The Big "A" of Geriatrics:

Anxiety Disorders in Late Life

by

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Psychiatry/ Geriatrics Joint Grand Rounds

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Anxiety Disorders in Late Life: Case: Ms. J. Itters

- 71 year old woman, widowed, lives alone
- Presents to ER for 3rd time in 1 month with sudden onset of chest pain, SOB, weakness
- Several falls in past 2 months
- Medical history: hypertension, past MI, atrial fibrillation, arthritis
- Medications: atenolol, nitro spray, ASA, alprazolam, lorazepam

Anxiety Disorders in Late Life: Outline

- Epidemiology
- Diagnosis
- Comorbidity
- Treatment
- Case discussion

Anxiety Disorders in Late Life

Anxiety Disorders in Late Life:
Anxiety is #1 Disorder

- Lifetime prevalence: 15% [a] (ECA)
- Prevalence >65 y anxiety is 10-20% [a,b]
  Dementia 8%; Depression 1-3%
- Most common psychiatric d/o across life span
  - Disease burden: >65 y will double in 30 y

a) Blazer DG et al, Anxiety disorders in the elderly: treatment and research., 1990 New York; Springer; b) Banazak DA, JABFP 1997, 10;4 280-9

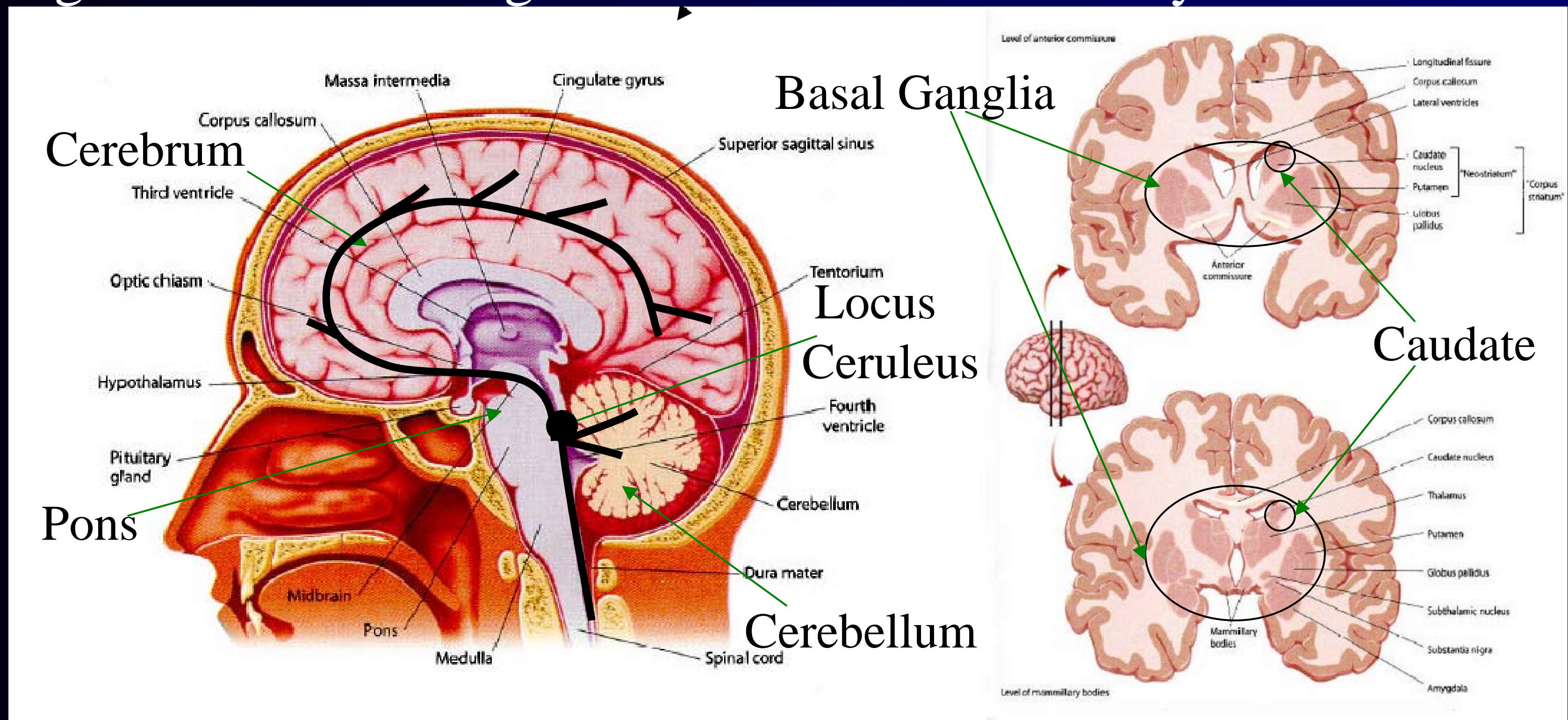
Anxiety Disorders in Late Life:
Prevalence Decreases with Age?

- Anxiety d/o decline with advancing age: [a,b]
  - Age-bias in DSM and in scales used[c]
  - Comorbidity (psychiatric, medical)
  - Cognitive styles change[d]
  - Neurotransmitters change (CCK[e], speech task challenge less cortisol[e])

a)Larkin BA et al, Br J Psych 1992: 160; 681-686; b) Manela M et al, Int J Geriatr Psych 1996: 11; 65-70.; c) Palmer BW et al, J Affect Disord 1997;46:183-90; d) Flint AJ, Am J Psych 1994; 151: 640-9 e) Nicholson N et al, J Gerontol 1997, 52A:M68-75 f) Flint A et al, Am J Psych 1998; 155:283-5

OCD/Panic: Anatomy

Age-associated changes brain neurotransmitter systems:



Cholecystokinin (CCK-4)a: Fewer panic symptoms in elderly

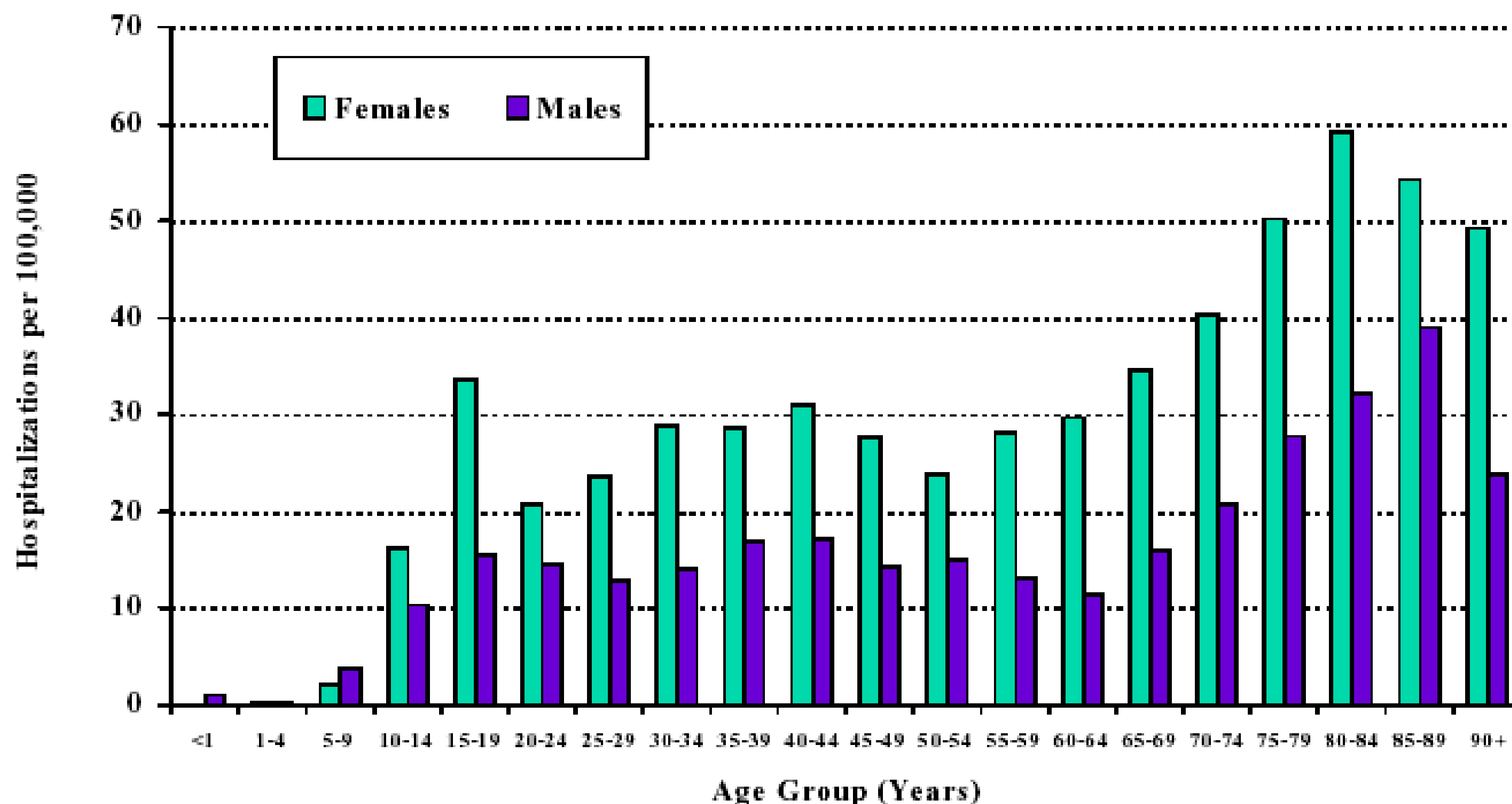
Flint A et al, Am J Psychiatry 1998: 155; 283-5.

