



2022 Forum on Aging in Rural Oregon



Presents

Recognizing and Responding Helpfully to Anxiety in Older Adults

Speakers:

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2022 Forum on Aging in Rural Oregon



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2022 Forum on Aging in Rural Oregon



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Recognizing and Responding Helpfully to Anxiety in Older Adults

DATE: 17 May 2022

PRESENTED BY: Jonathan Betlinski, MD

Disclosure

Dr. Betlinski has no relevant financial disclosures

This lecture discusses off-label uses of medications

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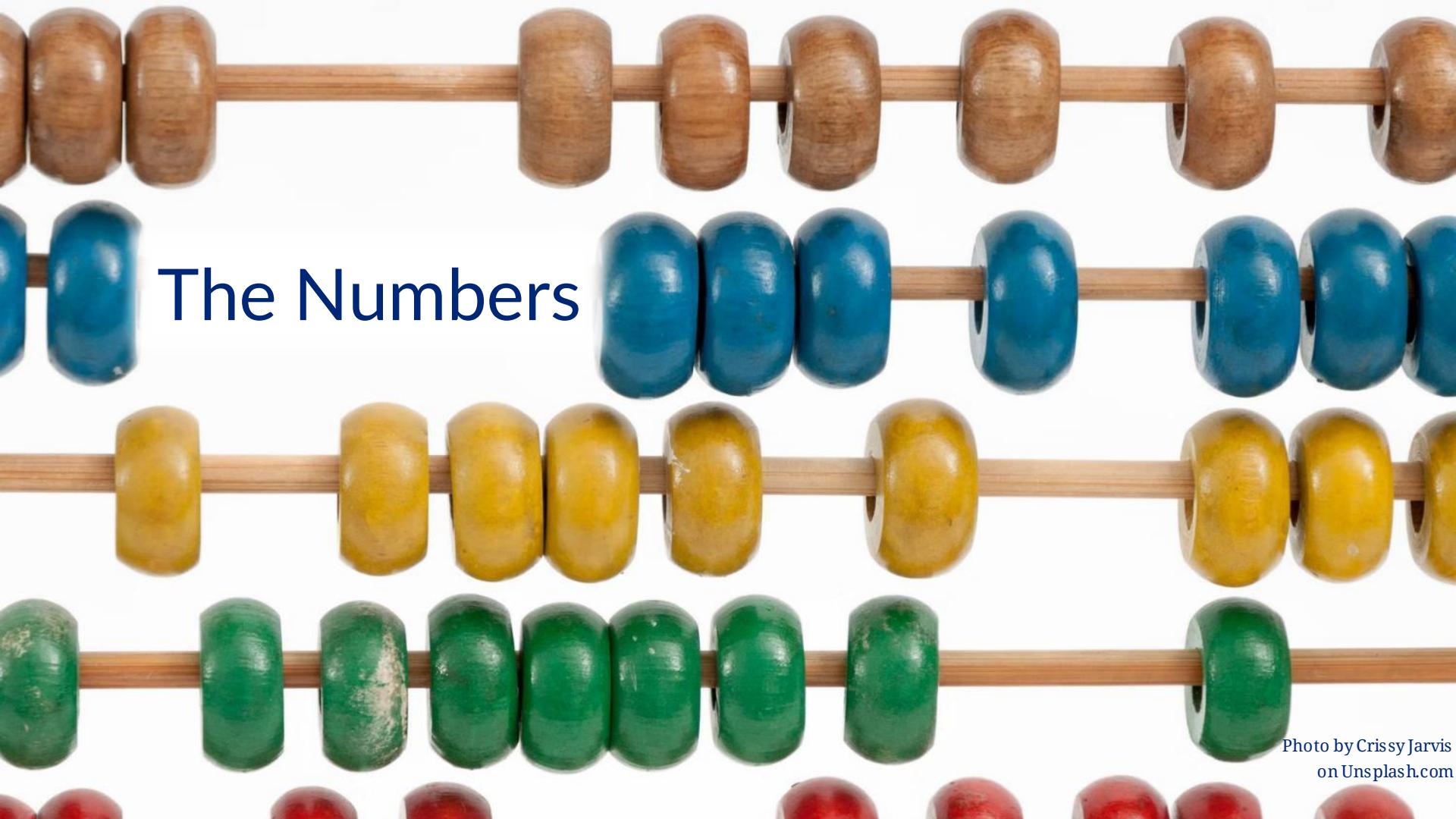
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Learning Objectives

- Compare and contrast three ways in which anxiety presents differently in older adults than in other populations
- Describe the content of, and appropriate time to use, at least two screening tools for anxiety in older adults
- Describe the first three pharmacological or non-pharmacological steps for treating anxiety in older adults

Agenda

- Review the epidemiology of anxiety
- Review criteria for GAD, PD, SAD and OCD
- Introduce and explain useful screening tools
- Review nonpharmacologic interventions for anxiety
- Review medications for anxiety
- Survey additional resources



The Numbers

Photo by Crissy Jarvis
on Unsplash.com

Anxiety in the USA

- Anxiety and Depression are the most common mental health diagnoses in general medical settings
- Anxiety lags behind Depression
- >30 million Americans have Anxiety
- Anxiety Disorders cost \$42 billion/year
- Only 15-36% of those with Anxiety are recognized in Primary Care

Anxiety in a Primary Care Office

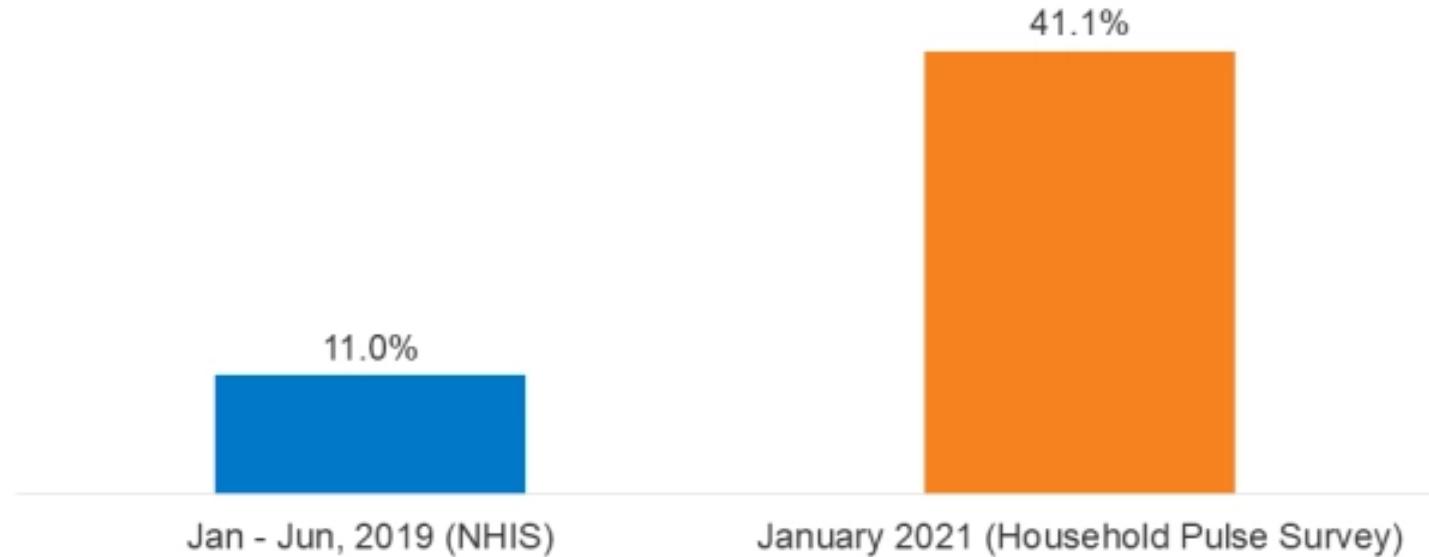
A 2007 study of patients from 15 clinics

