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# Anxiety Diagnosis in the Older Adult

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## Introduction

- Anxiety disorders occur in 8% of older adults (OAs) and are more common than late-life mood disorders, yet they are often underdiagnosed and undertreated (Aggarwal R et al, *Focus* 2017;15:157–161).

## How to Recognize Anxiety in Older Adults

- **Verbal Cues**
  - **Expressions of Worry or Fear:** Listen for repeated expressions of worry about health, safety, finances, or family. Older adults might frequently express concerns about becoming a burden or a fear of future events.
  - **Change in Language:**
    - Note any increase in conversations about feeling overwhelmed, stressed, or unable to cope with daily routines or changes.
    - OAs may describe anxiety differently, using terms like "nervousness" or "worry" rather than "anxiety."
- **Complaints of Physical Symptoms:**
  - Pay attention to complaints that might be due to underlying anxiety, such as unexplained aches, increased fatigue, headaches, or gastrointestinal issues without a clear medical cause.
  - Conversely, physical symptoms of anxiety (e.g., heart palpitations, dizziness) may be misattributed to medical conditions, leading to under recognition of anxiety
- **Behavioral Signs**
  - **Avoidance Behavior:** Observe if the individual starts to avoid social interactions, activities they once enjoyed, or specific situations (like going outside or attending appointments).
  - **Changes in Sleep Patterns:** Difficulty falling asleep, staying asleep, or excessive sleep can be signs of anxiety. OAs might mention having racing thoughts at night or a fear of the dark.
  - **Increased Irritability or Restlessness:** OAs with anxiety may exhibit restlessness, have difficulty sitting still, or become more easily irritated by small issues.
- **Physical Symptoms:** Look for signs of restlessness, trembling, muscle tension, or being easily startled. Some OAs might have physical reactions to anxiety, such as sweating, rapid heartbeat, or breathing difficulties.

## Common Late-Life Anxiety Disorders

- **Generalized Anxiety Disorder (GAD)**
  - "Are you a worrier?"
  - Characterized by excessive, uncontrollable worry about different topics.
  - OAs have a greater variety of worry topics than younger adults, including memory loss, medical illnesses, finances, and safety. They worry less about the future and work.
  - Late-onset GAD can be challenging to distinguish from normal aging concerns, but in GAD, the worries are persistent and disproportionate to the situation.
- **Specific Phobias**
  - "Do you have any specific fears?"
  - High prevalence in OAs, often related to fears of falling, injury, or medical procedures.
  - These phobias can significantly restrict activities and contribute to functional decline.
- **Panic Disorder (PD)**

- o “Do you get panic attacks?”
- o Rarely begins in late life; most cases in OAs represent a continuation of earlier-life PD or are associated with cardiopulmonary disease, e.g., COPD.
- o Physical symptoms and avoidance behaviors may be less intense.
- **Social Anxiety Disorder (SAD)**
  - o “Are you uncomfortable in social situations?”
  - o Less common in OAs but fear of embarrassment or negative evaluation in social situations can persist across the lifespan.
  - o SAD is more common in OAs who report stressful life events, such as the death of a spouse, depression, or phobias.

### Specific Later-Life Anxiety Syndromes

- **Fear of Falling**
  - o A significant proportion of OAs experience fear of falling.
  - o This can lead to avoidance of activities, social withdrawal, reduced physical fitness, and, paradoxically, an increased risk of falls.
  - o Ask about previous falls, near falls, and avoidance behaviors.
  - o Fear of falling may necessitate interventions ranging from physical therapy to address mobility and balance, to psychological interventions aimed at reducing fear and anxiety.
- **Hoarding Disorder**
  - o This is characterized by persistent difficulty discarding or parting with possessions, regardless of their actual value.
  - o This condition leads to cluttered living spaces, which can impair daily functioning and pose significant safety, e.g., tripping, and health risks.
  - o Hoarding can be particularly challenging in OAs due to longer accumulation periods and potential resistance to intervention.
  - o Address underlying anxiety, offer support, and involve family or community resources.
- **Anxiety as a Prodrome of Cognitive Impairment**
  - o Anxiety in older adults can be an early indicator of cognitive decline or a prodromal symptom of a major neurocognitive disorder, such as Alzheimer's disease.
  - o Monitor OAs with new-onset anxiety for cognitive changes.
  - o Cognitive assessments, along with monitoring anxiety symptoms over time, can help differentiate between primary anxiety disorders and anxiety secondary to cognitive impairment.