



Older adults' anxiety disorders often misdiagnosed, untreated

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Anxiety disorders often are misdiagnosed or under diagnosed in the elderly population.

Until recently, it was thought anxiety disorders decline with age. But anxiety disorders can first occur after the age of 60.

Stephanie Sampson's article, "New Thinking on Anxiety and Aging," cites a study by Aartijan Beekman, a physician, in the Netherlands in 1998 of 3,056 adults aged 55 to 85. It showed 10 percent of the elderly have an anxiety disorder, within the range found in studies of younger populations. It also identified generalized anxiety as the most common anxiety disorder.

Late-life anxiety disorders have been underestimated for several reasons. One is that older adults are less likely to report psychiatric symptoms and more likely to emphasize their physical complaints.

Anxiety sometimes can worsen with age is because of unique issues related to aging, such as biological changes, chronic physical problems, cognitive impairment or losses of friends, family and/or independence.

Common characteristics of anxiety disorders are constant, exaggerated or excessive worry; physical symptoms such as rapid heart rate, sweating, dizziness, headache, stomachache, tense muscles or trembling; feeling on edge, restlessness; being startled easily; irritability; problems sleeping; appetite changes; and avoidance of situations that would cause anxiety.

There are many types of anxiety disorders:

- **Panic disorder without**

agoraphobia: Characterized by recurrent unexpected panic attacks which may include the sudden onset of intense apprehension, fearfulness or terror, often associated with feelings of impending doom. Symptoms such as shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations, and fear of "going crazy" or losing control are present.

- **Panic disorder with agoraphobia:** Characterized by both recurrent unexpected panic attacks and agoraphobia, anxiety about, or avoidance of places or situations from which escape might be difficult (or embarrassing) or in which help may not be available.
- **Specific phobia:** Clinically significant anxiety provoked by exposure to a specific feared object or situation, often leading to avoidance behavior.
- **Social phobia:** Clinically significant anxiety provoked by exposure to certain types of social or performance situations, often leading to avoidance behavior.
- **Obsessive-compulsive disorder:** Obsessions (which cause marked anxiety or distress) and/or compulsions (which serve to neutralize anxiety)
- **Post-traumatic stress disorder:** Re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and avoidance of stimuli

associated with the trauma

- **Generalized anxiety disorder:** At least six months of persistent and excessive anxiety and worry. Treatment of anxiety disorder must be tailored to the individual, depending on the level of anxiety and his needs.

Both pharmacotherapy and psychotherapy are treatment options. Anti-depressants — specifically selective serotonin reuptake inhibitors (SSRIs) — rather than anti-anxiety medication — such as benzodiazepines — are the preferred medication.

The SSRIs often are chosen over the anti-anxiety medications because they are less likely to result in oversedation, cognitive impairments or physical dependence.

Cognitive behavioral therapy often is used to treat anxiety disorders. It may involve relaxation techniques, cognitive restructuring (replacing anxiety-provoking thoughts with more realistic ones) and exposure to the anxiety-provoking situation.

Treating the anxiety, also helps improve the individual's quality of life. Anxiety can be a debilitating condition affecting not only the person but his ability to function in several, if not all, aspects of his life.

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