The Big “A” of Geriatrics:
Anxiety Disorders in Late Life
by
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Dalhousie University
Psychiatry/ Geriatrics Joint Grand Rounds
January 26th, 2005
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 changed d
  – Neurotransmitters change (CCK e, speech task challenge less cortisol e)


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OCD/Panic: Anatomy

Age-associated changes brain neurotransmitter systems:

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

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Anxiety Disorders in Late Life: Usually Earlier Onset

- Considered a disorder of childhood/early adulthood: Peak onset 18-40 years.
- 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
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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)


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


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Anxiety Disorders in Late Life:
Outline

- Epidemiology
- Comorbidity
- Diagnosis
- Treatment
- Case discussion

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Comorbidities and Causes

- Depression
- Medications
- Physical Illness
- Dementia And Cognitive Decline
- Anxiety
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: angina, arrhythmia, MI, MV prolapse, stroke
- Endocrine: DM, Ca++, thyroid, pheochromocytoma
- GI/ GU: PUD, pancreatic CA, UTI
- Metabolic: anemia, hypoglycemia, low Na+, high K+
- Pulmonary: COPD, pneumonia, PE, hypoxemia
- Neurologic: delirium, dementia, hearing and visual impairment, PD, seizure, CA

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 & MDDa
• Delirium: prominent anxiety sxb
• Frontal, caudate lesionsc: OCD
  – Stroke, HD, Parkinson’s, Sydenhams’ chorea
• Vertigo, Parkinson’sd: panic
  – 85% comorbid medical illness


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Anxiety Disorders in Late Life: Cardiovascular & Respiratory

Anxiety disorders increase:

- Arrhythmias & ischemic events after MI
- Disability, loss of ADL’s and social function after stroke; Mortality in CAD
- COPD\textsuperscript{b}: high anxiety, panic & GAD


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Late Life Comorbid Anxiety & Neurological Illness

• When ill & anxious, usually have MDD:
  – Parkinsons w anxiety: 92% comorbid MDD
  – Stroke w anxiety: 85% comorbid MDD

• When anxious, usually GAD:
  – Stroke: 1 in 4 GAD
  – Diabetes: 1 in 5 GAD


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Comorbidities and Causes

Depression

Anxiety
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


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Canadian Suicide Rates: 1997

Statistics Canada: Mortality Summary List of Causes, 1997
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Anxiety and Dementia:

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

Anxiety Disorders in Dementia:

• Agitation is common, not always anxiety

• Acutely: medical illness, pain, delirium

• Chronic: typical of dementia progression

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Behavioral and Psychological Symptoms of Dementia

Psychosis  Aggression  Apathy
Depression  Anxiety  Agitation
Alzheimer’s Disease: Psychiatric symptoms

Adapted from Feidman and Gracon, 1996
Chisholm /26

<table>
<thead>
<tr>
<th>MMSE score</th>
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Years

1  2  3  4  5  6  7  8  9
**Anxiety Disorders in Vascular Dementia:**

- Higher prevalence, more severe anxiety in Vascular dementia vs. Alzheimer disease
- Severity of Vascular Dementia = more anxiety

(Similar to major depressive disorder)

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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

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The Anxiety Disorders Family:

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

Age: 55-85
DX: DIS 6 mo.

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  
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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:

“Wait a minute—I know there’s something we’ve forgotten to worry about.”
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 concentration, 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”


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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


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Anxiety Disorders in Late Life: GAD and Dementia

• Interrelation b/w anxiety & nighttime behavioral disturbance:
  – 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%)

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 \(^e\)

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

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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
  – Fear of being unable to escape/ get help

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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


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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

• 85% comorbid illness:
  – COPD, vertigo, Parkinsons, MDD (40-52%)b

• FEAR Survey


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Anxiety Disorders in Late Life: Diagnosing OCD

• Rare in late life, usual onset < 40 ya:
  – Institutionalized > living at home
  – Medical illness, dementia, delirium

• **Differs from younger patients:**
  – Themes: sins, religion > infections, AIDS
  – In Dementia: Hoarding, rigidity about toileting needs, medication schedule

• Scales: Y-BOCS
Anxiety Disorders in Late Life: Diagnosing PTSD

- Symptoms: Reexperiencing, avoidance & numbing
  - Incidence=across lifespan (after disasters)

- Holocaust survivors, POWs, war veterans
  - 70% are chronic, persist in late-life

- Traumatic events can trigger PTSD


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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 *sparse*
• 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..."

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Anxiety Disorders in Late Life: Treating Anxiety Disorders

• Carmin et al. 2000 reviewa:
  “There have been no recently published controlled studies examining pharmacotherapy for anxiety disorders in the elderly...”