- 19.5% had at least 1 anxiety disorder
- 8.6% PTSD
- 7.6% Generalized Anxiety Disorder
- 6.8% Panic Disorder
- 6.2% Social Anxiety Disorder
- 41% of those with Anxiety Disorders had no current treatment

Anxiety in Older Adults

- 3.5 – 10.2% of those over 55 have an anxiety disorder (*maybe 28%?*)
- 1/3 of GAD develops after age 50
- Risk factors for sustained anxiety include
 - Female
 - Lower education
 - Being unmarried
 - Having at least 3 chronic health conditions

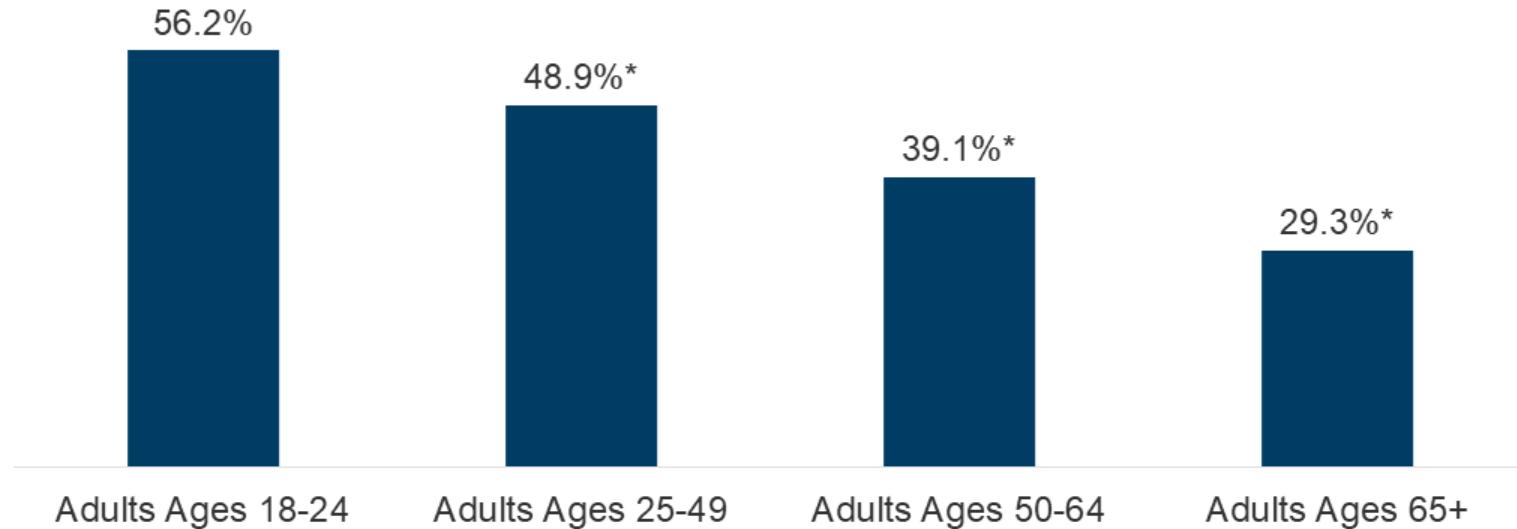
Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see:
<https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Age

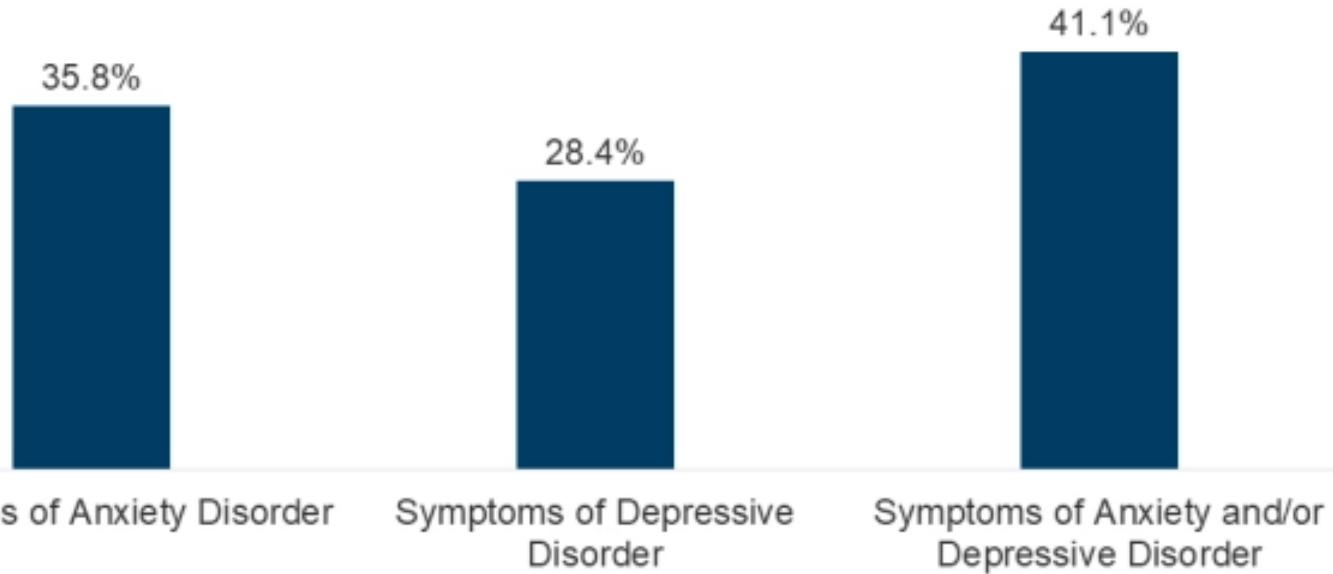


NOTES: *Indicates a statistically significant difference between adults ages 18-24. Data shown includes adults, ages 18+, with symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 21, 2020.

