Anxiety Disorders in Late Life

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KEYWORDS

- Late-life anxiety • Interventions
- Psychosocial and pharmacologic treatments for late-life anxiety • Older adults
- Mental health

KEY POINTS

- Research on late-life anxiety is a new but growing field.
- Pharmacotherapy and psychotherapy, or a combination, are viable anxiety treatments for older adults.
- Modifications and innovations to mental health treatments (eg, modular cognitive behavioral therapy, mindfulness, and acceptance therapies) offer enhanced opportunities to meet the needs of heterogeneous aging populations.

INTRODUCTION

The study of anxiety disorders in later life is a relatively new field representing some of the most significant mental health problems affecting older adults. Prevalence estimates of anxiety disorders in late life vary considerably based on multiple methodological issues (eg, sampling strategies, cut-off score to define older adults), and current diagnostic criteria may not adequately capture the nature and experience of anxiety in older people, particularly those in ethnic and racial minority groups. Current estimates, however, suggest 1-year prevalence up to 11.6% for older adults in the United States[1] and lifetime prevalence as high as 15.1%.[2] Prevalence in other countries ranges from 4.4% to 14.2%.[3] Across all epidemiologic surveys to date, anxiety disorders are more common in later life than depression.

Among older adults, anxiety disorders and subsyndromal anxiety are associated with increased physical disability,[4] increased risk for cognitive impairment and dementia,[5] poorer quality of life, and increased health service use.[6] Longitudinal studies

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show persistence of anxiety over time, high relapse rates, and significant increased risk of depression.[7] Clearly, the personal and public health impact of late-life anxiety is remarkable and requires continued clinical and scientific attention.

This article reviews late-life anxiety disorders using recent classifications in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), 5th edition,[8] with attention to generalized anxiety disorder (GAD), social anxiety disorder, specific phobias (eg, fear of falling), and panic disorder. Pharmacologic and psychotherapy approaches to treat late-life anxiety are reviewed with special attention to innovations in clinical care across settings, treatment models, and treatment delivery.

PREVALENCE AND NATURE OF ANXIETY DISORDERS IN LATER LIFE

Generalized Anxiety Disorder

GAD is among the most common of the anxiety disorders in older adults, with 6-month and 12-month prevalence ranging from 1.2% to 7.3%,[3] and lifetime prevalence as high as 11%.[9] The disorder is even more common among people with chronic illness (19%)[10]; however, GAD in later life is frequently unrecognized and untreated.[11]

Recognizing GAD among older adults is particularly difficult given that associated physical symptoms (eg, sleep disturbance, fatigue, restlessness, and difficulty concentrating) overlap significantly with symptoms of normal aging, medical conditions, and medications commonly used in later life. Older adults infrequently use psychological terms to describe anxiety (eg, concerns, fret, or think too much vs worry or anxiety) and they are less able than younger adults to identify accurately the symptoms of anxiety.[12]

Worry content among older adults typically reflects problems that arise in later stages of life (eg, health, welfare or loss of loved ones, life transitions, retirement, caregiving responsibilities), and economic and legal issues (eg, reduced income, increased health care costs, end-of-life planning). GAD onset, however, seems to have a bimodal distribution, with substantial numbers of people reporting symptoms since late adolescence or early adulthood and others indicating more recent onset (eg, after age 50 years).[3] Risk factors for late-onset GAD include gender (female), adverse life events, and chronic physical or mental health disorders.[13] Early-onset GAD is associated with greater symptom severity and increased mental health comorbidity but also reduced health-related quality of life.[3]

Specific Phobias and Fear of Falling

Community prevalence of specific phobias among older adults ranges from 3.1% (6-month) to 10.1% (current), although in some cases other diagnoses (eg, agoraphobia) or remitted diagnoses are counted, artificially inflating published rates.[3] Older people with specific fears also sometimes fail to recognize or acknowledge the excessiveness of these fears, leading to high rates of subthreshold phobias that are associated with increased chronic health problems and coexistent depression comparable to what is observed in DSM-specific phobia.[14]

The most common specific fear among older people is fear of falling. This fear is not addressed specifically in DSM-5; however, prevalence among older adults ranges from 12% to 65%, with even higher rates among people with a history of falls (92%).[15] Fear of falling is linked to reduced self-efficacy for managing falls and lower balance confidence, and prevalence increases with age. Considerable impairment can result given associated withdrawal from physical and social activities, although, as with other specific phobias, failure to recognize fear of falling as a condition in need of treatment is often related to older adults' failure to recognize the excessiveness of their fears.