Anxiety Disorders in Late Life: Usually Earlier Onset

- Considered a disorder of childhood/ early adulthood: Peak onset 18-40 y[a]
- Less common as a solitary disorder
  - Usually a comorbid disorder in late life
- More clinically relevant, costly with age

a)Ritchie K et al British J Psych 2004; 184: 147-52

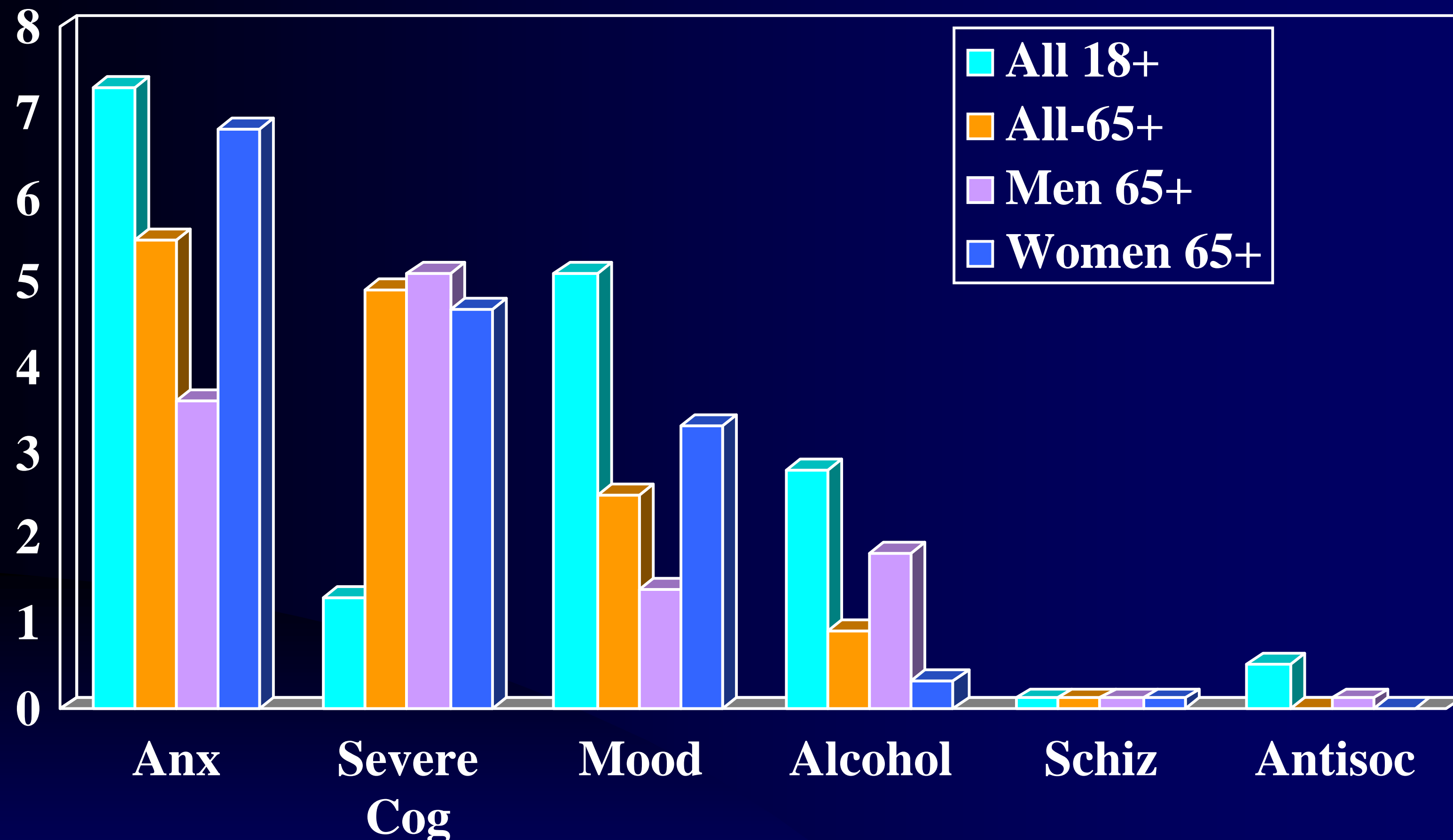
Figure 4-1 Hospitalizations for anxiety disorders* in general hospitals per 100,000 by age group, Canada, 1999/2000



* Using most responsible diagnosis only

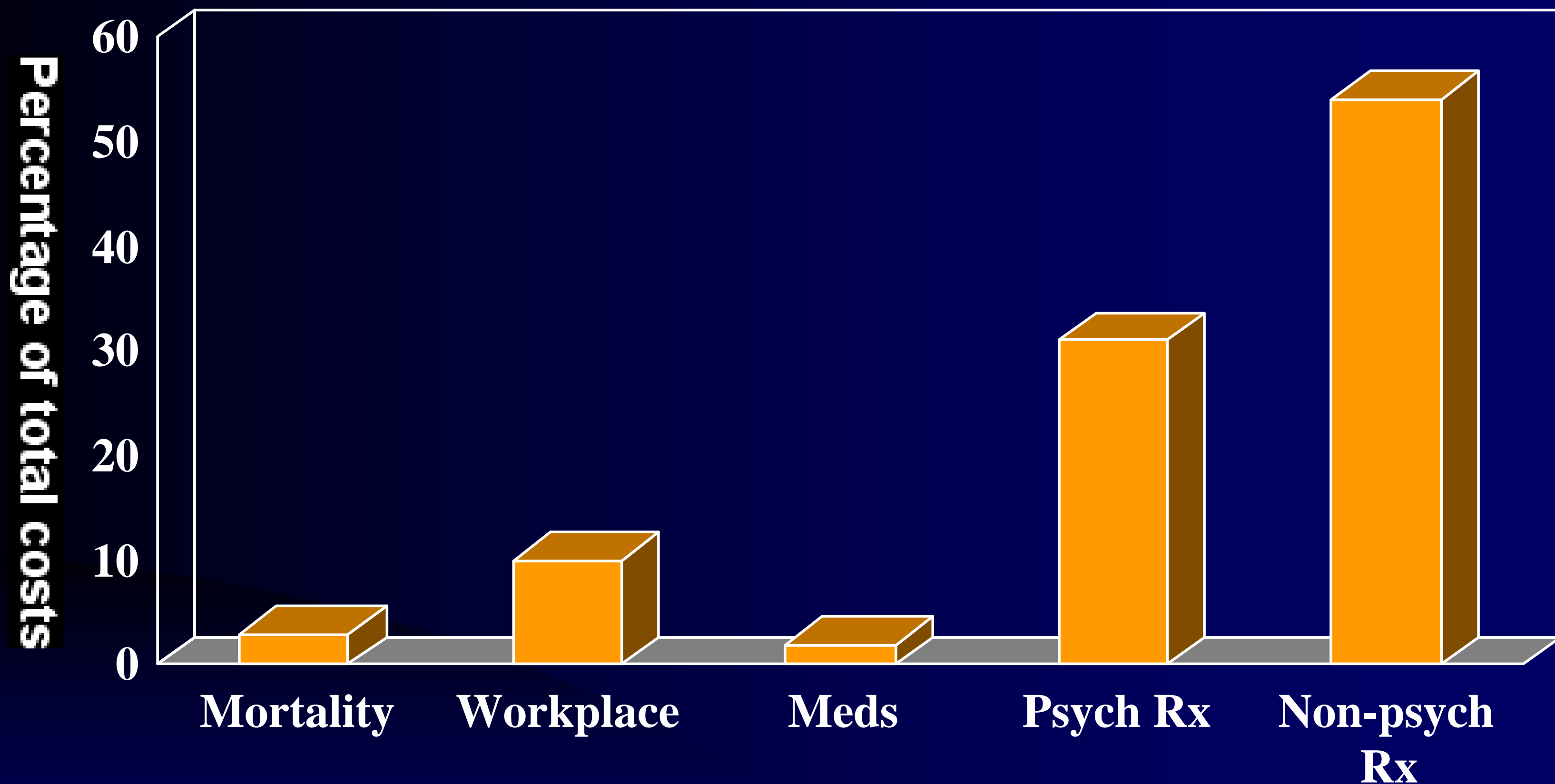
Source: Centre for Chronic Disease Prevention and Control, Health Canada using data from Hospital Morbidity File, Canadian Institute for Health Information

ECA One Month Prevalence (%) of Mental Disorders 65+ (Regier et al, 1988)



Regier DA et al. One-month prevalence of mental disorders in the United States. Based on five Epidemiologic Catchment Area sites. Arch Gen Psychiatry. 1988 Nov;45(11):977-86.

1990 US costs of anxiety disorders (Total cost $42.3 billion)

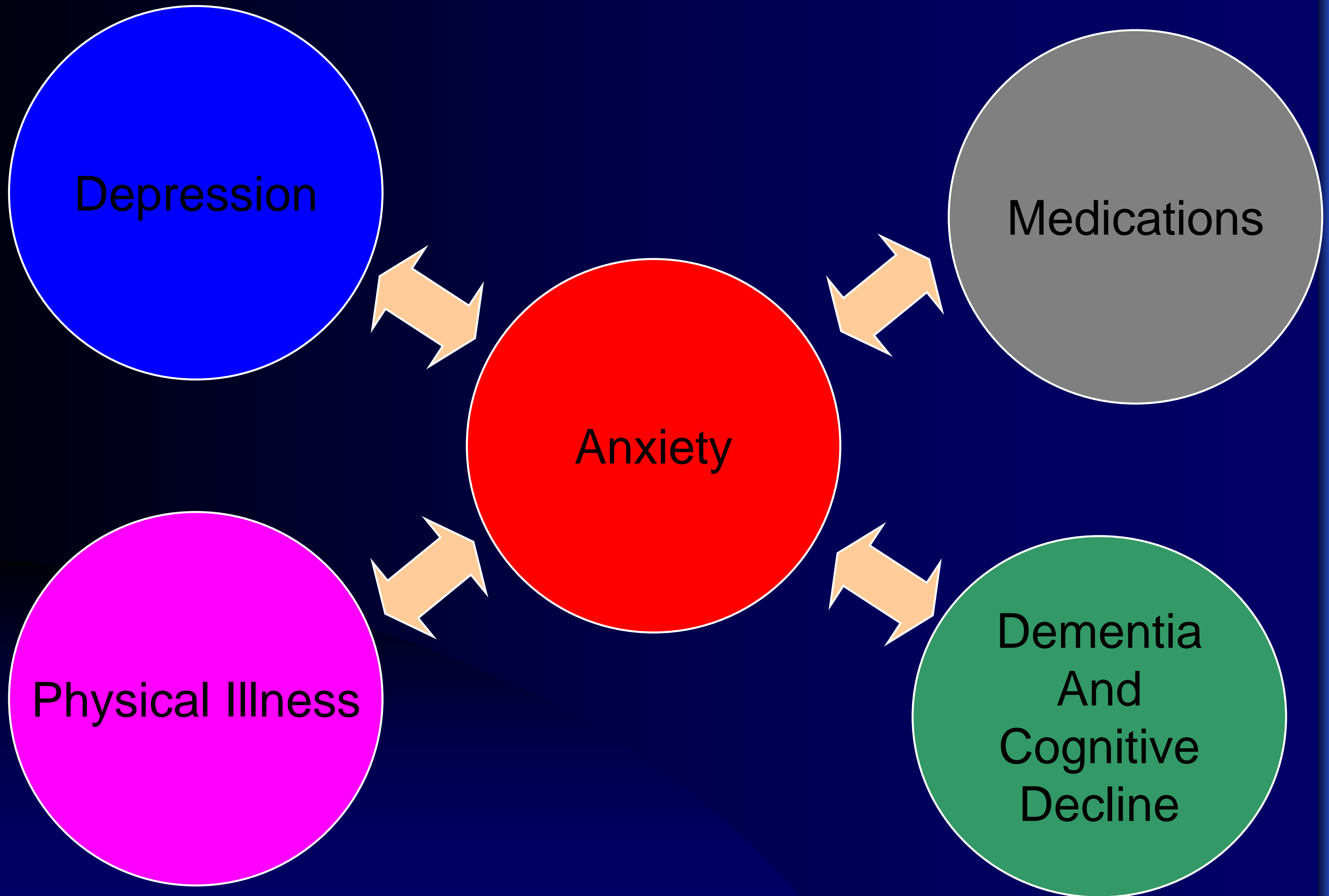


Greenberg PE et al. The economic burden of anxiety disorders in the 1990s. J Clin Psychiatry. 1999 Jul;60(7):427-35.