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.

<https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day.
Data shown is for January 6 – 18, 2021.

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020 - 2021.

236,379 COVID Survivors in UK

6 months after COVID

- 33.62% - neurological or psychiatric diagnosis
- 23.98% - mood, anxiety or psychotic disorder (8.63% new)
- 6.58% - substance use disorder (1.92% new)
- 5.42% - insomnia (2.53% new)

The Impact of Anxiety

- Increased hospitalization
- Increased use and cost of healthcare
- Increased chronic illness and physical disability
- Increase in medically unexplained symptoms
- Increased memory impairment
- Increased loneliness
- Decreased independence and life satisfaction
- Decreased compliance with medical treatment

Anxiety and Physical Health

- Increased prevalence of Anxiety Disorders
 - Cardiovascular Disease
 - Gastro-intestinal Disease
 - Respiratory Disease
 - Migraines
 - Chronic Pain
 - Cancer
- Odds of an Anxiety Disorder increase with increasing number of CMC's

Anxiety and Physical Health

Those with Anxiety Disorders have

- Higher frequencies of some CMC's
 - Irritable Bowel Syndrome
 - Asthma
- Worse Symptom Severity and Impairment
 - Asthma
 - Cardiovascular Disease
 - Diabetes
- Increased risk for disease progression

Anxiety and Physical Health

Patients with
multiple Comorbid Medical Conditions
can benefit from anxiety treatment
as much as
those with low medical comorbidity*

Geriatric Anxiety Presents Differently

- High medical comorbidities
 - Anxiety often expressed somatically
 - Sleep difficulties are rather common
- High psychiatric comorbidities
 - Depression (1/4 cases of MDD)
 - Dementia
- Aging process

Geriatric Anxiety Presents Differently

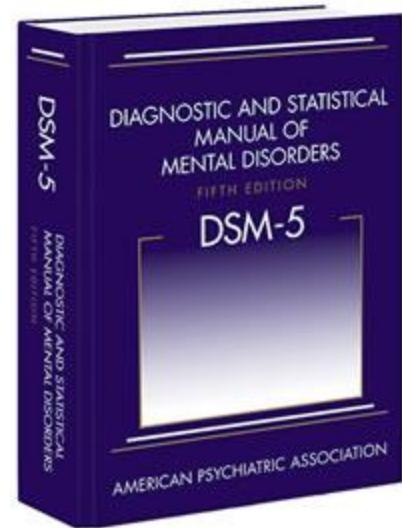
- More concerns about health
- Less concerns about finance and family
- More likely to minimize symptoms
- More likely to be direct (vs. shame or guilt)
- More likely to report things not on surveys
- Less likely to endorse absolutes
- Less commonly report negative affect

A close-up photograph of a light green butterfly with darker green veins on its wings, perched on a cluster of bright yellow flowers. The background is dark, making the green and yellow stand out.

Diagnostic Criteria

Generalized Anxiety Disorder

- Excessive anxiety or worry for >6m about a number of events or activities
- Individual finds it difficult to control the worry
- Three or more of the following are present
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle Tension
 - Sleep Disturbance



Generalized Anxiety Disorder

- Most common anxiety disorder for older adults
 - Prevalence of 0.7-0.9%
- Half of those with GAD over 55 had onset after 50
 - Hypertension
 - Poorer health-related quality of life
- Greater variety of worry topics
 - more situational and temporary
 - less about future and work

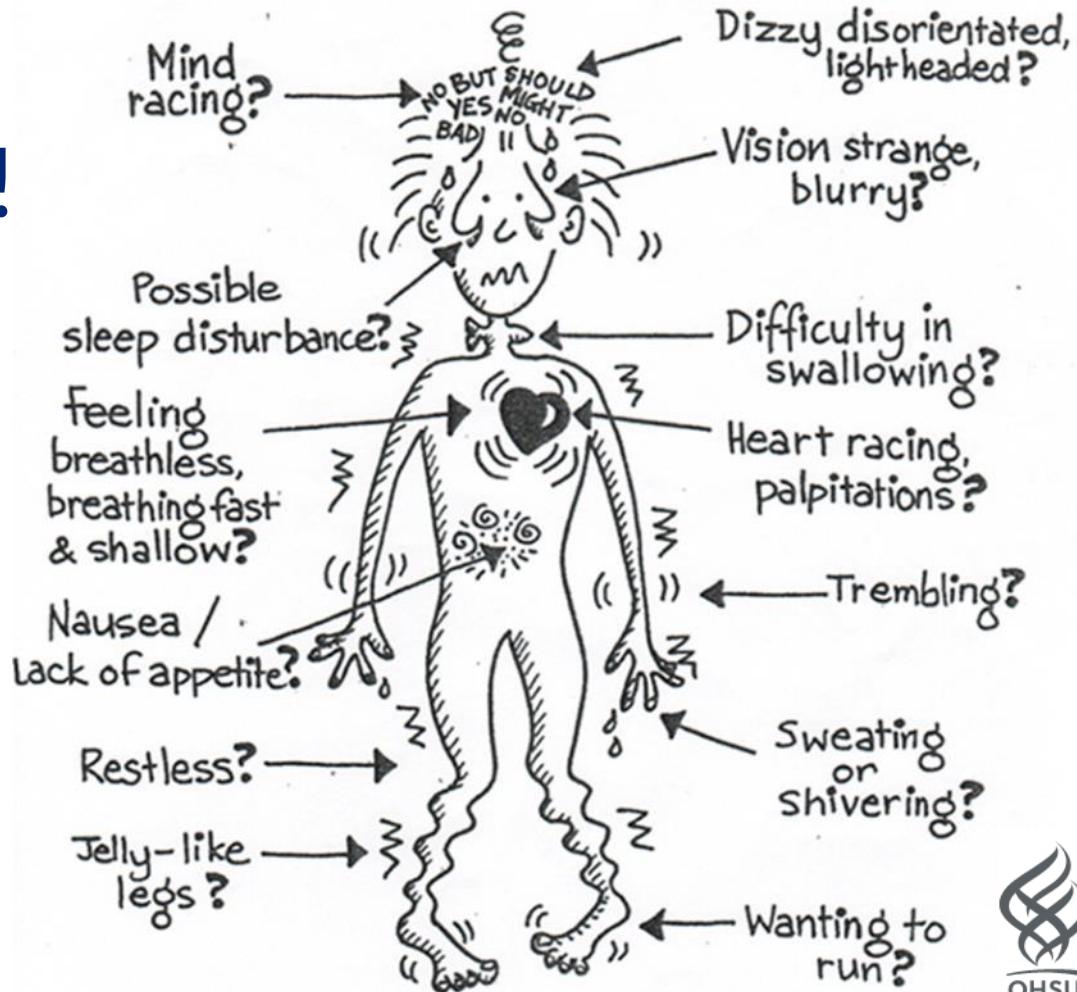
Panic Attack

Intense fear or discomfort that starts abruptly, peaks in 10 minutes and includes four or more of the following

