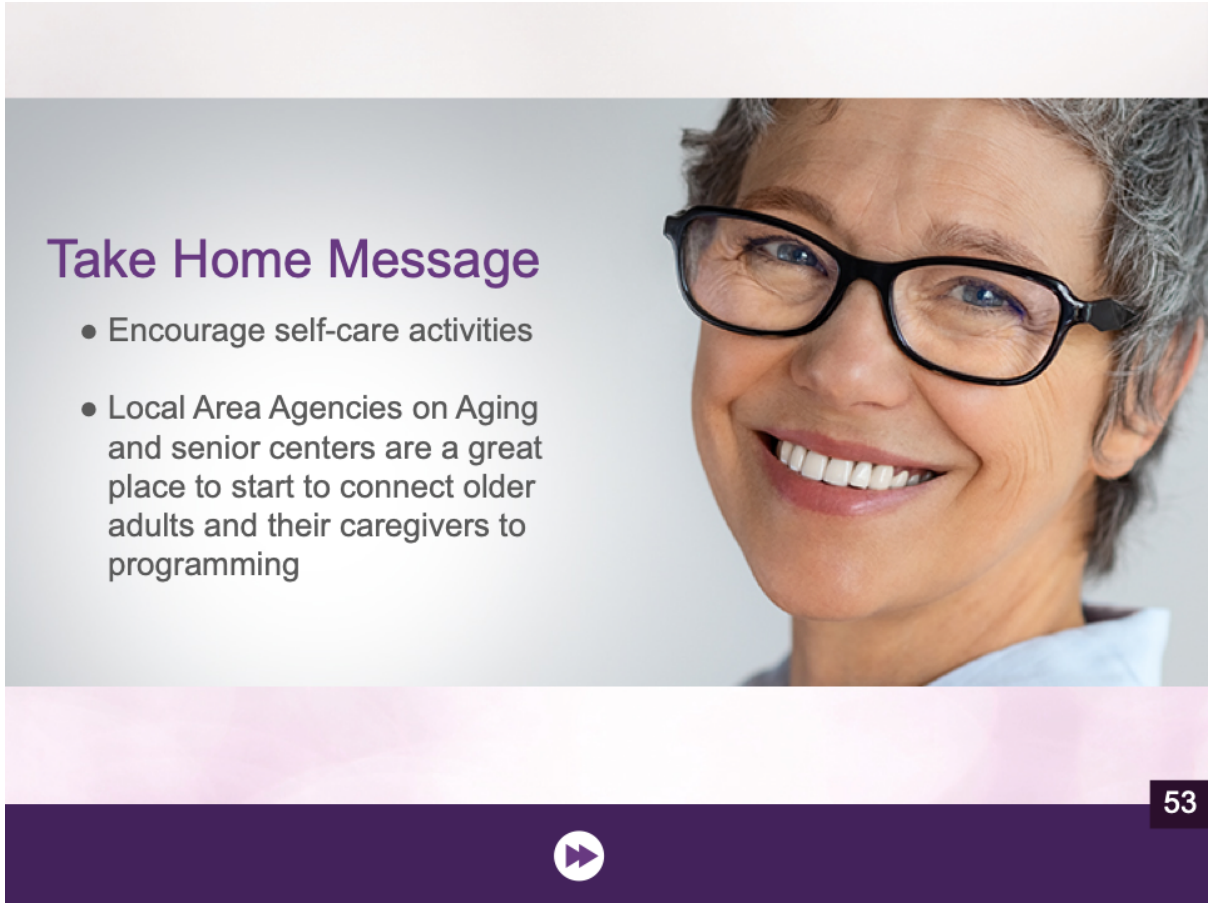
Take Home Message
• Encourage self-care activities
• Local Area Agencies on Aging and senior centers are a great place to start to connect older adults and their caregivers to programming
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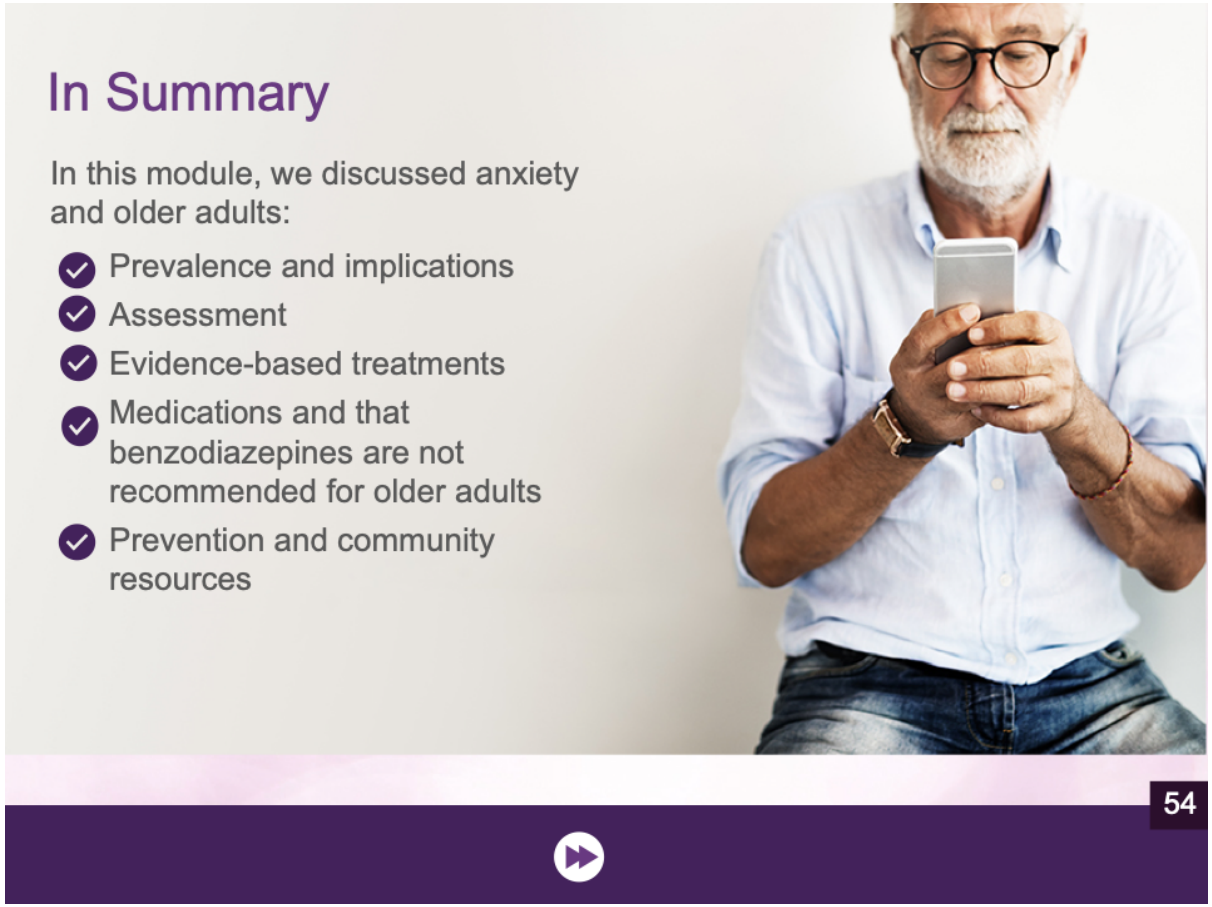
In Summary
In this module, we discussed anxiety and older adults:
Prevalence and implications
Assessment
Evidence-based treatments
Medications and that benzodiazepines are not recommended for older adults
Prevention and community resources
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Slide 62


Next Steps
Please see the reference guide for more information about anxiety and older adults
If you would like to learn more about topics related to older adult mental health, please see our other online modules
Click here to end presentation
Then click the close button to proceed to the post test
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