

Detecting and treating anxiety disorders in the elderly: clinical applications of new research findings

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Goals of this lecture

- Describe research in pharmacologic and psychotherapeutic treatment of late-life anxiety disorders and anxious depression.
- Describe detection and management strategies for these disorders.

Self-Assessment Question 1

Which of the following should be considered in the differential diagnosis of anxiety symptoms in elderly patients?

- A. Cardiopulmonary and other medical conditions
- B. Medication side effects
- C. Sedative hypnotic withdrawal
- D. All of the above
- E. None of the above

Self-Assessment Question 2

What risks are associated with chronic benzodiazepine use in elderly?

- A. Delirium
- B. Cognitive impairment
- C. Falls
- D. Fractures
- E. All of the above

Self-Assessment Question 3

Which of the following may contribute to the low estimate of prevalence of anxiety disorders in the elderly?

- A. Age-related brain changes
- B. Selective increase in mortality among anxiety disorder patients
- C. Epidemiologic studies do not necessarily capture anxiety as it presents in older adults
- D. All of the above
- E. None of the above

Self-Assessment Question 4

Which of the following contribute to the importance of identifying and treating Generalized Anxiety Disorder in the elderly?

- A. Its prevalence may be as high as 7%
- B. It is unlikely to remit without treatment
- C. Effective pharmacotherapeutic treatment has been demonstrated.
- D. All of the above
- E. None of the above

Self-Assessment Question 5

Which of the following is true of late-life depression with comorbid anxiety as compared to “pure” depression?

- A. Severity of the illness is no different.
- B. Antidepressant treatment response is better when comorbid anxiety is present.
- C. Comorbid anxiety is associated with greater long-term cognitive decline.
- D. All of the above
- E. None of the above

How fear works



Arousal
Acute anxiety
Panic attack

Amygdala

Larson et al, 2006

How fear works



Arousal
Acute anxiety
Panic attack

Amygdala



Frontal cortex

Worry
Escape
Avoidance

Larson et al, 2006

How fear works



Arousal
Acute anxiety
Panic attack

Control

Amygdala



Frontal cortex

Worry
Escape
Avoidance

Larson et al, 2006

Worry



“What if...?”

Worry



Frontal cortex

**Worry
+/- Avoidance
Control**

Anxiety disorders have distinct clinical features

	Fear	Avoidance	Autonomic Arousal	Anticipatory worry	Panic attacks
Panic disorder	X	X	X	X	X
Social , specific phobia	X	X	X	X	X
OCD	X	+/-			
GAD		+/-		X	
PTSD	X	X	X		

