

Anxiety in Old Age

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Anxiety can be impairing and distressing for both the individual suffering from the symptoms and those around them. Emerging research suggests that anxiety symptoms and anxiety disorders in older adults are just as prevalent as with younger adults, according to the Anxiety and Depression Association of America (ADAA). The ADAA states that Generalized Anxiety Disorder (GAD) is the most common anxiety disorder in the older adult population in the United States. It is also common for an older adult to have had a prior anxiety diagnosis, including GAD, when they were younger that has persisted into older age. Fear of aging, medical conditions, death, and harm are also common phobias and can manifest as specific phobias, adjustment disorders, and other anxiety-related disorders, as well as depression and other disorders.

Identifying, diagnosing and treating anxiety in old age comes with a unique set of challenges, differing from those in younger populations. Since functional impairment can be severe in anxiety disorders, it is crucial that it is identified in older adults. The ADAA suggests that older adults struggle more with the stigma associated with mental illness more so than younger individuals, making admittance or acceptance of anxiety-related symptoms difficult for many.

In addition to denial, a clinician must recognize that many medical disorders and conditions present with symptoms that can mimic anxiety. Increased heart rate, shortness of breath or sweating can be misconstrued for anxiety whereas they may actually be related to a heart condition, and vice versa. Furthermore, conditions such as dementia can make it

increasingly difficult to determine if various symptoms are related to anxiety, a cognitive process or both. Research has suggested that comprehensive medical and psychological work-ups are necessary in order to establish an accurate diagnosis in the older adult population.

Diagnosis and treatment outcomes for anxiety in old age have been inconsistent in the literature. Meta-analytic reviews of the anxiety literature suggest that there are a number of reasons for the inconsistencies. Researchers most commonly cite individual differences, particularly level of emotional control, psychological immunization to stress, and emotional responsiveness as some key factors in whether or not pervasive anxiety becomes a problem for individuals in old age. It is believed that if an individual has decreased emotional responsiveness and increased emotional control and psychological immunization, they will be less susceptible to severe forms of anxiety as they age.

These factors also contribute to whether or not various interventions will be appropriate and effective if anxiety persists or is developed in old age. Research cites clinician-client rapport as particularly important for intervention implementation. Furthermore, medication is typically the front line of defense, with psychotherapy offered second, according to the ADAA. The need for caregivers, extensive family support and potential hospital care may also be necessary, particularly if there is a significant comorbid medical diagnosis.

When working with older adults with anxiety, research has shown that they have a unique set of fears and concerns that should be addressed. The ADAA suggests that by asking straightforward and simple questions about each of these fears and specific symptoms it can aid in conceptualization of the client's anxiety and improve treatment. It has been suggested that older adults are not consistently aware that they hold such fears, and as such, pointed questions regarding these areas aids in identifying them. Often fears and phobias concern medical

problems and growing older. Additionally, there is an increased fear of hurting oneself, particularly through traumatic events such as falling or suffering a major medical event, such as a heart attack.

Many older adults face, and fear, death and their own mortality, along with the mortality of friends and partners. Loss of ability and the fear and stress associated with that is also a common trigger and difficulty in the older adult population. These fears can subsequently lead to significant avoidance of various activities or situations in which these fears are evoked, creating decreased social networks, activity levels and self-esteem, among others. Appropriate identification of these fears is necessary in preventing this cycle from occurring and is a crucial part of the treatments discussed above.

Further Reading:

Anxiety and Depression Association of America (2010-2016). Older Adults.

<https://adaa.org/living-with-anxiety/older-adults>

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