- Palpitations, pounding heart or accelerated heart rate
- Sweating
- Trembling or Shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Paresthesias
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded or faint
- Derealization or depersonalization
- Fear of losing control or going crazy
- Chills or hot flashes
- Fear of dying

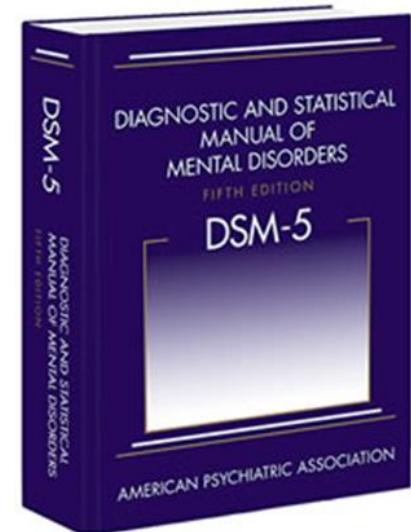
Panic Attack!!!

“Living With IT”
Beth Aisbett



Panic Disorder

- Recurrent unexpected Panic Attacks
- At least one of the attacks has been followed by 1 month (or more) of one (or more):
 - Persistent concern about having additional attacks
 - Worry about the implications of the attack or its consequences
 - Significant change in behavior related to the attacks

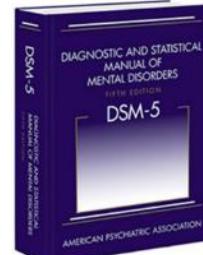


Panic Disorder

- Rarely starts after age 60
- Usually less severe than in younger adults
- Associated with stressful events, especially medical and psychiatric comorbidities
- Panic symptoms due to underlying medication conditions usually wax and wane

Social Anxiety Disorder

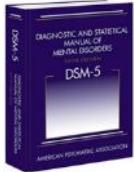
- A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way that will be embarrassing and humiliating
- Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed Panic Attack
- The person recognizes that this fear is unreasonable or excessive
- The feared situations are avoided or else are endured with intense anxiety and distress
- The avoidance, anxious anticipation or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational functioning, or social activities or relationships, or there is marked distress about having the phobia



Phobias and Social Anxiety

- Prevalence of phobias drops in late life
 - Fear of falling is most common
- Social Anxiety Disorder decreases through life
 - Presents similarly to younger adults
- Agoraphobia present in 0.6%
 - Most are early onset
 - Usually unrelated to Panic Disorder

Obsessive-Compulsive Disorder



A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

Note: Young children may not be able to articulate the aims of these behaviors or mental acts.

- B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
- D. The disturbance is not better explained by the symptoms of another mental disorder (e.g., excessive worries, as in generalized anxiety disorder; preoccupation with appearance, as in body dysmorphic disorder; difficulty discarding or parting with possessions, as in hoarding disorder; hair pulling, as in trichotillomania [hair-pulling disorder]; skin picking, as in excoriation [skin-picking] disorder; stereotypies, as in stereotypic movement disorder; ritualized eating behavior, as in eating disorders; preoccupation with substances or gambling, as in substance-related and addictive disorders; preoccupation with having an illness, as in illness anxiety disorder; sexual urges or fantasies, as in paraphilic disorders; impulses, as in disruptive, impulse-control, and conduct disorders; guilty ruminations, as in major depressive disorder; thought insertion or delusional preoccupations, as in schizophrenia spectrum and other psychotic disorders; or repetitive patterns of behavior, as in autism spectrum disorder).

Specify if:

With good or fair insight: The individual recognizes that obsessive-compulsive disorder beliefs are definitely or probably not true or that they may or may not be true.

With poor insight: The individual thinks obsessive-compulsive disorder beliefs are probably true.

With absent insight/delusional beliefs: The individual is completely convinced that obsessive-compulsive disorder beliefs are true.

Specify if:

Tic-related: The individual has a current or past history of a tic disorder.

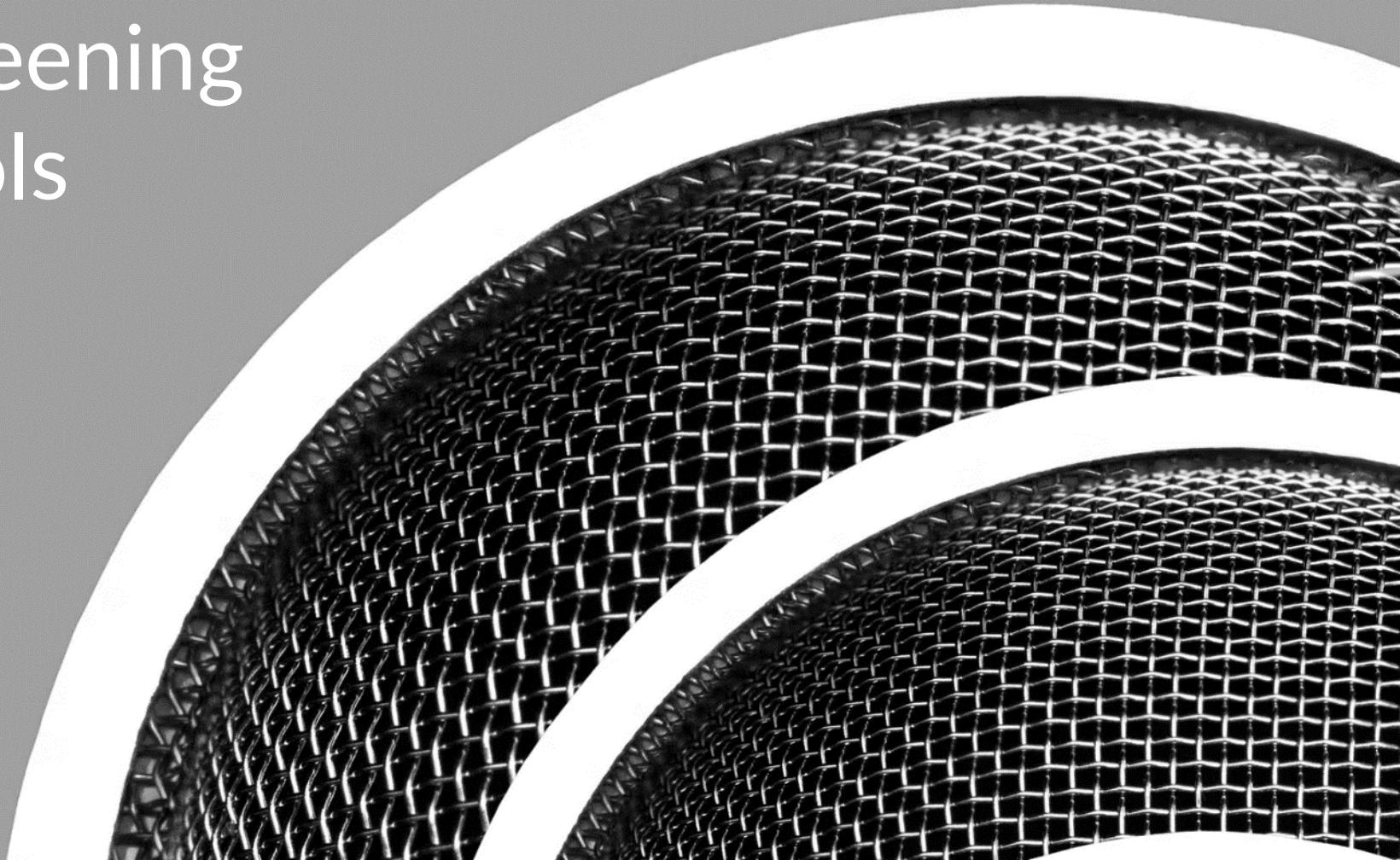
<https://www.psychiatry.org/psychiatrists/practice/dsm>