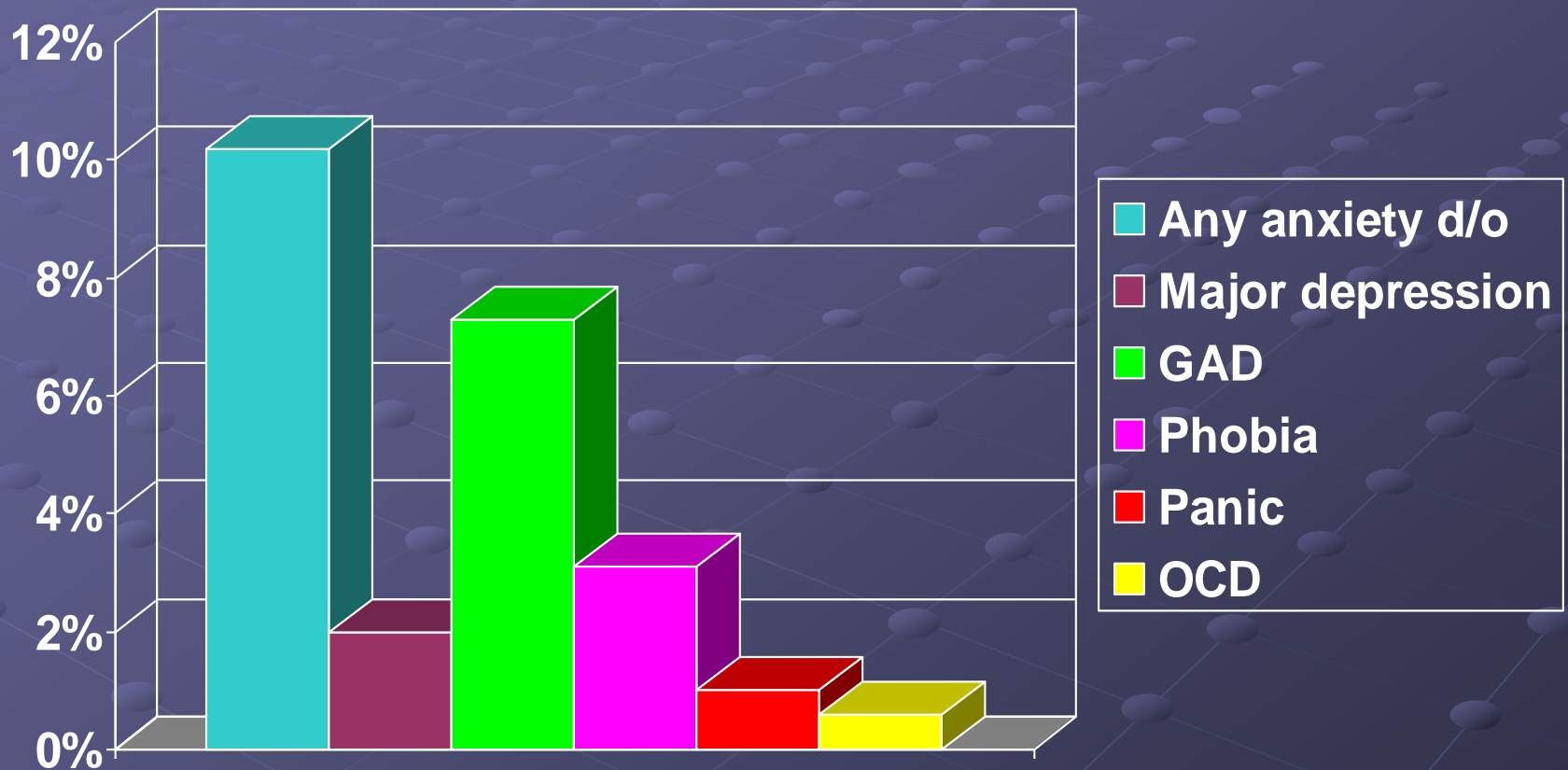
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OCD	X	+/-			
GAD		+/-		X	
PTSD	X	X	X		

What do psychiatrists ask about late-life anxiety?

- How important is it?
- Who sees these cases?
- Is there something unique about treating this?

Prevalence of anxiety disorders in older adults



Beekman et al., 1995, 1998

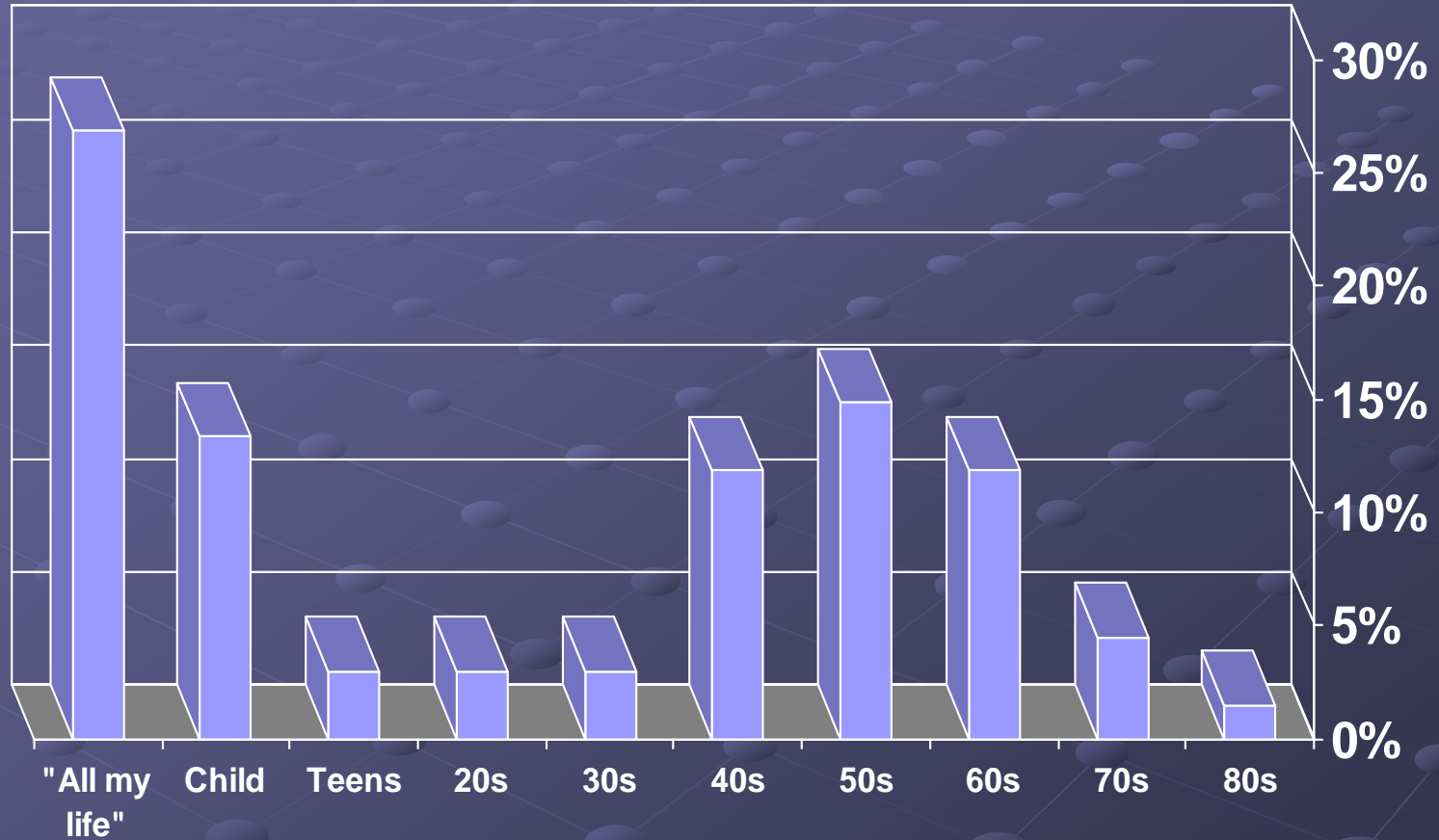
● GAD: chronic, difficult-to-control worry

