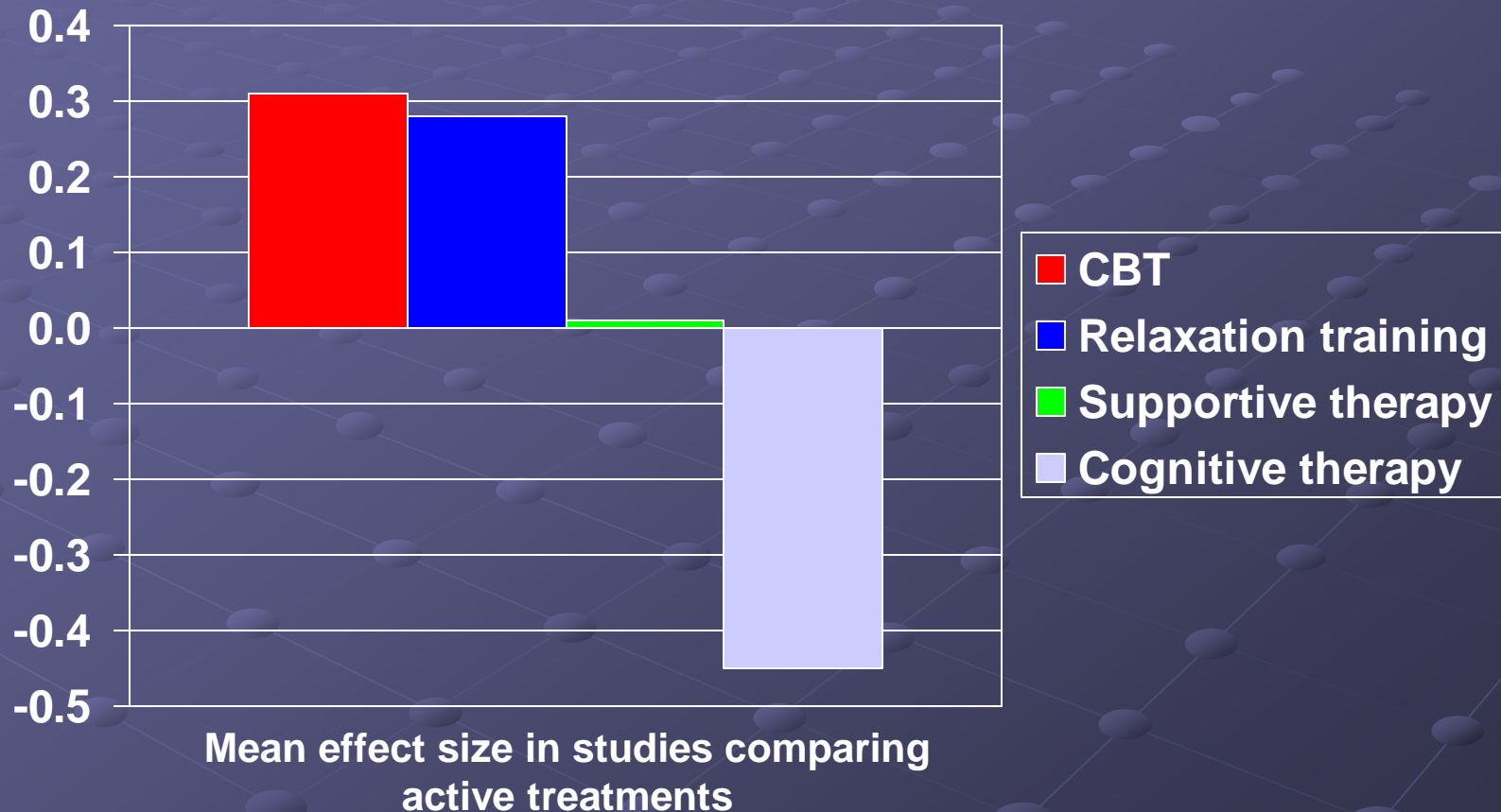


Psychotherapy in late-life GAD

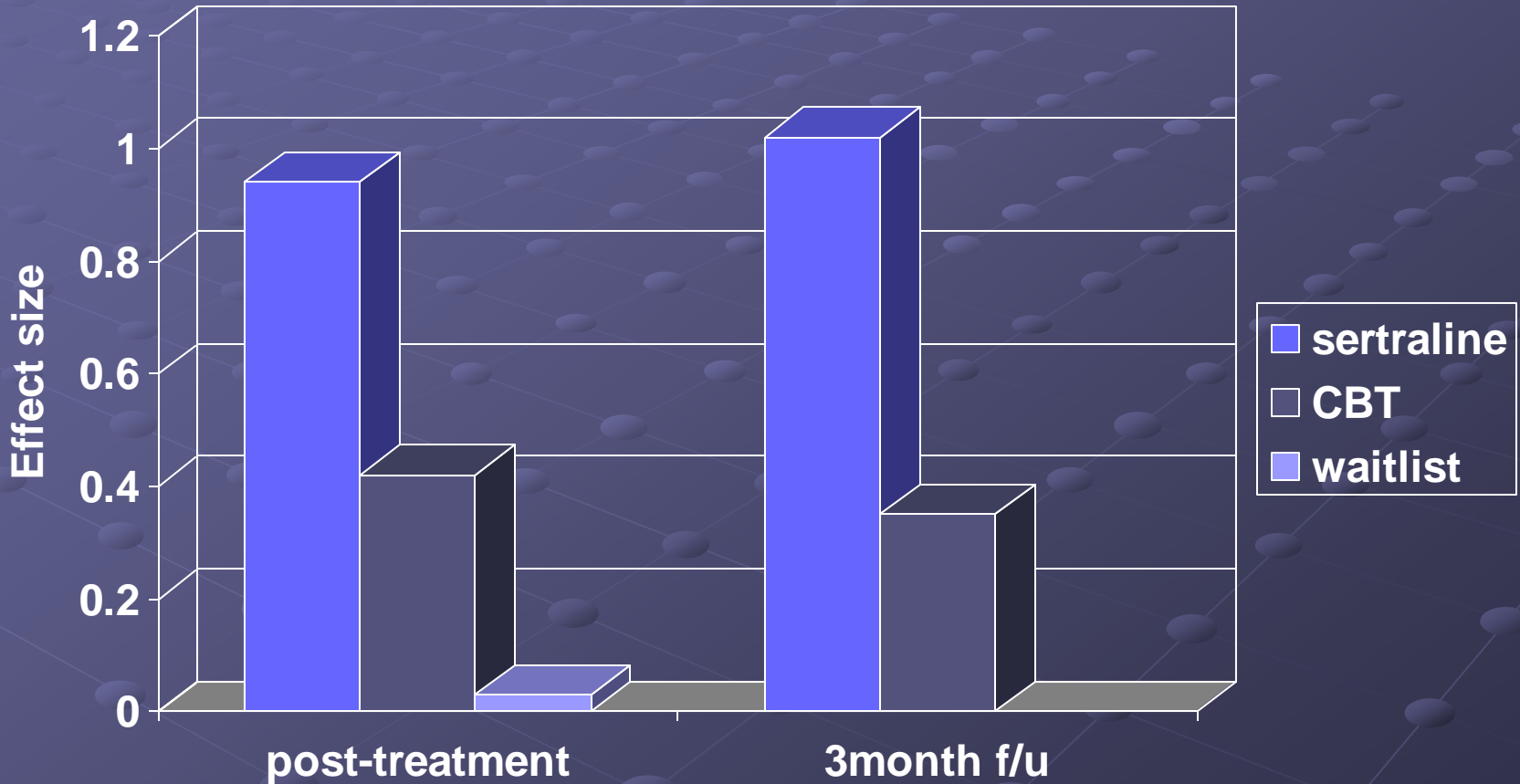
- Many elderly persons will prefer psychotherapy to medication
 - CBT most efficacious in those who can be adherent to homework
 - Cognitive impairment can interfere

Relaxation training appears to be the most effective ingredient



Ayers, Sorrell, Thorp, & Wetherell, submitted

Comparison of SSRI and CBT for late-life GAD and panic disorder



Limitations of medications

- Many respond, few remit
 - Construct of “I’m a worrier” does not seem to change
 - Many will not accept medication
 - In our current study, many refuse to start
- Uncertain long-term benefits
 - Not thought to have “durable” benefits (i.e., maintenance after med discontinuation)
- Phobias unlikely to respond to medication
 - Medication could even impair response to therapy

Possible Risks of SSRIs in Elderly

● Suicide?