<https://sunnybrook.ca/uploads/1/departments/psychiatry/patient-with-ocd-for-primary-care.pdf>

Obsessive-compulsive Disorder

- Fairly uncommon, and presents similarly
 - 0-0.8% prevalence over age 60
- Most people improve through life
- Rarely presents late in life
 - May be related to neurodegeneration

Screening Tools



Screening for Anxiety

Tool	Cutoff Score	Sensitivity	Specificity	Reference
GAD-7	10	89	82	http://www.ncbi.nlm.nih.gov/books/NBK126694/
Scores of 5, 10, and 15 indicate mild, moderate and severe anxiety				
PDSR	8.75	89	100	https://www.ncbi.nlm.nih.gov/pubmed/16594812
Mini-SPIN	6	89	90	http://www.aafp.org/afp/2008/0815/p501.html
GAS	9	60	75	https://www.ncbi.nlm.nih.gov/pubmed/25271176
GAI	10	69.5	100	https://www.ncbi.nlm.nih.gov/pubmed/16805925

GAD-7

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all Several days More than half the days Nearly every day

(Use "✓" to indicate your answer)

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)



GAD-7: Interpretation

GAD (10): 89% sensitivity, 82% specificity

PD (7): 74% sensitivity, 82% specificity

SAD: 72% sensitivity, 80% specificity

PTSD: 66% sensitivity, 81% specificity

Score of 5, 10 and 15 are the cut-offs for mild, moderate and severe anxiety

Panic Disorder Self-Report (PDSR)

	No	Yes
1 During the last six months, have you had a panic attack or a sudden rush of intense fear or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please continue		
If NO (you have not experienced a panic attack), please leave the rest of this form blank		
When was the most recent time this occurred? (please record date)	<input type="text"/>	
2 Was at least one panic attack unexpected, as if it came out of the blue?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did it happen more than once?	<input type="checkbox"/>	<input type="checkbox"/>
4 If YES to 3, approximately how many panic attacks have you had in your lifetime?	<input type="text"/>	
If NO to 1, 2, and 3, please leave the rest of this form blank, otherwise continue		
5 Have you ever worried a lot (for at least one month) about having another panic attack?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you ever worried a lot (for at least one month) that having the attacks meant you were losing control, going crazy, having a heart attack, seriously ill, etc?	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ever change your behaviour or do something different (for at least one month) because of the attacks?	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 5, 6 or 7 please answer the following questions:		
Think back to your most severe panic attack. Did you experience any of the following symptoms?		
8 Shortness of breath or smothering sensations?	<input type="checkbox"/>	<input type="checkbox"/>
9 Feeling dizzy, unsteady, lightheaded, or faint?	<input type="checkbox"/>	<input type="checkbox"/>
10 Palpitations, pounding heart, or rapid heart rate?	<input type="checkbox"/>	<input type="checkbox"/>
11 Trembling or shaking?	<input type="checkbox"/>	<input type="checkbox"/>
12 Sweating?	<input type="checkbox"/>	<input type="checkbox"/>
13 Feelings of choking?	<input type="checkbox"/>	<input type="checkbox"/>

14 Nausea or abdominal distress?	<input type="checkbox"/>	<input type="checkbox"/>
15 Numbness or tingling sensations?	<input type="checkbox"/>	<input type="checkbox"/>
16 Flushes (hot flashes) or chills	<input type="checkbox"/>	<input type="checkbox"/>
17 Chest pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
18 Fear of dying?	<input type="checkbox"/>	<input type="checkbox"/>
19 Fear of going crazy or doing something uncontrolled?	<input type="checkbox"/>	<input type="checkbox"/>

20. How much do these symptoms interfere with your daily functioning? (Please circle one)

0	1	2	3	4
Not at all	Mildly	Moderately	Severely	Very severely / disabling

21. How distressing do you find these symptoms? (Please circle one)

0	1	2	3	4
No distress	Mild distress	Moderate distress	Severe distress	Very severe

22 When you have bad panic attacks, does it often take less than ten minutes from the point at which the attack begins, to the point at which it reaches a peak or becomes most intense?	<input type="checkbox"/>	<input type="checkbox"/>
23 Just before you began having panic attacks, were you taking any drugs or excessive amounts (more than 4 cups daily) of stimulants (e.g. coffee, tea, or cola with caffeine)?	<input type="checkbox"/>	<input type="checkbox"/>
23a If YES, what was it that you were taking?	<input type="text"/>	
23b How much of it were you taking (in cups, etc.)?	<input type="text"/>	
24 Have you ever been diagnosed with a medical problem (e.g. hyperthyroidism, a seizure or cardiac condition, etc.) that could have caused your panic symptoms?	<input type="checkbox"/>	<input type="checkbox"/>

Panic Disorder Self Report - Scoring

- 24 questions related to panic disorder
- Items 1-3 must all be Yes
- Items 1-3, 5-19, and 22 are 1 point each
- Items 20 and 21 are each divided by 2
- Items 4, 23 and 24 are not scored

Cut off score is 8.75

89% Sensitivity, 100% Specificity



Mini-SPIN

The Mini-SPIN Screening Tool for Social Phobia					
RATE EACH OF THE FOLLOWING ITEMS FROM 0 TO 4:	NOT AT ALL	A LITTLE BIT	SOMEWHAT	VERY MUCH	EXTREMELY
Fear of embarrassment causes me to avoid doing things or speaking to people.	0	1	2	3	4
I avoid activities in which I am the center of attention.	0	1	2	3	4
Being embarrassed or looking stupid are among my worst fears.	0	1	2	3	4

NOTE: A total score of 6 points or more is a positive screen.