Anxiety Disorders in Late Life: Outline

- Epidemiology ✓
- Comorbidity
- Diagnosis
- Treatment
- Case discussion

Comorbidities and Causes



Anxiety Disorders in Late Life: Risk Factors >65 y

- Anxiety d/o earlier in life
- Female
- Lack of social supports
- Recent trauma
- Medical illness/ medications
- Poor self-rated health
- Psychiatric illness

DeBeurs, E et al, Br J Psychiatry 2001:179;426-31

Secondary Anxiety Disorders: Medications

- Withdrawal*: benzodiazepines, EtOH
- Stimulants*: caffeine, bronchodilators
- Ca++ channel, alpha, beta blockers*, digitalis
- Estrogen, thyroid, muscle relaxants, NSAIDS
- Antidepressants, antipsychotics, levodopa
- Anticholinergic medications*: antihistamines, pseudoephedrine
- Steroids, theophylline

Secondary Anxiety Disorders: Medications

- Antipsychotics, antidepressants
- Side effects (akathesia, dyskinesia) mimic anxiety symptoms

Secondary Anxiety Disorders:
Medical Illness

Anxiety:

- CV [a]:angina, arrythmia, MI, MV prolapse [b], ***stroke**** [c]
- Endocrine: ***DM**** [d], Ca++, thyroid, pheochromocytoma
- GI/ GU: PUD, pancreatic CA, UTI
- Metabolic: anemia, hypoglycemia[d], low Na+, high K+
- Pulmonary[a]: ***COPD****[e], pneumonia, PE, hypoxemia
- Neurologic[a]: ***delirium*, dementia*, hearing and visual impairment*, PD***, seizure, CA

a) Goldberg R et al, Psych care of medical pt, New York: Oxford University Press 1993 b) Katon W J Clin Psych 1986; 47 (suppl): 21-30; c) Astrom M Stroke 1996:27 (2):270-5 ;d) Grigsby A et al, J Psychosom Res 2002: 53 (6); 1053-60; e) Kvaal K, Int J Geri Psych 2001: 16; 690-3

Anxiety Disorders in Late Life: Neurological Illness

- Sensory impairment: anxiety & MDD[a]
- Delirium: prominent anxiety sx[b]
- Frontal, caudate lesions[c,]: OCD
  - Stroke, HD, Parkinson's, Sydenhams' chorea
- Vertigo, Parkinson's[d]: panic
  - 85% comorbid medical illness

a)Wands K et al, J Am Geriatr Soc 1990: 38:535-8; b) Jacoby R et al Br J Psychiatry 1980:136; 256-69 c) Weiss A, J Neuropsy Clin Neurosci 2000:12(2); 265-8;. d) Katon W, J Clin Psych 1989; 4: 21-30

Anxiety Disorders in Late Life: Cardiovascular & Respiratory

Anxiety disorders increase[a]:

- Arrhythmias & ischemic events after MI
- Disability, loss of ADL's and social fxn after stroke; Mortality in CAD
- COPD[b]: high anxiety, panic & GAD

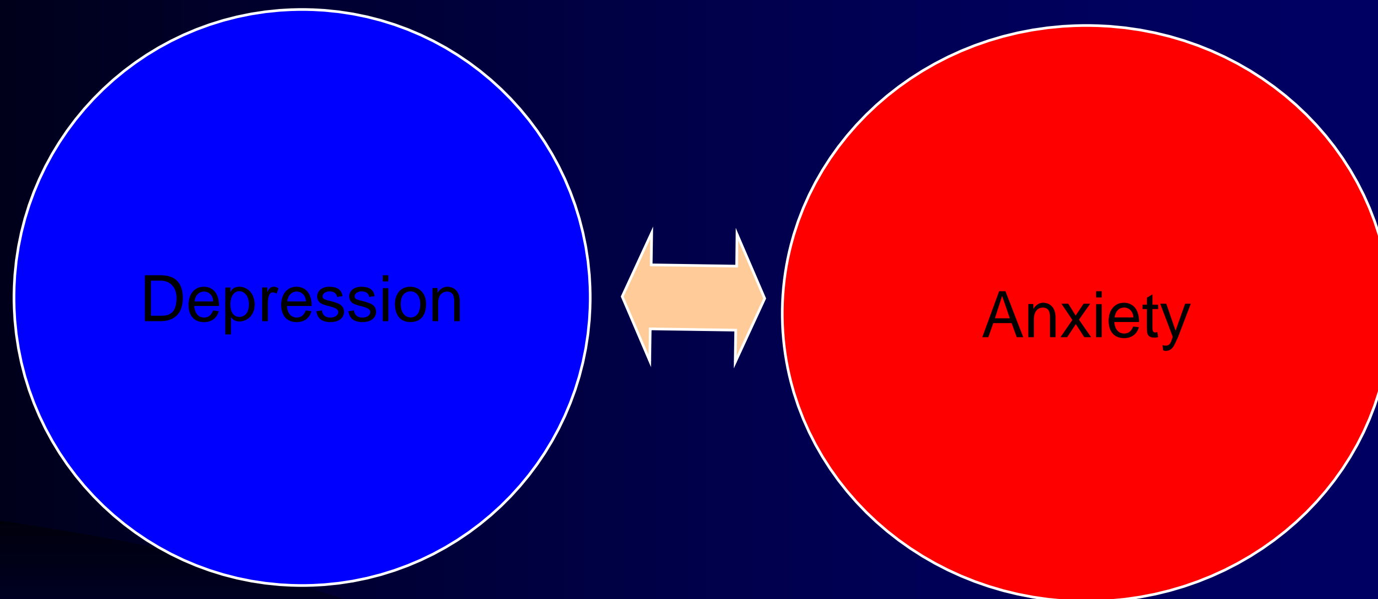
Lenze EJ et al, Depression and Anxiety 2001; 14:86-93; b) Kvaal K, Int J Geriatr Psychiatry 2001: 16; 690-3;

Late Life Comorbid Anxiety & Neurological Illness

- When ill & anxious, usually have MDD:
  - Parkinsons w anxiety: 92% comorbid MDD[a]
  - Stroke w anxiety: 85% comorbid MDD[b,c]
- When anxious, usually GAD:
  - Stroke[c]: 1 in 4 GAD
  - Diabetes[d]: 1 in 5 GAD

a) Menza MA et al Biol Psychiatry 1993: 34:465-790; b) Starkstein SE et al Arch Gen Psychiatry 1990: 47: 246-51 c) Astrom M Stroke 1996:27 (2):270-5 ;d) Grigsby AB et al, J Psychosom Res 2002: 53 (6); 1053-60

Comorbidities and Causes



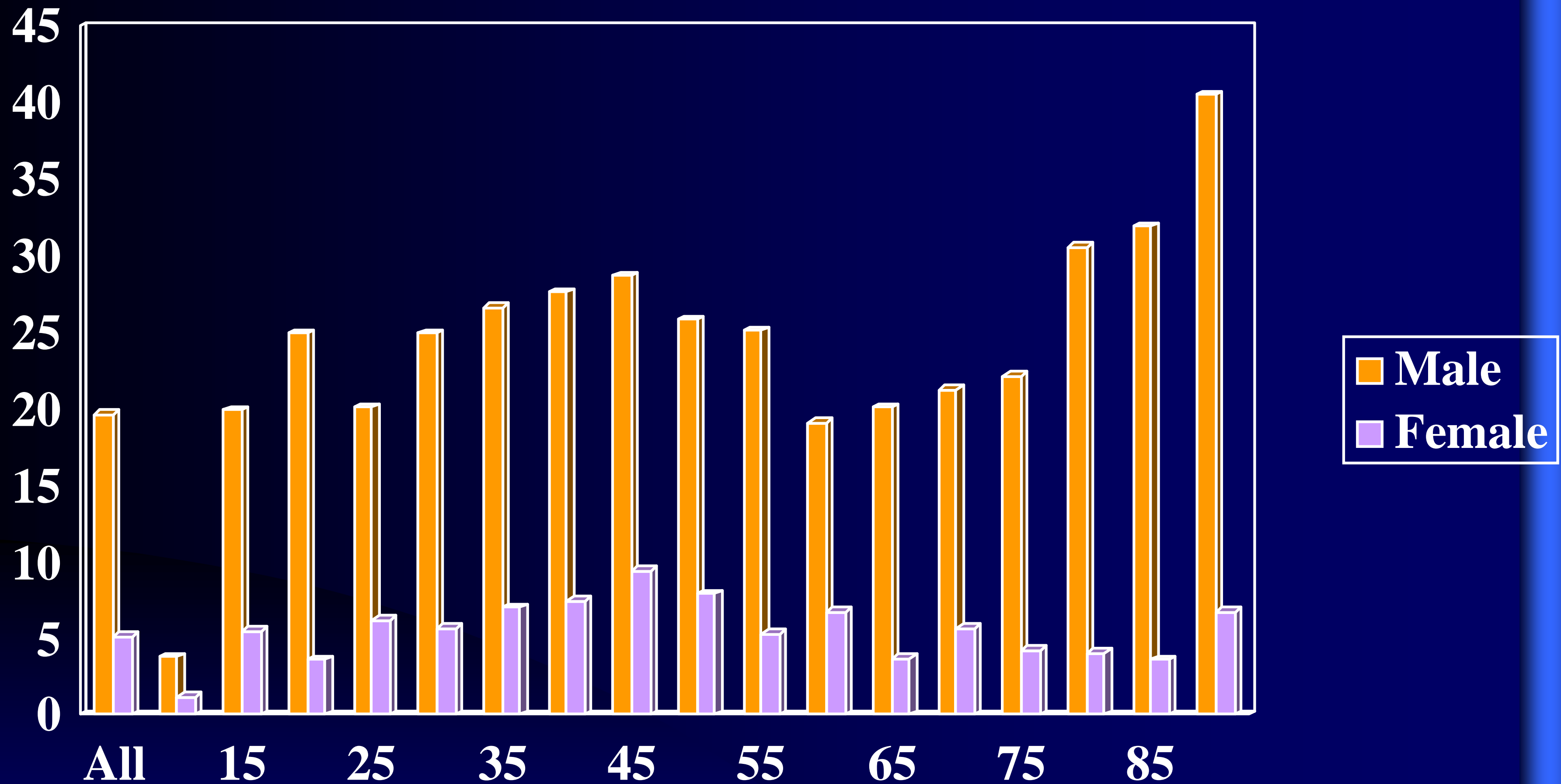
Anxiety Disorders and Depression:

- Higher rates of anxiety disorders in late life MDD (34-50%) [a,b]

- High rates of MDD in elderly with anxiety disorders (26%) [a]