- FDA meta-analysis = protective in age >65

● Falls

- Association studies, some experimental

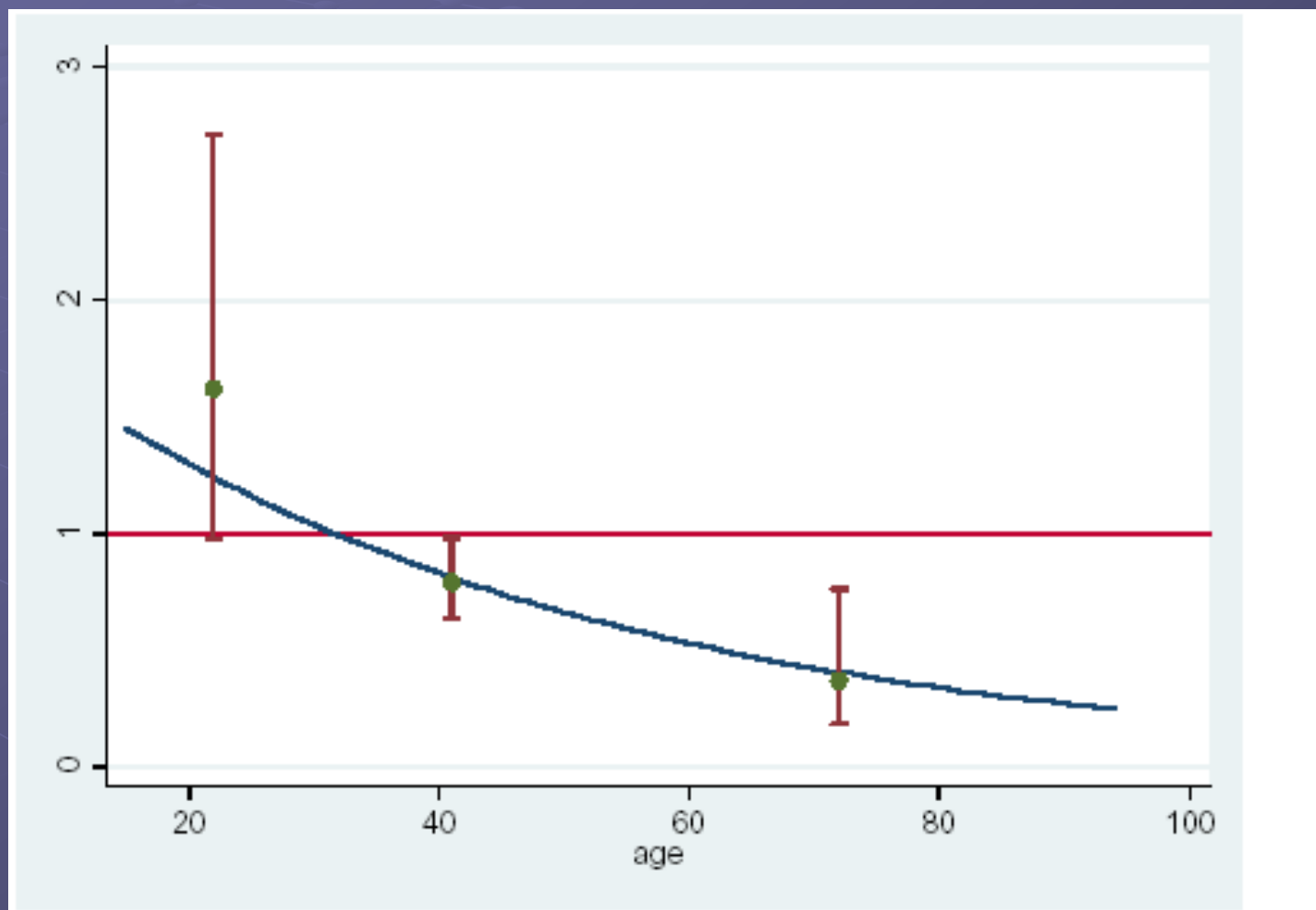
● Bleeding

- Particularly in “old-old”, h/o GI bleed

● Hyponatremia

- Tends to occur within 2 wk of initiation
- Risk factors: baseline low Na⁺, on diuretics