SPIN = Social Phobia Inventory.

Adapted with permission from Connor KM, Kobak KA, Churchill LE, et al. Mini-SPIN: a brief screening assessment for generalized social anxiety disorder. *Depress Anxiety*. 2001;14(2):139.

Sensitivity 89%
Specificity 90%
PPV 53%
NPV 98%

<https://www.nejm.org/doi/full/10.1056/NEJMcp060145>
<https://www.aafp.org/afp/2008/0815/p501.html>

Shorter version
of the 17-item
SPIN

<https://psychology-tools.com/test/spin>



OCI-R

The following statements refer to experiences that many people have in their everyday lives. Circle the number that best describes **HOW MUCH** that experience has **DISTRESSED** or **BOTHERED** you during the **PAST MONTH**. The numbers refer to the following verbal labels:

0 Not at all	1 A little	2 Moderately	3 A lot	4 Extremely
1. I have saved up so many things that they get in the way.	0 1 2 3 4			
2. I check things more often than necessary.	0 1 2 3 4			
3. I get upset if objects are not arranged properly.	0 1 2 3 4			
4. I feel compelled to count while I am doing things.	0 1 2 3 4			
5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0 1 2 3 4			
6. I find it difficult to control my own thoughts.	0 1 2 3 4			
7. I collect things I don't need.	0 1 2 3 4			
8. I repeatedly check doors, windows, drawers, etc.	0 1 2 3 4			
9. I get upset if others change the way I have arranged things.	0 1 2 3 4			
10. I feel I have to repeat certain numbers.	0 1 2 3 4			
11. I sometimes have to wash or clean myself simply because I feel contaminated.	0 1 2 3 4			
12. I am upset by unpleasant thoughts that come into my mind against my will.	0 1 2 3 4			
13. I avoid throwing things away because I am afraid I might need them later.	0 1 2 3 4			
14. I repeatedly check gas and water taps and light switches after turning them off.	0 1 2 3 4			
15. I need things to be arranged in a particular way.	0 1 2 3 4			
16. I feel that there are good and bad numbers.	0 1 2 3 4			
17. I wash my hands more often and longer than necessary.	0 1 2 3 4			
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	0 1 2 3 4			

Obsessive Compulsive Inventory

Revised

Cutoff Score: 21

Screening for Anxiety

- Most screening tools were developed for younger adults
- Several screening tools work well
 - Geriatric Anxiety Inventory
 - Geriatric Anxiety Scale
 - Worry Scale
 - STAI, BAI, PSWQ, STICSA

Geriatric Anxiety Scale

- Self-report
- 30 scaled items
 - Somatic
 - Cognitive
 - Affective
- Cutoff score >9
- 60% sensitivity
- 75% specificity
- Available as GAS-10

	Not at all (0)	Sometimes (1)	Most of the time (2)	All of the time (3)
1. My heart raced or beat strongly.				
2. My breath was short.				
3. I had an upset stomach.				
4. I felt like things were not real or like I was outside of myself.				
5. I felt like I was losing control.				
6. I was afraid of being judged by others.				
7. I was afraid of being humiliated or embarrassed.				
8. I had difficulty falling asleep.				
9. I had difficulty staying asleep.				
10. I was irritable.				
11. I had outbursts of anger.				
12. I had difficulty concentrating.				
13. I was easily startled or upset.				
14. I was less interested in doing something I typically enjoy.				
15. I felt detached or isolated from others.				
16. I felt like I was in a daze.				
17. I had a hard time sitting still.				
18. I worried too much.				
19. I could not control my worry.				
20. I felt restless, keyed up, or on edge.				
21. I felt tired.				
22. My muscles were tense.				
23. I had back pain, neck pain, or muscle cramps.				
24. I felt like I had no control over my life.				
25. I felt like something terrible was going to happen to me.				
26. I was concerned about my finances.				
27. I was concerned about my health.				
28. I was concerned about my children.				
29. I was afraid of dying.				
30. I was afraid of becoming a burden to my family or children.				

Geriatric Anxiety Inventory

- Self-report
- 20 agree/disagree items
- Cutoff score >8
- 69.5% sensitivity, 100% specificity
- Less useful for severity
- Available as GAI-SF
 - 1, 6, 8, 10, 11
 - >2, 78%, 98.3%

I worry a lot of the time
I find it difficult to make a decision
I often feel jumpy
I find it hard to relax
I often cannot enjoy things because of my worries
Little things bother me a lot
I often feel like I have butterflies in my stomach
I think of myself as a worrier
I can't help worrying about even trivial things
I often feel nervous
My own thoughts often make me anxious
I get an upset stomach due to my worrying
I think of myself as a nervous person
I always anticipate the worst will happen
I often feel shaky inside
I think that my worries interfere with my life
My worries often overwhelm me
I sometimes feel a great knot in my stomach
I miss out on things because I worry too much
I often feel upset

A vertical photograph of a dandelion seed head against a sunset or sunrise sky. The seeds are silhouetted against the warm orange and yellow hues of the sky.

Treating Anxiety Disorders



Thorough medical
workup



Education and
Lifestyle
Modification



Behavioral and
Cognitive
Approaches



Thorough Medical Workup

Anxiety and Physical Health

- Start with a thorough medical work up
 - Neurologic
 - Endocrine (thyroid, pheo, carcinoid)
 - Mitral valve prolapse
- Evaluate for Substance Abuse
 - Both intoxication and withdrawal
 - Don't forget alcohol, caffeine and nicotine
- Evaluate for other psychiatric disorders

Organic Anxiety

Anxiety Secondary to Organic Causes

- Onset of anxiety symptoms after age 35 years
- Lack of personal or family history of an anxiety disorder
- Lack of childhood history of significant anxiety
- Absence of significant life events generating anxiety symptoms
- Lack of avoidance behavior
- Poor response to psychiatric treatment