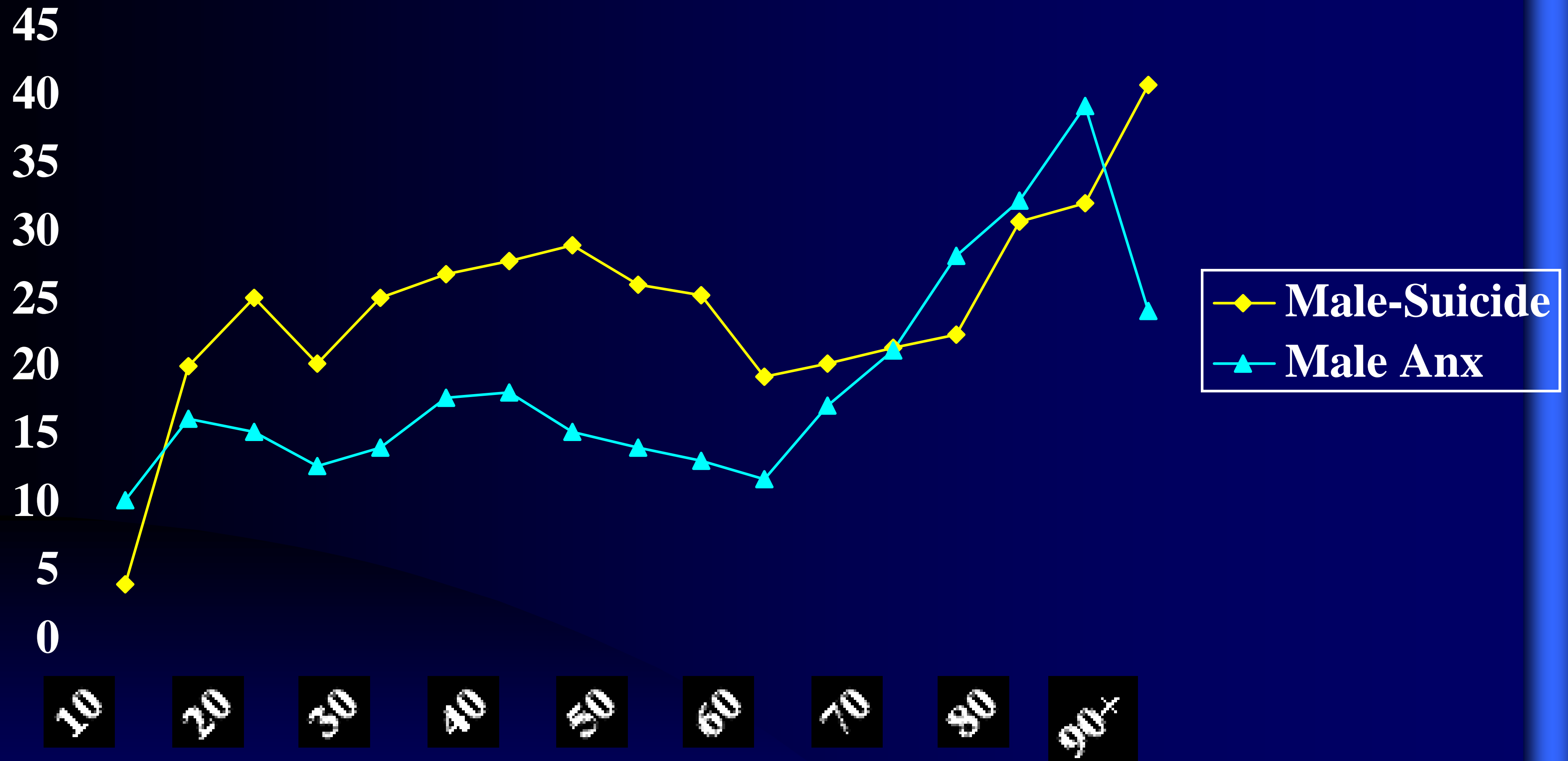
a) Beekman et al Am J Psych 2000: 157; b) Lenze et al J Affect Dis 2003:77

Canadian Suicide Rates: 1997



Statistics Canada: Mortality Summary List of Causes, 1997

Canadian Suicide Rates: 1997



Statistics Canada: Mortality Summary List of Causes, 1997

Anxiety and Dementia:

- Dementia patients have increased prevalence of anxiety (23-66%)[a,b]
- Anxiety may be related to MDD[c,d] (50% - 80% in dementia)
- Mild cognitive impairment: anxiety 10-45% [e]

a) Flint Am J Psychiatry 1994:151; 640-9 Wands K et al, J Am Geriatr Soc 1990: 38:535-8; b)Levy and Cummings, Gerontology 1999; 45. Ballard et al., Int J Geri Psych 1996; 11.; c) Jacoby R et al Br J Psychiatry 1980:136; 256-69; d) Jacoby R et al Br J Psychiatry 1980:136; 256-69; e) Sinoff, Int. J Geri Psych 2003: 18; Forsell et al., Acta Neurol Scand 2003: 107, suppl 179

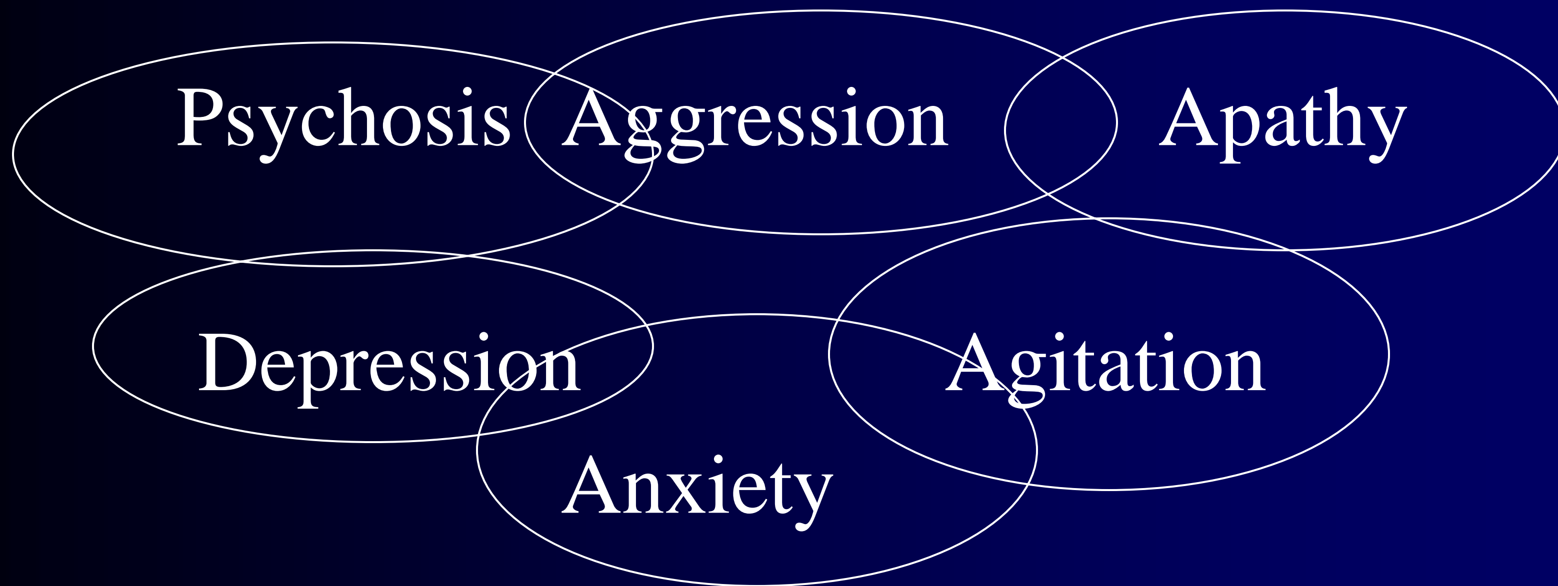
Anxiety Disorders in Dementia:

- Agitation is common, not always anxiety[a]

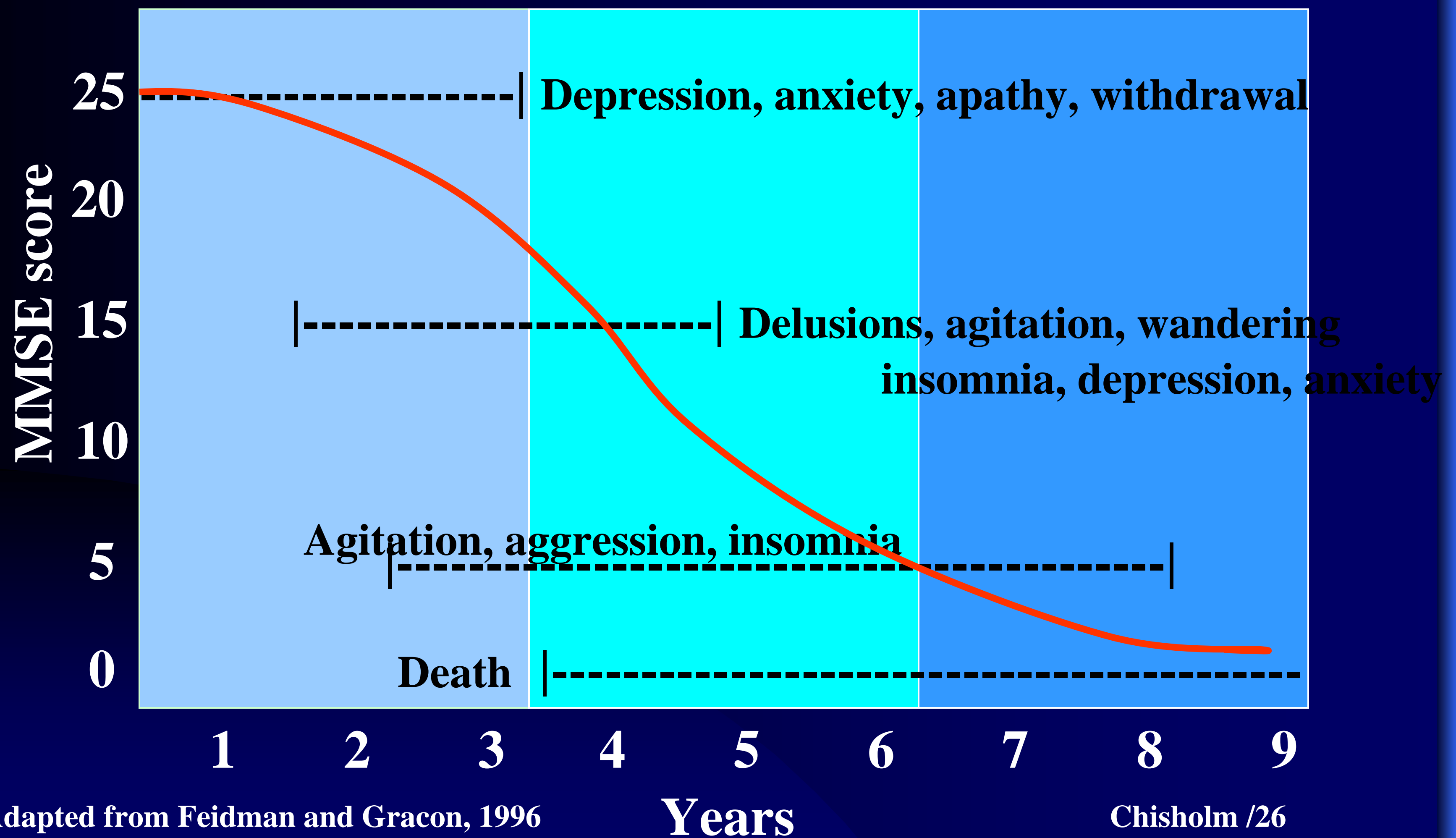
- Acutely: medical illness, pain, delirium
- Chronic: typical of dementia progression

a) Flint Am J Psychiatry 1994:151; 640-9 Wands K et al, J Am Geriatr Soc 1990: 38:535-8