Suicidality and SSRIs: effects of age



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● NEW FOR 2007: BONE LOSS!

Pharm management of late-life anxiety disorders

- SSRI seems to be a good first-line choice
 - Lexapro, Paroxetine, Effexor XR approved by FDA
 - Mgmt more important than specific med used
- High risk of “side effects” leading to dropout
 - Anxiety symptoms misperceived as due to medication: increased anxiety, GI symptoms, fatigue/sedation, restlessness
 - “Medication phobia”
- Start low, go slow – but not too slow

Detecting anxiety in elderly persons

- Elders less up-front about anxiety Sx
 - Asking about anxiety in several ways may help (e.g., “anxious”, “worried”, “concerned”)
 - “How do you feel in times of stress?”
 - “What sorts of things do you worry about?”
 - “How often do you feel that way?”
 - “When you start worrying, what do you do to try to stop it?”

Managing anxiety about medication

● Combination of:

- Anticipatory dread
- Vigilance to interoceptive stimuli
- Catastrophization

● Frequent visits and support, immediate availability

● Counsel in advance about side effects

- Likely to be temporary, unlikely to be toxic or incapacitating

When they do get side effects...

- Stay calm
- Remember the attribution error
 - But: don't argue about their validity
- Manage the catastrophization
 - “How is it today?” “Is it tolerable right now?”
“Are you mainly worried that it will get worse?”
- Be persistent
 - Hear them out, then: “let's keep going”

When to choose psychotherapy

- Motivated, cognitively intact patient
- Phobias
 - Consider delaying medication until after Tx
- Will not accept medication
- Partial response to medication
- Availability of high-quality psychotherapy

Summary

- Late-life anxiety disorders are important.
 - Common
 - Different risk factors
 - Probably more vulnerable to harmful effects
 - Anxious depression is a particularly severe, treatment-resistant illness.
- Detection: ask, gently.
- Management: be pleasantly persistent.

Self-Assessment Question 1

Which of the following should be considered in the differential diagnosis of anxiety symptoms in elderly patients?

- A. Cardiopulmonary and other medical conditions
- B. Medication side effects
- C. Sedative hypnotic withdrawal
- D. All of the above
- E. None of the above

Self-Assessment Question 2

What risks are associated with chronic benzodiazepine use in elderly?

- A. Delirium
- B. Cognitive impairment
- C. Falls
- D. Fractures
- E. All of the above

Self-Assessment Question 3

Which of the following may contribute to the low estimate of prevalence of anxiety disorders in the elderly?

- A. Age-related brain changes
- B. Selective increase in mortality among anxiety disorder patients
- C. Epidemiologic studies do not necessarily capture anxiety as it presents in older adults
- D. All of the above
- E. None of the above

Self-Assessment Question 4

Which of the following contribute to the importance of identifying and treating Generalized Anxiety Disorder in the elderly?

- A. Its prevalence may be as high as 7%
- B. It is unlikely to remit without treatment
- C. Effective pharmacotherapeutic treatment has been demonstrated.
- D. All of the above
- E. None of the above

Self-Assessment Question 5

Which of the following is true of late-life depression with comorbid anxiety as compared to “pure” depression?

- A. Severity of the illness is no different.
- B. Antidepressant treatment response is better when comorbid anxiety is present.
- C. Comorbid anxiety is associated with greater long-term cognitive decline.
- D. All of the above
- E. None of the above

Self-Assessment Question Answers

1. D

2. E

3. D

4. D

5. C