Differential Diagnosis: Anxiety Secondary to Organic Factors

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC427612/>

Medical Illness

- Brucellosis
- Carcinoid syndrome
- Cerebral arteriosclerosis
- Chronic obstructive pulmonary disease
- Coronary insufficiency
- Diabetes mellitus
- Drug withdrawal: anxiolytic agents, caffeine, alcohol, sedatives, opiates
- Pancreatic tumor
- Pheochromocytoma
- Psychomotor epilepsy, complex partial seizures

Pulmonary emboli

- Thyroid disease (hypo- and hyperthyroidism, thyroiditis)

Medications

- Analgesics
- Anticholinergics
- Antihistamines
- Antihypertensives
- Antimicrobials
- Calcium channel blockers
- Estrogen
- Insulin
- Muscle relaxants
- Non-steroid anti-inflammatory drugs
- Sedatives
- Sympathomimetics
- Theophylline



Education and Lifestyle Modification



Education and Lifestyle Modification

- Educate about the cycle of anxiety
<http://www.jabfm.org/content/22/2/175.full.pdf+html>
- Regular exercise counteracts anxiety
<http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.162.12.2376>
- Avoid alcohol, caffeine, and cannabis
<http://www.jabfm.org/content/22/2/175.full.pdf+html>
<https://www.med.upenn.edu/cbti/assets/user-content/documents/s11920-017-0775-9.pdf>
- Practice good sleep hygiene
<http://www.jabfm.org/content/22/2/175.full.pdf+html>
<https://www.cci.health.wa.gov.au/~media/CCI/Mental%20Health%20Professionals/Sleep/Sleep%20Information%20Sheets/Sleep%20Information%20Sheer%20-%2004%20-%20Sleep%20Hygiene.pdf>

Our goal is
managing
anxiety,
rather than
erasing it

Educate About The Cycle of Anxiety

The Vicious Cycle of Anxiety



Anxiety

LONG TERM: Increase in the physical symptoms of anxiety, more worry, loss of confidence about coping, increased use of safety behaviours



Increased scanning for danger, physical symptoms intensify, attention narrows & shifts to self

Escape or avoidance



SHORT TERM: Relief

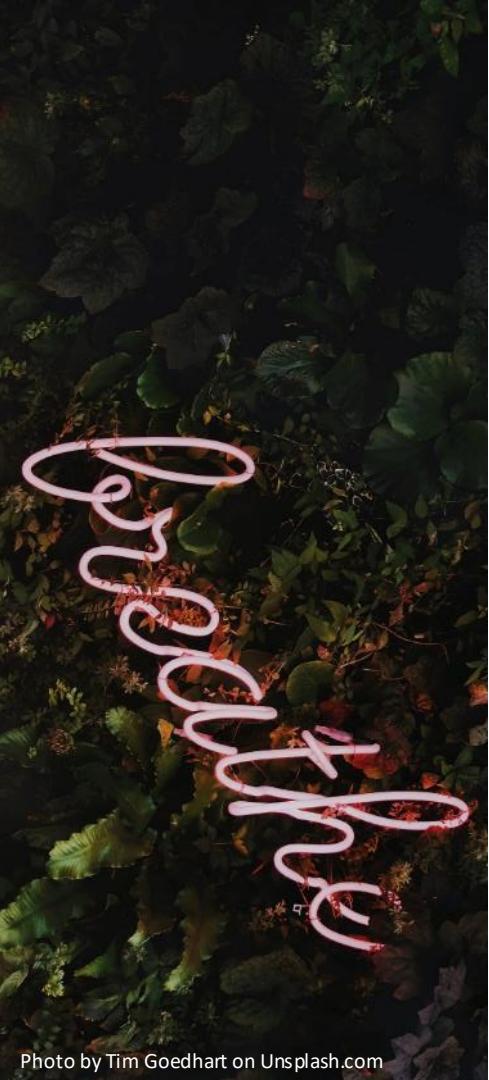


Behavioral and Cognitive Approaches



Behavioral & Cognitive Approaches

- Address behavioral avoidance with gradual exposure
- Address cognitive distortions with evidence
- Address physical symptoms with DB and PMR
- Consider Cognitive Behavioral Therapy



Diaphragmatic Breathing

- Increases parasympathetic tone
 - Slows heartrate
 - Decreases blood pressure
 - Increases oxygen
 - Decreases carbon dioxide
- Practice for five minutes twice daily
- Use as needed

<http://www.anxietybc.com/sites/default/files/CalmBreathing.pdf>

https://www.psychology.uga.edu/sites/default/files/CVs/Clinic_Diaphragmatic_Breathing.pdf

<https://depts.washington.edu/hcsats/PDF/TF-20CBT/pages/4%20Emotion%20Regulation%20Skills/Client%20Handouts/Relaxation/Ways%20to%20Relax%20by%20Using%20breathing.pdf>

Belly Breath!!!



Progressive Muscle Relaxation

- Deliberately ordered tensing and relaxation of muscle groups
- 65% Panic-free at 12 weeks, 82% at 1 year
 - vs. 74% and 89% with CBT
- Keys for use
 - Often helpful for bedtime relaxation
 - Practice the same system
 - Use a tape or video to help

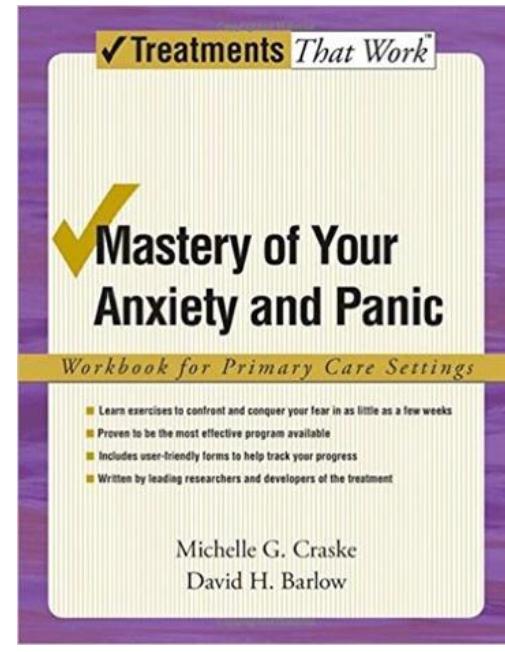
Cognitive Behavioral Therapy

- Effects persist at least 6-12 months
- Cognitive component may be more effective
- More effective than either Supportive Therapy or Psychodynamic Therapy
- May outperform pharmacotherapy*
 - Response rates of 56%
 - Highly motivated problem solvers
 - Cost-effective

Cognitive Behavioral Therapy

- Usually lasts 6-15 sessions
- Addresses the **cognitive, physical and behavioral** symptoms of anxiety
 - Education
 - Self-monitoring
 - Relaxation training
 - Cognitive Restructuring
 - Imagery Exposure
 - Situational Exposure
 - Relapse Prevention

<http://www.uptodate.com/contents/psychotherapy-for-generalized-anxiety-disorder>



<https://www.powells.com/book/-9780195311341>

But Everyone's Full!