Behavioral and Psychological Symptoms of Dementia



Alzheimer's Disease: Psychiatric symptoms



Adapted from Feidman and Gracon, 1996

Anxiety Disorders in Vascular Dementia:

- Higher prevalence, more severe anxiety in Vascular dementia vs. Azheimer disease [b]

- Severity of Vascular Dementia= more anxiety[a]

(Similar to major depressive disorder)

a) Sultzer DL et al, Am J Psych 1993 Dec 150 (12): 1806-12; b) Ballard C et al J Affect Disord. 2000 Aug; 59 (2): 97-106

Anxiety Disorders in Late Life: Difficult to Diagnose

- Sx overlap other psychiatric conditions:
  - Impaired sleep, concentration, attention, memory; agitation, disabling fear, hypervigilence
- Sx overlap with medical illness:
  - Chest pain, H/A, SOB, abdo pain, agitation
- *Anxiety is not always on the differential*
- Older patients report somatic > psychologic sx

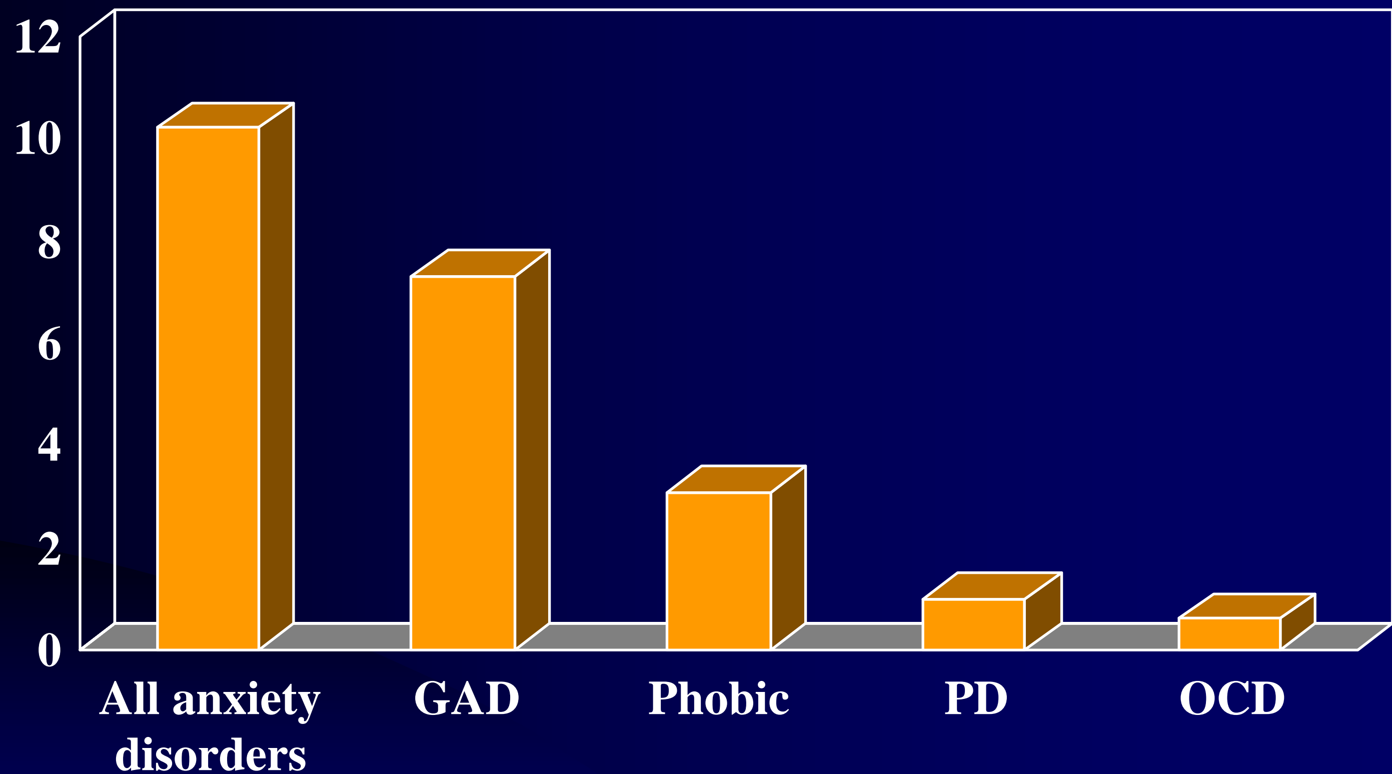
Anxiety Disorders in Late Life: Outline

- Epidemiology ✓
- Comorbidity ✓
- Diagnosis
- Treatment
- Case analysis, discussion

The Anxiety Disorders Family:

Anxiety disorders in later life: a report from the Longitudinal Aging Study Amsterdam.

Age: 55-85
DX: DIS
6 mo.



Beekman AT, et al. Anxiety disorders in later life: a report from the Longitudinal Aging Study Amsterdam. Int J Geriatr Psychiatry. 1998 Oct;13(10):717-26.

Anxiety Disorders in Late Life: Common Disorders

- **90% of anxiety due to Generalized Anxiety Disorder (GAD) and Phobias**

- 10%: OCD, PTSD, panic

Anxiety Disorders in Late Life: Making the Diagnosis

- History:
  - Early vs. late onset; comorbid depression
  - Recent traumatic events, triggers
  - Medical history, medications (EtOH)
- Investigations:
  - CBC, lytes, TSH, glucose, urinalysis, pulse oximetry, drug screen, ECG, CT
- Observations: MSE & **Use of Scales**

Anxiety Disorders in Late Life: Use of Scales

- Gold Standards: Psychometric validity ? >65 y
  - SCID (Structured Clinical Interview)
  - ADIS-IV (Anxiety D/O Interview Schedule)

- Scales with geriatric norms[a]:
  - Hamilton Anxiety Rating Scale (GAD)
  - FEAR Survey (panic, phobia, GAD)
  - Clinician Admin. PTSD Scale (PTSD)
  - Y-BOCS (OCD)

a)Carmin CN et al, Current Psychiatry Reports 2000:2;13-9

Anxiety Disorders in Late Life: Diagnosing Disorders

- *History* is key to diagnosis:
  – Include anxiety on the differential
  – Know what is common
  – Recognize the clinical features
  – Be aware of differences in late life

Most Common:

GENERALIZED ANXIETY

Anxiety Disorders in Late Life:

Anxiety Disorders in Late Life: Diagnosing GAD

- Characterized by > 6 months:
  - Excessive worry: “What if’s” of life
  - Difficulty controlling worry
  - 3 or more: Restless, easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance (initial insomnia, or restless, unsatisfying sleep)
- Interferes with social/ occupational function

Anxiety Disorders in Late Life: GAD: Questions to Ask

- "Are you a worrier? More than average?"
  - "What kinds of things do you worry about?" (Everyday concerns - the "what ifs" in life?)
  - "Is it hard to stop the worrying?"
  - "Do you worry so much that you get muscle aches, pains or other health problems?"
  - "Does worrying keep you from falling asleep, feeling rested at night?"
- Scale: Hamilton Anxiety Scale (>20)

Anxiety Disorders in Late Life: Diagnosing GAD

- Up to 50% of all late life anxiety
- Majority (50-97%) are early onset with later exacerbations
- *"Nervous Nellies Live Forever"*

a) Ferretti et al J Geriatr Psych Neurol 2001 Spring; 14 (1): 52-8; b) McCurry SM et al J Geront Nurs 2004 Jan; 30 (1): 12-20

Anxiety Disorders in Late Life: Diagnosing GAD

- Common anxiety symptoms in dementia:[a, b]
  - Tension, restlessness, fidgeting, agitation, sleep disturbance
  - *Affective component: Anxious or worried appearance, subjective fearfulness, wringing hands, "inconsolable"*
- Memory loss exacerbates worry:
  - Improves with a sitter, reassurance

a) Ferretti et al J Geriatr Psych Neurol 2001 Spring; 14 (1): 52-8; b) McCurry SM et al J Geront Nurs 2004 Jan; 30 (1): 12-20

Anxiety Disorders in Late Life:
GAD and Dementia

- Interrelation b/w anxiety & nighttime behavioral disturbance:[a]
  - N= 153 pts, moderate AD in community
  - Those who woke caregivers 1+ x/wk (29%) had OR 2.1 (CI1.4, 2.9) of symptoms anxiety (56%)

a) McCurry SM et al J Gerontol Nurs 2004 Jan 30 (10 12-20.

Anxiety Disorders in Late Life:

Depression & Generalized Anxiety

- New onset GAD usually occurs w MDD
- Late life Major Depression:
  - 20-40% have GAD (ECA) [a,b]
  - 75% have *subsyndromal* anxiety[c]
- Worse prognosis:
  - 50% more time to respond to treatment[d]
  - Incomplete recovery from depression[e]

a) Regier DA et al, J Psychiatr Res, 1990 24 (Suppl 2): 3-14; b) Blanchard MR et al Br J Psychiatry 1994: 164;396-40;c)Ben- Arie O, Br J Psychiatry 1987: 150: 169-74; d) Mulsant BH et al, Anxiety 1996:2;242-7; e) Blazer DG et al, Int J Geriatr Psychiatry 1989; 4: 273-8;

Most Common:

PHOBIAS

Anxiety Disorders in Late Life:
Diagnosing Phobias

- Characterized by:
  - Persistent irrational fear of a situation, object or activity; desire to avoid phobic stimulus
- New onset phobia >65:
  - Agarophobia is most common (up to 80%) [a,b]
- FEAR Survey

a) Lindesay J Br J Psych 1991: 159; 531-41: b) Livingston G J of Aff Dis 1997:46;255-62

Anxiety Disorders in Late Life:
Phobia: Questions to Ask

- *Agarophobia:* “ Do you have anxiety about leaving your home? being in crowds? fear you’ll be unable to get help?”
- *Social phobia:* “Are you a shy person? Do you avoid parties, other social situations? Fear that you will be judged or not liked by others?”
- *Specific:* “Is there one thing you’re very afraid of, such as heights, storms? Does that fear prevent you from doing things?”

