

Anxiety Disorders in the Elderly

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Among older people (65 years of age and older), many worry about their health, family, financial situation and mortality. These worries are even more likely to arise when they feel that their physical and mental capacities are diminishing and that they are losing their autonomy. This is considered as normal anxiety. However, sometimes anxiety is so intense that it causes significant impairment in the person's daily functioning and becomes an important source of distress. This kind of anxiety is not normal and it is called an anxiety disorder.

Prevalence of anxiety disorders in the elderly is high. Current research shows that between 5.5 and 10% of seniors are suffering from an anxiety disorder. Their prevalence is even higher in persons living in institutions like a retirement home. Among them, women are twice as likely to suffer from an anxiety disorder as men. Anxiety disorders are at least two times more frequent than depression in the elderly.

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The most common anxiety disorders in this age group are specific phobia, agoraphobia, generalized anxiety disorder and social anxiety disorder. Obsessive-compulsive disorder, panic disorder and post-traumatic stress disorder are the less frequent.

A person with an anxiety disorder not properly treated is at risk of developing another anxiety disorder or depression. It is thus important that older persons consult a health professional as soon as possible if they think that they are suffering from an anxiety disorder. A variety of treatments are available to help them.

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Ginny is 79 years old and she has been a widow for two years. She lives alone in an apartment since her husband died. A few months ago, she fell and fractured her hip stepping out the door of her apartment. She was hospitalized and operated on. She is now able to walk. However, her doctor referred her to an anxiety disorders clinic, because he found that she had developed various fears. For example, when she is by herself, she is afraid to feel faint or of having vertigo and lose her balance. She very rarely goes out by herself. One of her daughters accompanies her when she goes out shopping. She describes herself as always having been nervous and worried. However, her nervousness has worsened since the death of her husband. She worries about the future and has difficulty falling asleep because of her concerns. In addition, after hearing recently on the news

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about old people having been attacked and robbed, she worries about her security. She keeps her blinds closed and checks to see if her door is locked several times a day. She feels more and more isolated and alone. At certain times, she asks God to come and get her. She is being treated with a form of psychotherapy known as “cognitive-behavioral therapy”. In less than eight weeks, her symptoms have diminished considerably and her level of functioning is now comparable to what it was before her accident.

What causes anxiety disorders in the elderly?

The causes of anxiety disorders in the elderly are numerous. Those who develop an anxiety disorder are often persons who suffered from such a disorder when they were younger. On the other hand, some subjects present an anxiety disorder for the first time at an old age. Certain older persons are biologically predisposed to develop an anxiety disorder because of their heredity. Neurobiological changes occurring with age can also make them more vulnerable to anxiety. Elements provoking anxiety in seniors are the losses sustained naturally during the aging process (e.g., loss of a loved one, of health, of intellectual capacity, of autonomy) and the thoughts of danger and vulnerability associated with these losses. The losses do not have to be real to cause anxiety, suffice that they are apprehended. The more the elderly have doubts about their capacities to adapt to these losses, the more they are at risk of becoming anxious and developing an anxiety problem.

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Principal symptoms and characteristics of anxiety disorders

Anxiety disorders are characterized by a persistent and intense fear of objects, persons, situations or events that disrupt considerably the person’s usual activities. Exposure to what is feared almost systematically generates anxiety that can take the form of a panic attack. The object of apprehension is avoided or faced with intense anxiety and great distress. Experiencing these fears brings about important suffering.

Anxious symptoms are numerous and varied. An anxious person can present one or more of the following symptoms: palpitations, muscular tension, feeling out of breath or of being suffocated, chest pain, nausea or abdominal discomfort, ver-

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tigo or feeling unsteady or faint, numbness or tingling, chills or hot flashes, restlessness or over-alertness or feeling of being at the end of one's rope, difficulty concentrating or memory gaps, irritability, tiredness or sleep disturbances.

