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Invited Perspective for the American Journal of Geriatric Psychiatry (764 words)

Anxiety disorders in old age: Psychiatric comorbidities, quality of life and prevalence according to age, gender and country.

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Although anxiety is a core human experience, science has been long at exploring the effects of age and aging on the occurrence, expression and consequences of anxiety disorders. Alessandra Canuto and colleagues in this issue present the results of a large EU funded project, comparing the prevalence, co-morbidity patterns and association with quality of life of the full range of anxiety disorders among older people (Canuto et al, 2017). In so doing, they have taken on the challenge of using an age-appropriate measure for anxiety disorders. Mohlman et al (2012) have indicated a series of reasons why the diagnostic criteria that were developed for younger patients, may not be appropriate for older patients. The result is that we may quite severely underestimate the prevalence and thereby the importance of anxiety disorders among older people. Given this problem, one would expect higher prevalence rates when using age appropriate measures, which was indeed what Canuto et have found. About one in six older adults was diagnosed with an anxiety disorder.

There is an ongoing debate about the high levels of comorbidity found among psychiatric disorders when using fine-grained classification systems like ICD and DSM. Anxiety and depression are a classic example, exhibiting extremely high levels of comorbidity (Kessler et al 1994). Most patients with one anxiety disorder also have at least one other anxiety disorder and the correlations between symptoms of anxiety and depression are very high. Moreover, comorbidity between anxiety and depression is a marker for severity, persistence and treatment resistance, which adds to the co-occurrence of disorders (Penninx et al 2011). It is striking that, in this study, the authors found very little comorbidity among anxiety disorders, very little comorbidity between anxiety and major depression and very little comorbidity among anxiety disorders and alcohol use disorders. What does that mean? It may be that the use of age-specific measures for anxiety has uncovered the existence of a large group of older people who have stand-alone anxiety problems, that have a different etiology and consequently a different comorbidity when compared with their younger peers.

Another striking finding is that although anxiety disorders were found to be common, the prevalence declined sharply after 75. The age specific criteria that were used seem to pick up symptoms that are especially common among the younger old and their occurrence declines among the older old. A third finding was that the correlation with impaired quality of life was much weaker than what is often found. This is worrying because, in order to qualify as a disorder, symptoms need to significantly impair the functioning and quality of life of patients. It might therefore be that the age-specific criteria used, pick up anxiety signals that are age appropriate and common, especially among the younger old. However, given the