Anxiety Disorders in Late Life: Diagnosing Agarophobia

- Younger patients agarophobia = after panic
- >65 y different from younger patients
  - Types: Agarophobia > social > specific
- *Few elderly with agarophobia report panic:*
  - Agarophobia occurs after a traumatic event: medical illness, falls, muggings[a]
  - Fear of being unable to escape/ get help

a) Osman TE et al, Gen Hosp Psychiatry 1987: 9: 167-73

Anxiety, Fears, and Falls

- Prevalence of fear of falling in 30-77% of seniors who have fallen (average 50%)[a]
- Depression, anxiety disorders, severity of disorders have independent associations with fear of falling [a]
- Fear of falling leads to / worsen depression, impedes recovery [b, c]

a) Gagnon N Am J Geriatr Psych 13:1 2005: 13; 7-14 b) Kreissig et al JAGS 2001: 49;c) Scaf-Klomp et al. Age and Aging 2003: 32

Scaf-Klomp et al, Age and Aging
2003: 32

Least common $< 10\%$:

Panic, OCD, PTSD

Anxiety Disorders in Late Life: Diagnosing Panic

- Episodic overwhelming "body" anxiety (4+/13 symptoms)
- *Different from younger patients:*
  - Fewer sx, less avoidance, more SOB [a]
- 85% comorbid illness:
  - COPD, vertigo, Parkinsons, MDD (40-52%)[b]
- FEAR Survey

a) Sheikh JI et al, Am J Psychiatry 1991: 148; 1231-3; b) Raj BJ et al, J Clin Psychiatry 1993: 47: 21-30

Anxiety Disorders in Late Life:

Diagnosing OCD

- Rare in late life, usual onset < 40 y[a]:
  - Institutionalized > living at home[b]
  - Medical illness, dementia, delirium
- *Differs from younger patients*:
  - Themes: sins, religion > infections, AIDS[c]
  - In Dementia: Hoarding, rigidity about toileting needs, medication schedule
- Scales: Y-BOCS

a) Flint AJ, Am J Psychiatry 1994; 159: 640-9 b) Bland RC et al Acta Psychiatry Scand 1988: Suppl 330; 57-63; c) Kohn R et al, Am J Geriatr Psychiatry 1997: 5;211-5

Anxiety Disorders in Late Life:
Diagnosing PTSD

- Symptoms: Reexperiencing, avoidance & numbing
  - Incidence=across lifespan (after disasters)[a]
- Holocaust survivors, POWs, war veterans [b.c]
  - 70% are chronic, persist in late-life
- Traumatic events can trigger PTSD sx[b,c,d]
  - War, bereavement, illness, retirement[a]
  - Memory loss exacerbates symptoms
  - PTSD Scale

a) Livingston HM et al Int J Geriatr Psych 1994: 989-94; b) Kaup BA et al Am J Geriatr Psych 1993: 2; 239-43; c) MacLeod AD Aust NZ J Psych 1994: 28; 625-34; d) Robinson S Br J Med Psychol 1994: 67;353-62

Anxiety Disorders in Late Life: Outline

- Epidemiology ☑
- Comorbidity ☑
- Diagnosis ☑
- Treatment
- Case discussion

Anxiety Disorders in Late Life:

Anxiety Disorders in Late Life: Treating Anxiety Disorders

- Historical lack of attention, research *sparce*
- Guidelines for >65y are not based on RCT's
- Krasucki 1999 review[a]:

"The advice given… far outstrips the evidence and is presumably based on … extrapolation from research with younger age groups..."

a) Krasucki C et al, Int Psychogeriatrics 1999: 11;25-45

Anxiety Disorders in Late Life:
Treating Anxiety Disorders

- Carmin et al. 2000 review[a]:

  "There have been no recently published controlled studies examining pharmacotherapy for anxiety disorders in the elderly..."

- Lenze 2001 review[b]:

  "There are no published controlled trials of antidepressant medication for geriatric anxiety disorders... (open label only)"

a) Carmin CN et al, Current Psychiatry Reports 2000:2;13-9; b) Lenze EJ Depression and Anxiety 2001:14; 86-93

Anxiety Disorders in Late Life:

- Current practice: Benzodiazepines

Anxiety Disorders in Late Life: Benzodiazepines

- Eg. Lorazepam, Diazepam, Oxazepam
- Overused in late life anxiety[a]
- 33% of NS women are currently prescribed benzodiazepines

a) Copeland JR et al, Br J Psych 1996:11;65-70

Anxiety Disorders in Late Life: Risks of Benzodiazepines

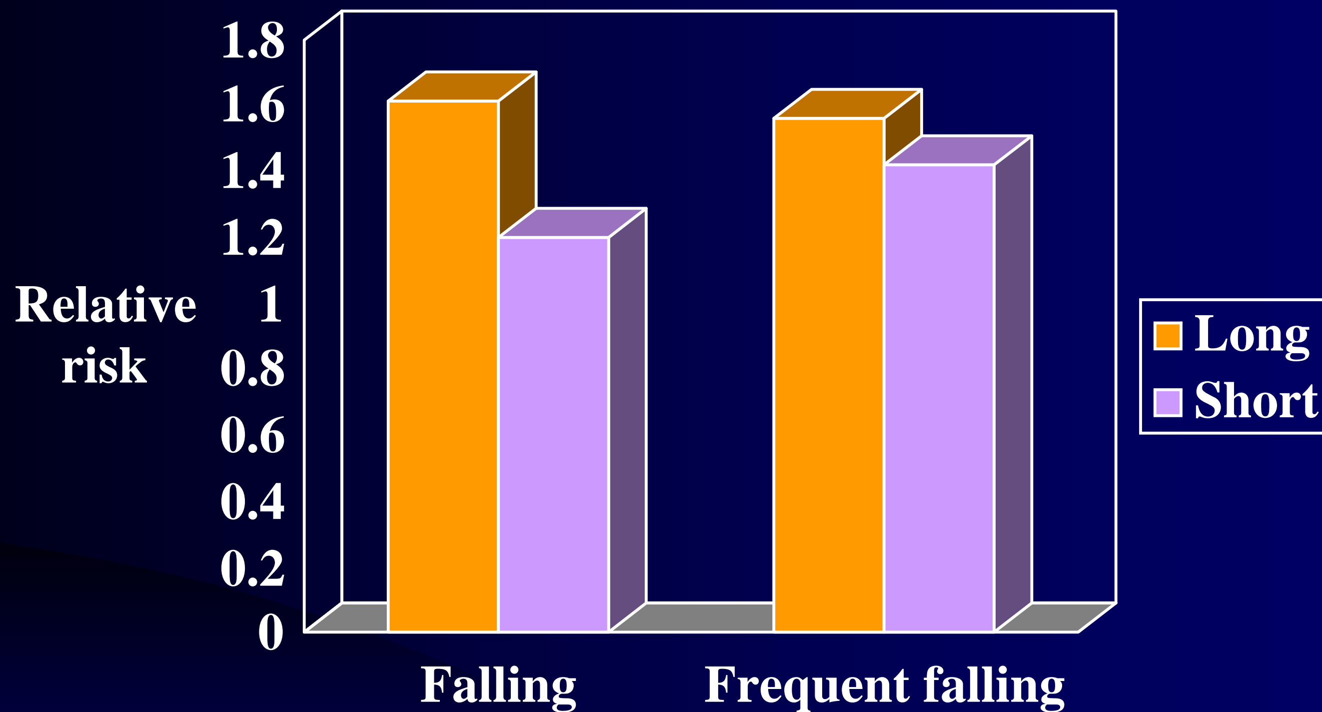
- Incontinence[a]
- Confusion
- Long-term effects on cognition[b]
- Can impede the treatment of anxiety

AND

a) Copeland JR et al, Br J Psych 1996:11;65-70; b) Barker MJ et al, CNS Drugs 2004; 18 (1): 37-48

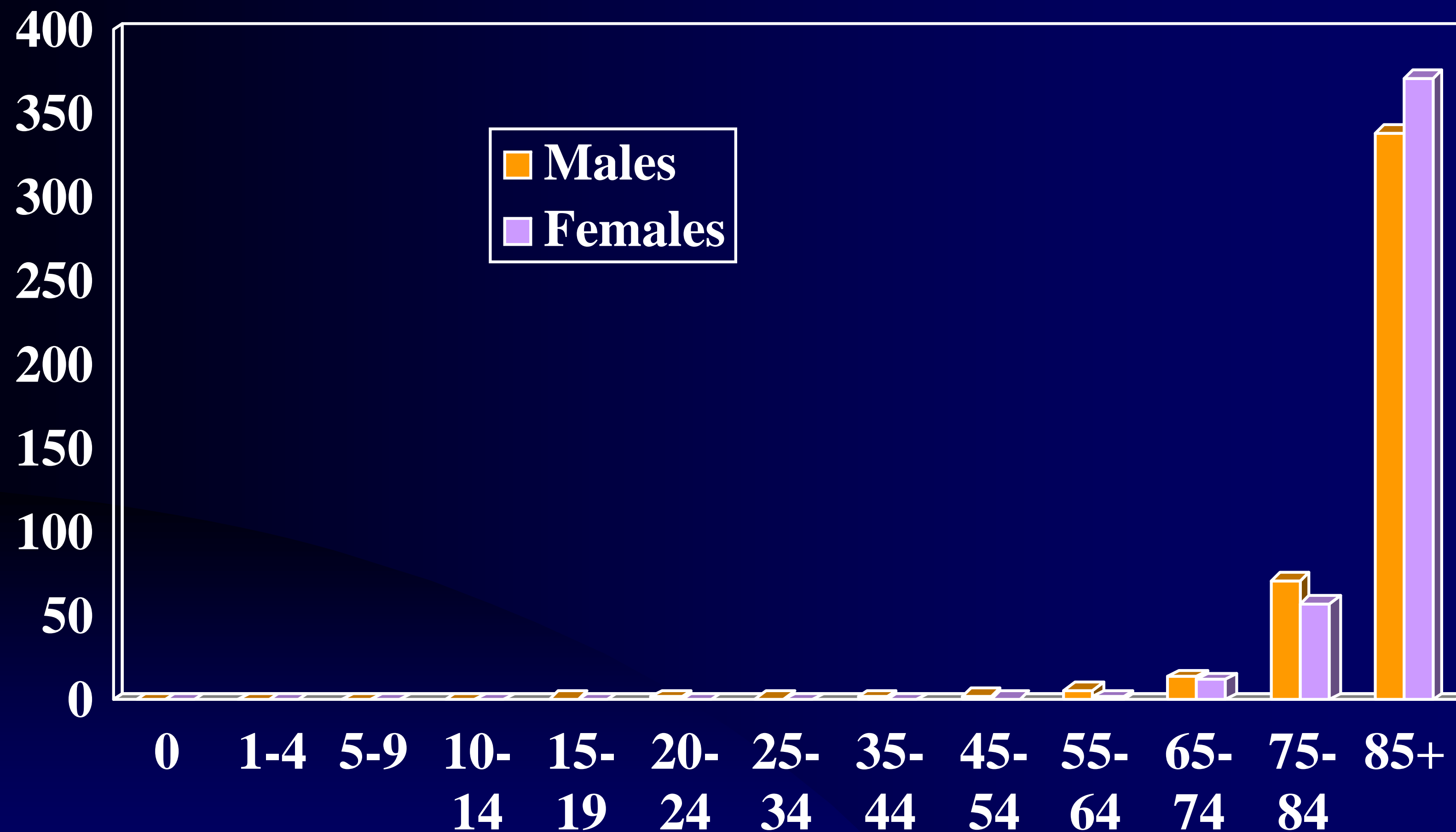
Anxiety Disorders in Late Life:

Associations between current use of long-acting and short-acting benzodiazepines and risk of falls. (Relative risk)



Ensrud K. Central Nervous System-Active Medications and Risk for Falls in Older Women. JAGS 2002;50(10):1629-1637 Thorpe/61

Death Rate From Falls per 100,000 by Age and Sex (Health Canada, 1996-7).