It is difficult to identify the presence of an anxiety disorder in the elderly, because it often takes the form of a physical complaint that masks an underlying disorder. This represents a challenge for at least three reasons. To begin with, there is an important overlapping between symptoms related to an anxiety problem and those caused by physical health problems (e.g., hyperthyroidism, cardiovascular disorders) or by other mental health problems (e.g., dementia) that tend to occur with aging. Secondly, the medication consumption increases with age and certain drugs have side effects that mimic anxious symptoms. Thirdly, the fact that diagnostic criteria for anxiety disorders are based on studies conducted among young adults, that thus excluded the elderly. Criteria that clearly differentiate anxiety disorders in the young do not always differentiate them well in older persons.

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Types of anxiety disorders

Diagnoses of anxiety disorders vary according to what causes the anxiety. In the case of generalized anxiety disorder, anxiety is related to fear of uncertainty - worries are excessive and concern various events or activities. In social anxiety disorder, anxiety is generated by the fear of appearing ill-at-ease or of being ridiculed in public. In agoraphobia, anxiety is caused by the fear of having a panic attack in places or situations where it would be difficult or embarrassing to seek help - being alone outside the house, in a bus or on a train, in a crowd or in a waiting line. In specific phobia, anxiety is linked to the fear of a specific object or situation - flying, having an injection or seeing blood. In the obsessive-compulsive disorder, the object of anxiety is related to the consequences of intrusive and inappropriate thoughts - the subject fears to lose control if he is not able to eliminate these thoughts. In panic disorder, anxiety arises from the fear of what could happen during a panic attack - like a heart attack. In post-traumatic stress disorder, the object of anxiety is related to all the stimuli associated with the traumatic event, including thoughts, feelings and memories.

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Recommended treatment modalities

Research shows that anxiety disorders in the elderly are treatable. Medication and behavioral or cognitive psychotherapy are the recommended treatment modalities. They can be used alone or in association.

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In the case of medication, antidepressants (in particular selective serotonin reuptake inhibitors or SSRIs and serotonin and norepinephrine reuptake inhibitors or SNRIs) are considered as the first line treatment for the

majority of anxiety disorders. This medication class includes notably fluoxetine, sertraline, paroxetine, citalopram and venlafaxine. Antidepressants have generally to be taken for several weeks before their therapeutic effects are noticed. Anxiolytics, especially benzodiazepines like lorazepam and alprazolam, have the advantage of calming anxiety more effectively than antidepressants in the short-term. However, it is highly recommended to limit their use in the elderly to small doses during short periods of time, not exceeding six months. In fact, these medications can provoke or worsen memory problems, balance problems that can cause falls and psychomotor problems that can impair driving and cause road accidents.

As for psychotherapy, cognitive-behavioral therapy (CBT) is the preferred treatment. It is a form of therapy that involves notably cognitive restructuring (a strategy consisting in questioning the thoughts that generate anxiety, in order to replace them with more realistic and less catastrophic thoughts) and exposure (a strategy consisting in the gradual and systematic confrontation of anxiety-provoking objects or situations, in order to desensitize the person in face of anxiety). Psychotherapy may take several weeks or months.

In the treatment of anxiety, it is important to reduce and, if possible, eliminate all substances that stimulate the nervous system, because they can increase anxiety. For example, caffeine is a stimulant that should be avoided - coffee, tea, chocolate and many soft drinks contain caffeine. Certain over-the-counter medications (e.g., cold medications) and certain herbal products contain caffeine or other stimulants (e.g., ephedrine).

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Alcohol should also be avoided. Even though it seems to bring relieve, which is at best only transitory, it will affect the sleep and well-being of the person in the

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long run. Even taken in moderation (e.g., two drinks a day), alcohol can worsen anxiety, depression and even dementia.

When older persons receive a medical prescription for anxiety, it is important that they inform their doctor or pharmacist of all the medications or natural products they are taking, because these products can interact negatively with the medication prescribed.

Practical recommendations for persons who have aging parents

If you have an aging parent, and you think he is suffering from an anxiety problem, encourage him to talk to his doctor about the changes you have noticed in his life. Often, older people feel embarrassed to talk about their anxiety problems. However, many will accept to confide in a doctor they trust. In addition, if they trust their doctor, they are more likely to comply with an anxiety-relieving treatment or to accept referral to another health professional for evaluation and treatment.

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