- “I can’t turn my mind off”
- “I’m a worrier”

● Associated symptoms of GAD

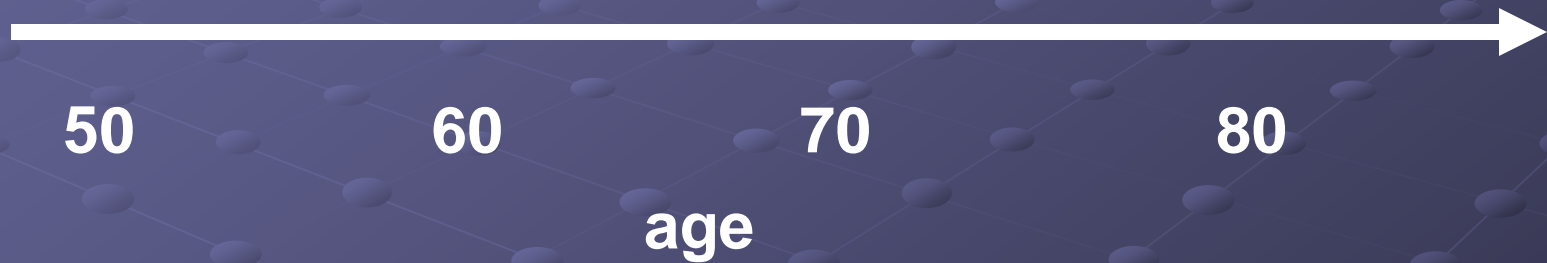
- Sleep disturbance
- Fatigue
- Irritability
- Keyed up/on edge
- Muscle tension
- Difficulty concentrating (elderly may describe as memory)

Early vs. late-onset GAD



Le Roux, Gatz, & Wetherell, 2005

Aging: increased vulnerability to sequelae of anxiety



Aging: increased vulnerability to sequelae of anxiety

Declining homeostasis/reserve



Aging: increased vulnerability to sequelae of anxiety

Declining homeostasis/reserve

childhood

adulthood

late life

very-late life

1. HPA axis functioning

Aging: increased vulnerability to sequelae of anxiety

Declining homeostasis/reserve

childhood

adulthood

late life

very-late life

1. HPA axis functioning

2. Cognitive reserve, brain volumes

Aging: increased vulnerability to sequelae of anxiety

Declining homeostasis/reserve

childhood

adulthood

late life

very-late life

1. HPA axis functioning
2. Cognitive reserve, brain volumes
3. **Functional ability, physical performance**

Aging: increased vulnerability to sequelae of anxiety

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1. HPA axis functioning
2. Cognitive reserve, brain volumes
3. Functional ability, physical performance
4. **Systemic functions (cardiac, renal, etc)**