CANMAT 2000 Guidelines for Pharmacologic Treatment of Anxiety

	GAD	PHOBIA	PTSD	OCD	PANIC
1st LINE	**SSRI*** **SNRI*** **Buspar***	**SSRI** **RIMA**	**SSRI** ***TCA?***	**SSRI*** ***TCA?***	**SSRI*** **SNRI**
2nd LINE	**TCA**	**SNRI**	**SNRI** **MAOi**	**SNRI** **SARI**	**TCA**
3rd LINE/ Adjunct	**Benzo**	**Benzo** **MAOi**	**Benzo** **Epival** **Clonidin**	**Benzo** **D2-Block** **Neurontin**	**Benzo** **MAOi**

*= Some evidence >65y; 1st line= Level 1 evidence/ tolerated (mixed age)

Treatment Studies for Anxiety Disorders in Late Life

Sample	Agent	Author	Duration weeks	N	Age	Results
Mostly GAD	Fluvoxamine	Wylie et al 2000	21	19	>50	Effective in 66% of completers
Mostly GAD	Citalopram	Lenze et al 2003	8-16	34	>60	>PBO
Secondary to neurotic depression	Buspirone	Bohm et al 1990	4	40	>65	>PBO
Mostly GAD	Oxazepam	Koepke et al 1982	4	220	>60	>PBO

Anxiety Disorders in Late Life:
Venlafaxine XR in Late Life GAD

- Katz et al. 2002:
- Meta-analysis of 5 controlled trials [a]:
  - N=136 Effexor XR; N= 47 Placebo
  - HAM-Anxiety Score weeks 8, 24
- Venlafaxine XR for GAD in elderly
  - Equal effect to younger patients
  - Effective treatment for late life GAD

a) Katz IR et al J Am Geriatr Soc 2002 Jan 50 18-25

Anxiety Disorders in Late Life:

Citalopram in Late Life GAD

- Lenze 2005:[a]
- 1st prospective controlled trial of SSRI in late life anxiety (mostly GAD) >60 years
  - N=36 assigned to Citalopram or placebo
  - Response= 50% reduction HAM-A Score
- Response 65% Citalopram (vs 24%), at 8 wks
  - Most common side effect was sedation

a) Lenze EJ et al. Am J Psych 2005; 162: 146-150

Anxiety Disorders in Dementia:

- Citalopram vs Placebo:
  - N=98 moderate AD or VaD, DBPC
  - Improvement in anxiety, fear/ panic, restlessness, irritability (and depression) after 4 weeks in AD
  - Not improved in VaD vs. placebo

Nyth & Gottfries Br J Psych 1990; 157: 894-901

Anxiety Disorders in Dementia: Cholinesterase Inhibitors

- Donepezil: improves anxiety in AD [a]
  - N=290, mod-sev AD (MMSE 5-17)[b]
  - 5-10 mg, improved anxiety, irritablity at 24 wks (vs placebo)
- Galantamine: improves anxiety in AD [c]
  - N=124, mild-mod AD
  - 8-24 mg, improved anxiety, aberrant motor & night-time behavior >30% at 12 wks

a) Tanaka M et al J Neurol Sci 2004 Oct 15; 225 (1-2): 135-41; b) Gauthier S et al Int Psychogeriatr 2002 Dec 14 (4): 389-404; c) Monsch AU et al Curr Med Res Opin 2004 Jun; 20 (6): 931-8

Pharmacologic Treatments of Anxiety Disorders All Ages: Controlled Trials*

	TCA	SSRI	MAOi	SNRI	Benzo	Buspar
PANIC	✓	✓	✓		✓	
GAD	✓	✓		✓	✓	✓
OCD	✓	✓				
PTSD	✓	✓	✓			
PHOBIA		✓	✓		✓	

*= mixed age populations ✓ = established efficacy

Anxiety Disorders in Late Life: Other Treatment Options

- Buspirone (for GAD)[a]
  - Partial 5HT agonist
  - Tx 15-30 mg tid
  - No withdrawal
- Trazodone (insomnia)
  - 5HT agonist
  - Tx 25-300 mg hs
- Mirtazapine[b]
  - 5HT, Alpha agonist
  - Tx 30-45 mg
  - Sedation, wgt gain
- **Avoid**:
  - Wellbutrin; Ritalin
  - Nefazodone (liver failure)

a)Steinberg JR Drugs and Aging 1994 5 (5); 335-45; b) Schatzberg AF et al, Am J Geriatr Psychiatry 2002: 10 (5); 541-50

Geriatric Medications: Newer Ideas

- Neuroleptics for refractory OCD[a]:
  - Risperidone, olanzepine, haldol, quetiapine
  - 46-71% response rate (vs. none with PBO)
- Topiramate augmentation in OCD[b]:
  - Benefit 2/3rd of patients with OCD who did not respond to SSRI alone, or + neuroleptic
  - Side effects: weight loss, sedation, word-finding difficulties, paresthesias

a)Sareen J et al. J Aff Disord 2004; 82 (2):167-74; b) Van Amerigan, Psychiatry Update 2004

Geriatric Medications: General Principles

Start low, Go slow, *Aim high*, Treat long

…. especially for anxiety disorders

More somatic sx means higher dropout rate.

Anxiety Disorders :
Gold Standard Treatment

- Cognitive Behavioral Therapy
- #1 most approach to most anxiety disorders
  - Most commonly used strategy in children
- Exposure & response prevention:[a]
  - Gold standard treatment of avoidance and catastrophic reactions found in anxiety (panic, agarophobia, social phobia, PTSD)

a) Marks I Br J Psych 1998: 153; 650-8

Controlled Trials of GAD in older adults

Agent	Author	Duration weeks	N	Age	Efficacy
Individual CBT	Barrowclough 2001	12	85	>60	CBT>supportive @ 12 mo
Individual CBT	Stanley 1996	14	48	>55	CBT = supportive
Enhanced CBT	Mohlman et al 2003	13	15	>60	N too small
Primary care CBT	Stanley et al 2003	8	12	>62	CBT > usual care
CBT	Stanley et al 2003	15	85	>60	CBT > wait list
Group CBT	Wetherell & Gatz 2003	12	75	>55	CBT>discussion > W/L (large effect)

Anxiety Disorders in Late Life: CBT for Insomnia

- CBT[a]: stimulus control (bed only for sleep), sleep restriction (no napping), sleep hygiene, relaxation

- Cochrane review[b]: CBT for sleep problems in adults 60 years +
  - 6 trials, 282 pts with insomnia; Mild effect size

a) Hollbrook, A et al BJM November 2004; 1100-200; b) Montgomery P et al Cochrane Library Issue 2, 2004

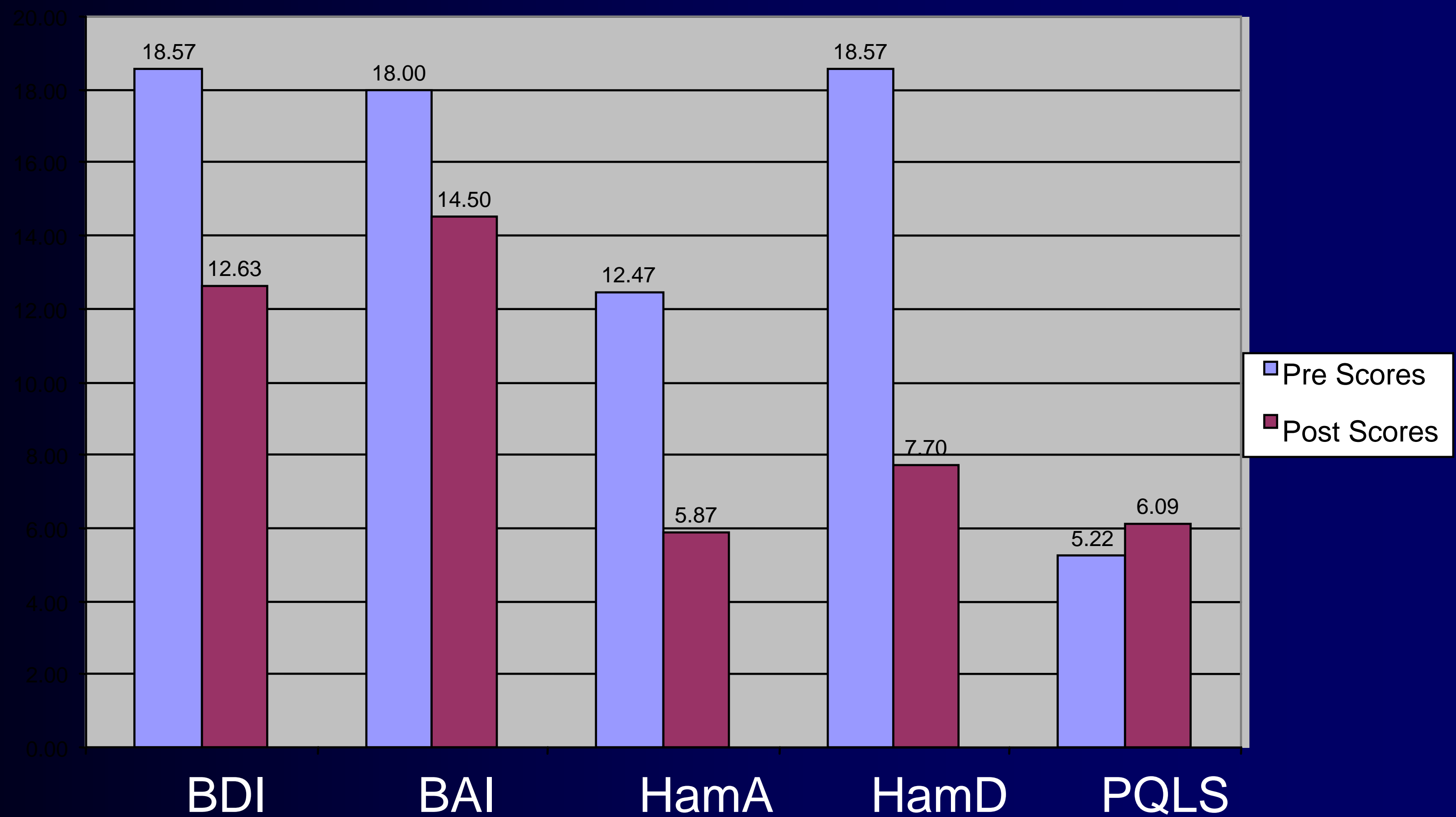
Anxiety Disorders in Late Life: Treatment with CBT

- Seniors Mental Health Day Program:
  - Depressed & Anxious Elderly >65 y
  - Without cognitive impairment

- Evidence based treatments:
  - Cognitive Behavioral Therapy (CBT)
  - Relaxation therapy
  - Healthy living & Grief groups

Seniors Day Program: CBT

Jan - Dec 2004 3 Groups, N=14



CBT for Anxiety

Cognitive Triad of Anxiety:

- Self: “I am helpless”
- World: “The world is dangerous”
- Future: “The future is uncertain”

CBT for Anxiety

Behavioral Driver of Anxiety: AVOIDANCE

Avoidance--> alleviates symptoms short term

Increased symptoms at next exposure

More avoidance, decreased function/ coping

CBT for Anxiety

Techniques:

- COGNITIVE :Modify distortions
  - "What's the worst that could happen?" "What were you most afraid of?" "What is bad or harmful about thinking that way?"
- BEHAVIORAL: Graded exposure
  - Set specific goals/ behavioral experiments, breathing techniques reduce sympathetic activity

CBT and Benzodiapines

Benzodiazepines: do reduce anxiety symptoms

- Patients like them!!