• Lenze 2001 reviewb:
  “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

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Anxiety Disorders in Late Life:

• Current practice: Benzodiazepines
Anxiety Disorders in Late Life: Benzodiazepines

- Eg. Lorazepam, Diazepam, Oxazepam
- Overused in late life anxiety
- 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\textsuperscript{a}
- Confusion
- Long-term effects on cognition\textsuperscript{b}
- Can impede the treatment of anxiety

\textit{AND}


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Anxiety Disorders in Late Life:
Associations between current use of long-acting and short-acting benzodiazepines and risk of falls. (Relative risk)

Death Rate From Falls per 100,000 by Age and Sex (Health Canada, 1996-7).
## CANMAT 2000 Guidelines for Pharmacologic Treatment of Anxiety

<table>
<thead>
<tr>
<th></th>
<th>GAD</th>
<th>PHOBIA</th>
<th>PTSD</th>
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* = Some evidence >65y; 1st line = Level 1 evidence/ tolerated (mixed age)
## Treatment Studies for Anxiety Disorders in Late Life

<table>
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<tr>
<th>Sample</th>
<th>Agent</th>
<th>Author</th>
<th>Duration weeks</th>
<th>N</th>
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<td>Fluvoxamine</td>
<td>Wylie et al 2000</td>
<td>21</td>
<td>19</td>
<td>&gt;50</td>
<td>Effective in 66% of completers</td>
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<td>Lenze et al 2003</td>
<td>8-16</td>
<td>34</td>
<td>&gt;60</td>
<td>&gt;PBO</td>
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<td>Secondary to neurotic depression</td>
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<td>Bohm et al 1990</td>
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<td>Koepke et al 1982</td>
<td>4</td>
<td>220</td>
<td>&gt;60</td>
<td>&gt;PBO</td>
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</table>
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

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Anxiety Disorders in Late Life:
Citalopram in Late Life GAD

• Lenze 2005:
• 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

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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
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Anxiety Disorders in Dementia: Cholinesterase Inhibitors

• Donepezil: improves anxiety in AD
  • N=290, mod-sev AD (MMSE 5-17)
  • 5-10 mg, improved anxiety, irritability at 24 wks (vs placebo)

• Galantamine: improves anxiety in AD
  • N=124, mild-mod AD
  • 8-24 mg, improved anxiety, aberrant motor & night-time behavior >30% at 12 wks


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Pharmacologic Treatments of Anxiety Disorders All Ages: Controlled Trials*

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</table>

* = mixed age populations  ✓ = established efficacy

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Anxiety Disorders in Late Life: Other Treatment Options

• Buspirone (for GAD)
  – Partial 5HT agonist
  – Tx 15-30 mg tid
  – No withdrawal

• Trazodone (insomnia)
  – 5HT agonist
  – Tx 25-300 mg hs

• Mirtazapine
  – 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

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Geriatric Medications: Newer Ideas

- **Neuroleptics for refractory OCD**:
  - Risperidone, olanzepine, haldol, quetiapine
  - 46-71% response rate (vs. none with PBO)

- **Topiramate augmentation in OCD**:
  - 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

References:

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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:
  - Gold standard treatment of avoidance and catastrophic reactions found in anxiety (panic, agoraphobia, social phobia, PTSD)

a) Marks I, Br J Psych 1998: 153; 650-8
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## Controlled Trials of GAD in older adults

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<th>Agent</th>
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<td>&gt;60</td>
<td>CBT &gt; wait list</td>
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<tr>
<td>Group CBT</td>
<td>Wetherell &amp; Gatz 2003</td>
<td>12</td>
<td>75</td>
<td>&gt;55</td>
<td>CBT &gt; discussion &gt; W/L (large effect)</td>
</tr>
</tbody>
</table>
Anxiety Disorders in Late Life: CBT for Insomnia

- CBT<sub>a</sub>: stimulus control (bed only for sleep), sleep restriction (no napping), sleep hygiene, relaxation

- Cochrane review<sub>b</sub>: 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
January 26th, 2005 Late Life Anxiety/ 2005 Cassidy /75
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

Pre Scores

Post Scores
CBT for Anxiety

Cognitive Triad of Anxiety:

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

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

January 26th, 2005   Late Life Anxiety/ 2005   Cassidy /82
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

January 26th, 2005    Late Life Anxiety/ 2005    Cassidy /87
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

January 26th, 2005 Late Life Anxiety/2005 Cassidy /91
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

January 26th, 2005  Late Life Anxiety/ 2005  Cassidy /92
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
  - Agoraphobia
  - Cognitive impairment, due to depression, benzodiazepines, dementia
  - Falls due to benzodiazepines

January 26th, 2005   Late Life Anxiety/2005   Cassidy /99
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:**
  - Greenberger and Padesky, *Mind Over Mood*. Etc...

• **Techniques:**