

# Threshold and Subthreshold Generalized Anxiety Disorder in Later Life

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**Objective:** Symptoms and disorders of anxiety are highly prevalent among older adults; however, late-life anxiety disorders remain underdiagnosed. The objective of this study was to (1) estimate the prevalence of late-life threshold and subthreshold generalized anxiety disorder (GAD), (2) examine sociodemographic and health correlates associated with membership in these groups, (3) assess 3-year conversion rates of these groups, and (4) explore characteristics associated with 3-year conversion to GAD. **Methods:** Using Waves 1 and 2 of the National Epidemiological Survey of Alcohol and Related Conditions, 13,420 participants aged 55–98 years were included in this study. **Results:** Subthreshold GAD was more highly prevalent than threshold GAD and was interposed between asymptomatic and GAD groups in terms of severity of health characteristics. Although most participants with subthreshold and threshold GAD were asymptomatic by Wave 2, differences in disability persisted. Subthreshold GAD at baseline was not a predictor of threshold GAD at follow-up. **Conclusion:** These findings suggest that late-life GAD should be conceptualized as a dimensional rather than categorical construct. The temporal stability of anxiety-associated disability further suggests that subthreshold GAD bears clinical significance. However, the suitability and efficacy of interventions for minimizing negative sequelae in this group remain to be determined. (Am J Geriatr Psychiatry 2014; ■:■–■)

**Key Words:** Anxiety, subsyndromal, geriatric, outcomes, longitudinal, diagnostic, assessment

## INTRODUCTION

Despite the high prevalence of anxiety among older adults, it has been suggested that anxiety disorders are underdiagnosed in this age group.<sup>1–5</sup> Subthreshold or “minor” anxiety, typically characterized by the presence of insufficient symptoms to

meet the diagnostic threshold, has been reported to be more highly prevalent and of comparable clinical significance to generalized anxiety disorder (GAD).<sup>1,6</sup> Whereas 12-month prevalence estimates of late-life GAD were found to range from 1.2% to 2.2% in these studies, prevalence estimates for late-life subthreshold GAD ranged from 3% to 4.4%.<sup>7,8</sup> In one

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## GAD Symptom Threshold

study, both groups reported similar health characteristics and comorbidity patterns, specifically with regard to the presence of chronic medical conditions, rates of comorbid depression, and use of benzodiazepines.<sup>8</sup> Subthreshold GAD has also been found to be associated with poorer physical health, greater stress, sleep difficulty, and use of a greater number of prescription medications relative to asymptomatic controls, and these effects are partly attributable to comorbid depression.<sup>9</sup>

Despite some differences in symptom presentation between older adults with subthreshold and threshold GAD, it remains difficult to distinguish these older adult subgroups on the basis of *Diagnostic and Statistical Manual of Mental Disorders* (DSM) symptom presentation.<sup>6,10,11</sup> For example, although GAD patients have been found to report a higher degree of uncontrollable worry, a greater number of symptoms, and a higher degree of disability relative to those with subthreshold GAD,<sup>6,11</sup> these symptoms are expected to distinguish these two groups because they are integral to a GAD diagnosis. Additionally, fewer symptoms have been found to distinguish these two groups in older relative to younger cohorts, suggesting these groups become increasingly similar with advancing age.<sup>10</sup> On the one hand, such findings suggest the present diagnostic criteria might exclude subthreshold participants with slightly fewer symptoms and somewhat lesser associated disability,<sup>8,10</sup> whereas other findings suggest that individuals with subthreshold anxiety are at higher risk of developing a full-blown disorder.<sup>12–14</sup> These findings raise important questions about the nature of late-life GAD, which bear on efforts aimed at prevention and improvement of diagnostic and treatment outcomes.

The present study had the following aims. First, we estimated the prevalence of 12-month DSM, *Fourth Edition* (DSM-IV) GAD and subthreshold GAD in a nationally representative sample of older adults. Second, we investigated the utility of sociodemographic and health variables for distinguishing older adults with GAD from those with subthreshold GAD in an attempt to replicate the findings of Grenier et al.<sup>8</sup> A diagnosis of subthreshold GAD was given to individuals who reported 6 or more months of worry but who did not meet 12-month DSM-IV GAD criteria. Third, we examined whether differences between these groups persisted at a 3-year follow-up.

Fourth, we investigated the temporal stability of these categories by calculating 3-year conversion rates among asymptomatic, subthreshold GAD, and GAD groups. Finally, we explored whether certain characteristics were associated with longitudinal conversion to clinical GAD.

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## METHODS

### Sample

Wave 1 of the National Epidemiological Survey of Alcohol and Related Conditions (NESARC) was conducted in 2001–2002 in a nationally representative sample of 43,093 civilian, non-institutionalized adults (18–98 years old) from all 50 U.S. states and the District of Columbia. Young adults, African-Americans, and Hispanics were purposively oversampled. Sampling weights, based on census data, were used to adjust for oversampling and nonresponse. Face-to-face interviews were conducted by trained lay interviewers using the Alcohol Use Disorder and Associated Disabilities Interview Schedule, DSM-IV version. Wave 2 of the NESARC was conducted in 2004–2005 in 34,653 of the original respondents. The overall response rates for Waves 1 and 2 were 81% and 86.7%, respectively, amounting to a cumulative response rate of 70.2%.

The sample examined in the present analyses consisted of all participants aged 55 years and older at Wave 1 (N = 13,420). Of these, 1,173 participants (8.74%) endorsed at least one of two GAD screen questions: “Ever had a 6+ month period during which you felt (a) tense/nervous/worried most of the time; or (b) very tense/nervous/worried most of the time about everyday problems.” These individuals comprised the GAD (N = 206) and subthreshold GAD (N = 967) groups according to whether or not they met DSM-IV criteria for GAD during the previous 12 months. At Wave 2, the total sample size dropped to 10,356, corresponding to an overall attrition rate of 22.8%. Of these, 778 participants comprised the Wave 1 subthreshold group and 159 comprised the Wave 1 GAD group, corresponding to attrition rates of 22.8% and 19.5% for GAD and subthreshold GAD groups, respectively. The attrition rate for participants in the asymptomatic group was 23%, indicating that attrition was most likely not due to differences in GAD diagnostic status.

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