Anxiety in Later Life

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"Anxiety is the hand maiden of creativity"

TS Eliot
“The act of birth is the first experience of anxiety, and thus the source and prototype of the affect of anxiety,”

SIGMUND FREUD
Intense, excessive, and persistent worry about everyday situations.
Worry
Fret
Scared
Nervous
Anxious
Epidemiology

15% - 52% community sample of symptoms
15% - 56% medical sample of symptoms
1.2% - 15% diagnostic in community samples
1% - 28% diagnostic in medical samples
Older Adult Risk Factors

Chronic Illness
Disability
Care Giver Status
Bereavement
General Assessment Guidelines

Level of distress
Strategies currently used
Time consumed by anxiety
Somatic and Psychic Symptoms
Avoidance
I was never an anxious person until just recently

Depression
Cognitive
Meds
Medical conditions
Medical Comorbidity

COPD *
Parkinson’s subcortical, autonomic
CVA Left Hemisphere
Huntington’s
Heart Disease
Psychiatric Comorbidities

Depression is highly comorbid, increase suicide risk, increased somatization, anxiety often persists

Cognitive Disorders  bidirectional relationship

Alcohol Use Disorders 10.5% binge, 3.3% heavy use, screening

Substance use Disorders  Street Drugs are rare, sedative hypnotics, opioids
Anxiety Disorders

- Generalized Anxiety Disorder *
- Specific Phobia *
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder
- Social Anxiety Disorder
- Panic Disorder
Psychic vs Somatic

- Worry
- Fear
- Dread
- Autonomic
- GI
- GU
- CV
- Integumentary
- Pulmonary
- Musculoskeletal
Generalized Anxiety Disorder

- Worry + 3 somatic symptoms
- 6 months duration
- 50% onset in later life
- GAD-7
Specific Phobia

Unreasonable
Irrational
Falls
Obsessive Compulsive Disorder

Usually preexists late life
Obsessions increase anxiety
Compulsions (undoing) attempt to decrease anxiety
Excessive and unwanted
Post-Traumatic Stress Disorder

Now in trauma related disorders

Trauma Direct exposure, witnessing, learning of family or close friend, indirect exposure (first responders)

Reexperiencing intrusion

Avoidance

Unable to function

Mood/cognition

Arousal

Duration of 6 mos
Social Anxiety Disorder

Preexists Late Life
Being found out
Avoidance
Panic Disorder

Preexists late life
Jackpot of somatic symptoms
“out of the blue”
Builds quickly and dissipated in minutes
Fear of fear
Considerations in Treatment

- First line treatment should be based on patient preference
- Provider preference if competency issues
- Availability of treatment options
- Affordability of medication
- Frequent follow ups initially and with dose changes
Treatment Options

Individual Psychotherapy
Group Psychotherapy
Pharmacotherapy
Cognitive Behavioral Therapy

Dominant form of psychotherapy for anxiety
Effective for seniors who are cognitively intact
Cognitive Behavioral Therapy

- Psychoeducation
- Relaxation
- Cognitive therapies
- Problem-solving skills training
- Exposure exercises
- Sleep hygiene
Cognitive Behavioral Therapy

Adaptations for older adults
Slower pace with increased repetition
Less abstract cognitive restructuring
More focus on health related problems
Involvement of family
Pharmacotherapy

SSRI
SNRI
Mirtazapine
Pregabalin
Prazosin
NTP
Augmentation
Start low, go slow, but go --- as aggressively as needed to treat to remission
Pharmacotherapy

Benzodiazepines
Risk v benefit
Short v long half life
Less complicated elimination
Cognitive issues
Falls
Monitoring Treatment

Treat to remission
Provide maintenance medications and psychotherapy
Taper and discontinue medication(s) gradually
Recurrence of symptoms typically within 3 mos
Questions ?