- BUT impede treatment of the anxiety:
  - Cognitive impairment
  - Withdrawal symptoms
  - *A form of avoidance*

Anxiety Disorders in Late Life: Outline

- Epidemiology ☑
- Comorbidity ☑
- Diagnosis ☑
- Treatment ☑
- Case discussion

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- ID: 71 year old widow, lives alone
- HPI: Presents to ER for 3rd time in 1 month with sudden onset of chest pain, SOB, weakness
- Several falls in past 2 months
- Medical history: hypertension, past MI, atrial fibrillation, arthritis

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Medications: atenolol, nitro spray, ASA, alprazolam, lorazepam
- Ddx: atrial fibrillation, MI, ?strokes

- Acute coronary ruled out in ER-> discharged
- Referred to Geriatric Assessment Unit to investigate/ treat falls and “episodes”

Anxiety Disorders in Late Life: Case: Ms. J. Itters

Questions:

What is the differential diagnosis?

What else do you want to know?

Anxiety Disorders in Late Life:
Panic: Questions to Ask

- "Do you ever have sudden, overwhelming anxiety that you feel in your body, feel as though you're losing control?"
- "What happens/ what do you feel/ where?" (SOB, chest pain, palpitations, numbness, etc.)
- "How long does it last? (< 10 min) How often?"
- "Does a fear of having another episode prevent you from going out?"

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Episodes occur in mornings
- Last 10 minutes- better with ativan
- SOB, chest/ throat tightness, choking sensation, palpitations, sweating, light headed, feels she’s losing control, might die
- Not going out as much, related to the fear of falling and not being able to get help

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Daughter- collateral history
  - Widowed, husband died 8 months ago, tearful, sad
  - Always had “bad nerves” (Alprazolam x 20 y)
- Anxiety much worse in last year: restless sleep, worried all the time, fearful
  - Alprazolam 1 mg hs x 20 yrs, increased to 2 mg hs x 4 mo
  - Lorazepam (0.5 mg hs) 1-2 prn x 2 mo

Anxiety Disorders in Late Life: Case: Ms. J. Itters

Questions:

What else is included on the differential diagnosis now?

What else do you want to know?

Anxiety Disorders in Late Life:
GAD: Questions to Ask

- "Are you a worrier? More than average?"
  - "What kinds of things do you worry about?" (Everyday concerns - the "what ifs" in life?)
  - "Is it hard to stop the worrying?"
  - "Do you worry so much that you get muscle aches, pains or other health problems?"
  - "Does worrying keep you from falling asleep, feeling rested at night?"
- Scale: Hamilton Anxiety Scale (>20)

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Always a “worrier”, much worse in past year, now incapacitating
  - Initial insomnia, worries about health/future/ finances
  - Can’t decide what to wear, doesn’t dress, spends x4 hrs a day wringing her hands
  - Pains in back, tension headaches, more arthritic pain

Anxiety Disorders in Late Life: Agarophobia

- Fear of going outside related to falls
- Since recent falls, afraid of going up/down stairs
- Fearful of leaving the home in case she falls and can't get help
- Function much reduced
- Deconditioned

Anxiety Disorders in Late Life:

Depression: Questions to Ask

Mood -depressed? (5/ 9 symptoms x 2 weeks)

- Sleep- early am waking?
- Interests- loss of usual interests, hobbies?
- Guilt- feeling of low self worth?
- Energy- restless, or fatigued?
- Concentration- to read? Watch TV?
- Appetite- change? Loss of weight?
- Suicidal- future hopeless? Suicide?

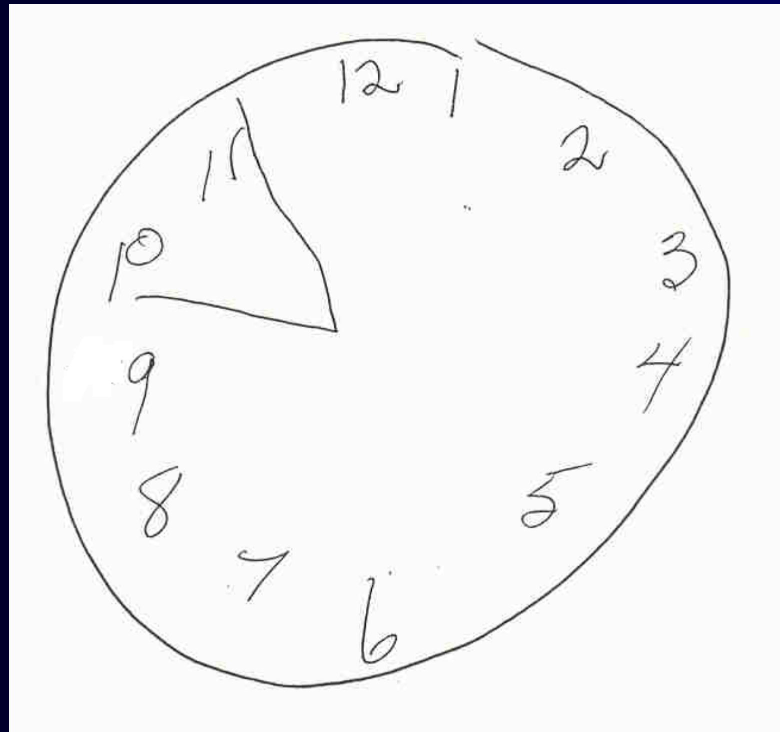
Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Her husband died suddenly 8 months ago
- Sad, tearful, not socializing, 10 lb weight loss, trouble falling asleep, early morning waking
- Less sad & tearful x 3 mos, still not "herself"
- Insomnia better with benzodiazepines
- "Nerves" are the biggest problem

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Memory decline in past year: more forgetful, confused
- MSE: Thin woman, good eye contact, psychomotor agitated, affect- anxious, sad/ tearful
- MMSE: 25/30 (1/3 recall)
- Clock- organized, hands misplaced

Anxiety Disorders in Late Life: Case: Ms. J. Itters



"10 past 11"

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Scales: GDS 6/15 (mild) ; HAM-A: 30 (>20 significant)
- Investigations:
  - EKG normal
  - BW: CBC, lytes, BUN, Cr, LFT's, TSH glucose normal, cholesterol elevated
  - CT: leukoariosis, atrophy in keeping with age

Anxiety Disorders in Late Life: Case: Ms. J. Itters

What is the differential diagnosis?

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Ddx:
  - Major depressive disorder, anxious features
  - Generalized anxiety disorder
  - Panic disorder
  - Agarophobia
  - Cognitive impairment, due to ?depression, benzodiazepines, dementia
  - Falls ?due to benzodiazepines

Anxiety Disorders in Late Life: Case: Ms. J. Itters

What are the treatment options?

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- In GAU, start an SSRI: Celexa 20 mg od
- Reduce benzodiazepines: ativan stopped

- Returns in 2 days with nausea, diarrhea, insomnia, anxious, feeling much worse.

- Consult to psychiatry

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Psychiatry resident:
  - Celexa 5 mg od x 1 week, 10 mg
  - In 2 weeks- Celexa increased to 20 mg
  - Consolidates ativan 1 mg hs, alprazolam 2 mg hs to equivalent dose of clonazepam (0.5 mg + 1 mg , divided dose), taper later
- In 1 month, no panic symptoms, start taper benzodiazepine

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Taper benzodiazepine:.by 0.25 mg/ month
- In 4 months, using 0.25 mg am, 0.5 hs
- Still having initial insomnia, not rested
- Worry, indecision, HAM-A: 25

Anxiety Disorders in Late Life: Case: Ms. J. Itters

- Increase Celexa to 30 mg od (10 mg am 20 mg hs)
- CBT group for 10 weeks. By the end:
  - Clonazepam 0.25 hs
  - No further falls
  - HAM-A: 17
  - MMSE: 29-30 (3/3 recall), normal clock

Anxiety Disorders in Late Life: Key Points

- Epidemiology:
  - #1 disorder, Comorbidity is the rule
- Diagnosis:
  - Look for symptoms, 90% are phobias (agarophobia) & GAD, know different presentations
- Treatment:
  - Treat underlying depression/ medical illness if present/ remove offending agents

Anxiety Disorders in Late Life: Key Points

- Treatment Strategy:
  - Avoid autonomic/ cognitive toxicities, physical dependence and drug interactions
  - Benzos overused, antidepressants underused
  - Medications: start low, go slow, aim high
  - CBT is gold standard, decreases benzodiazepine use and targets insomnia

Anxiety Disorders in Late Life: Future Directions

- More research is needed:
  - Impact of phenomenology, physiology & treatment on anxiety disorders in late life
  - Measures that are sensitive to evolution of anxiety over lifetime
  - Controlled trials to guide management
- Better detection & treatment

Anxiety Disorders in Late Life

CBT Reading List

- Workbooks:
- Craske M, Barlow D, O'Leary T. Mastery of your anxiety and worry. San Antonio TX, The Psychological Corporation, 1992.
- Greenberger and Padesky, Mind Over Mood. Etc...
- Techniques:
- DeVreis H, Coon D., Cognitive behavioral group therapy with older adults, in Comprehensive Handbook of Psychotherapy, Vol 2: Cognitive Behavioral Approaches. Ed Kaslow FW, Patterson T. New York, Wiley 2002; 547-67.
- Grant R., Casey D. Adapting cognitive behavioral therapy for the frail elderly, Int Psychogeriatr 1995 Winter; 7 (4):561-71.
- Knight B, Satre D., Psychotherapy with older adults.Clin Psychol; Sci Prac 1999; 6:188-203.