Welcome to

kelty's key

Begin your journey to
mental health recovery



<https://www.kelty'skey.com/courses/anxiety/>



GOVERNMENT OF
WESTERN AUSTRALIA

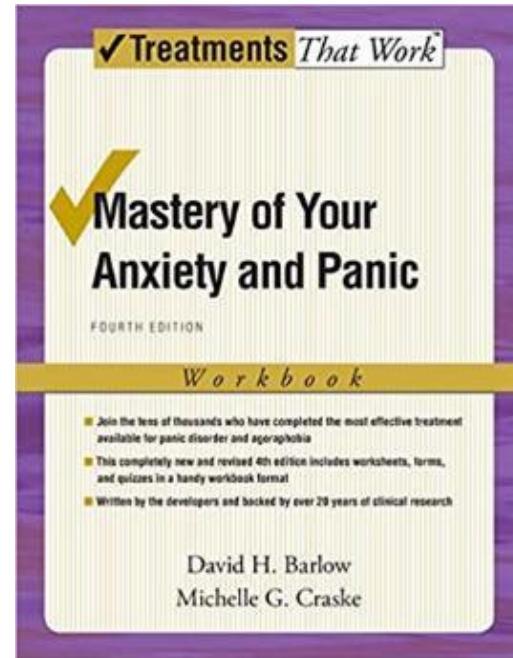
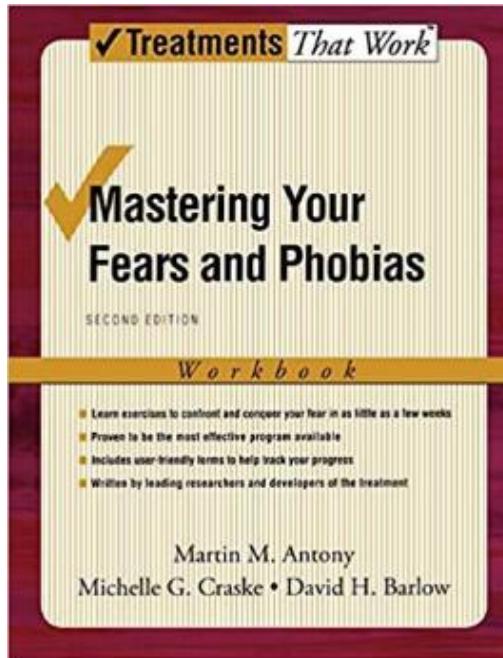
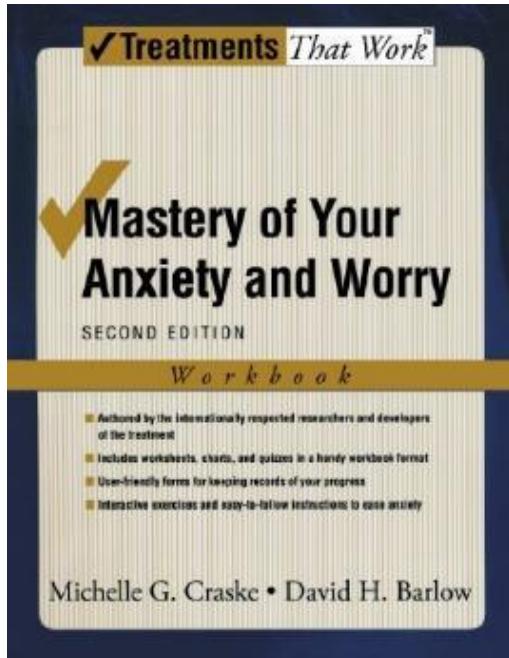
Centre for
Clinical
Interventions

Home / Resources / Looking After Yourself

Anxiety

<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Anxiety>

But Everyone's Full!



Pharmacology for Older Adults

- Normal changes in physiology
 - Increased distribution
 - Decreased metabolism
 - Decreased clearance
 - Higher serum levels
 - Longer elimination half life
- Greater sensitivity to anticholinergic effects
- Medical comorbidities
- Polypharmacy
- Sensory and cognitive deficits

https://cdn.mdedge.com/files/s3fs-public/Document/September-2017/1003CP_Article3.pdf
<https://www.powells.com/book/-9780683300215>



Pharmacology for Anxiety

- SSRIs and SNRIs are generally safe and effective for GAD, OCD, PD, and PTSD
- TCAs are effective, but cardiotoxic and anticholinergic
- Buspirone may help GAD, but not PD
- Benzodiazepines
 - May be helpful in acute or short-term anxiety
 - Chronic use leads to Cognitive Impairment and Falls
 - Avoid in Dementia
- Generally combined with psychotherapy

Call for Backup!

Welcome to the Oregon Psychiatric
Access Line (OPAL)

OPAL-K about Kids

OPAL-A about Adults

Phone

Toll-Free: [1-855-966-7255](tel:1-855-966-7255)

Portland Metro: [503-346-1000](tel:503-346-1000)

OPAL call center hours

9 a.m. – 5 p.m.

Monday through Friday, excluding major holidays

OPAL is not a walk-in clinic or in-person referral site



www.ohsu.edu/opal

Photo by Etienne Bösiger on Unsplash



WELCOME TO THE OREGON ECHO NETWORK

Connect and Learn

ECHO is an interactive educational and community-building experience that allows healthcare professionals throughout the state of Oregon to create a case-based learning environment through the convenience of video connection.

- Nursing Facility Pandemic Impact
- Team-based Mental Health
- Long COVID
- Diabetes Care for Whole Person Health
- Geriatric Care in an Age-Friendly Health System
- Gender-Affirming Care Across the Lifespan
- Veterans and Military Behavioral Health
- Parkinson ECHO

Summary

- Anxiety in older adults
 - Often presents with different concerns
 - More likely to be related to comorbidities
 - Often complicated by typical aging
- Efficient screening increases recognition
 - Geriatric Anxiety Scale (GAS)
 - Geriatric Anxiety Inventory (GAI)
- Treatment begins with
 - A thorough medical work-up
 - Cognitive and Behavioral approaches
 - An SSRI or SNRI



“When the sun shines
through the rain
the drops turn clear
gold.”

Amy Leach

Things That Are

Photo by Johnny McClung on Unsplash.com

Thank you!

Jonathan Betlinski, MD
betlinsk@ohsu.edu





2022 Forum on Aging in Rural Oregon



Thank You, Partners!



Building healthier communities together



Communities + Generations + Innovations

OPAL Program
(Oregon Psychiatric Acces Line)
OPAL-K for kids and OPAL-A for adults