Don’t Worry About It: Resources for Managing Anxiety for Older Adults

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Objectives

- Understand the Prevalence of Mental Health Issues among the Older Adult Population
- Discuss how to integrate Anxiety Management into Age Friendly Care
- Increase knowledge regarding assessing for anxiety
- Provide resources to Act On anxiety management and incorporate into Age Friendly Care Plan

Because it is Halloween….

Monsters stalking through the night.

Halloween is the Night of Fright.

Fear is what this night brings,

Along with many other things.

Are you sure you are prepared?

Tonight is not for the easily scared

Many decades of wear creaking through the night.

Halloween is the Night of Fright.

Fear is not always what the years bring,

Filled with many other things.

Are you sure you are prepared?

Aging is not for the easily scared

Common fears among older adults

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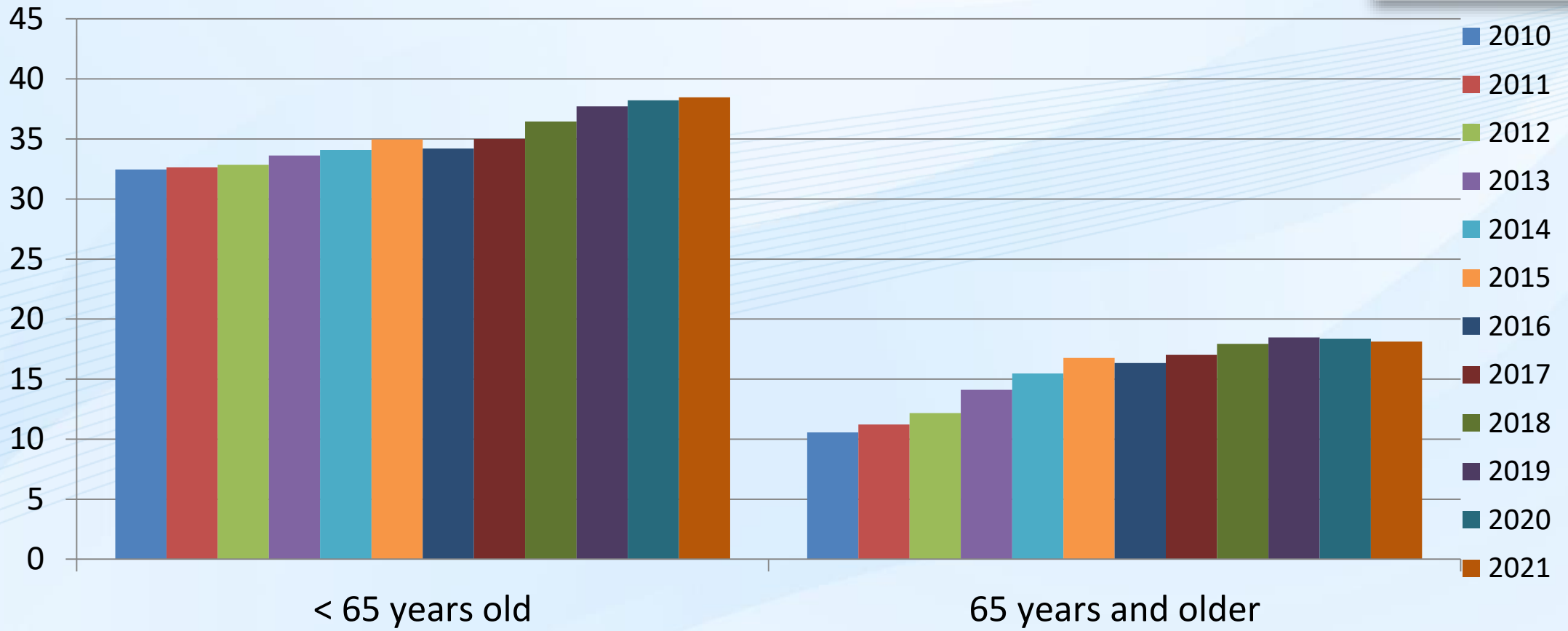
- Loss of independence and becoming a burden
- Deteriorating health
- Loneliness
- Financial Insecurity
- Death
- Anything else?

Prevalence of Mental Illness Among Younger and Older Veterans



- Greenberg, Greg; and Hoff, Rani. FY 2021 Younger Adult (Under age 65 on October 1) Veteran Data Sheet: National, VISN, and VAMC Tables. West Haven, CT: Northeast Program Evaluation Center. Annual (FY 2005-Present).
- Greenberg, Greg; and Hoff, Rani. FY 2021 Older Adult (65+ on October 1st) Veteran Data Sheet: National, VISN, and VAMC Tables. West Haven, CT: Northeast Program Evaluation Center. Annual (FY 2005-Present)

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How Prevalent is Anxiety Among Older Adults???

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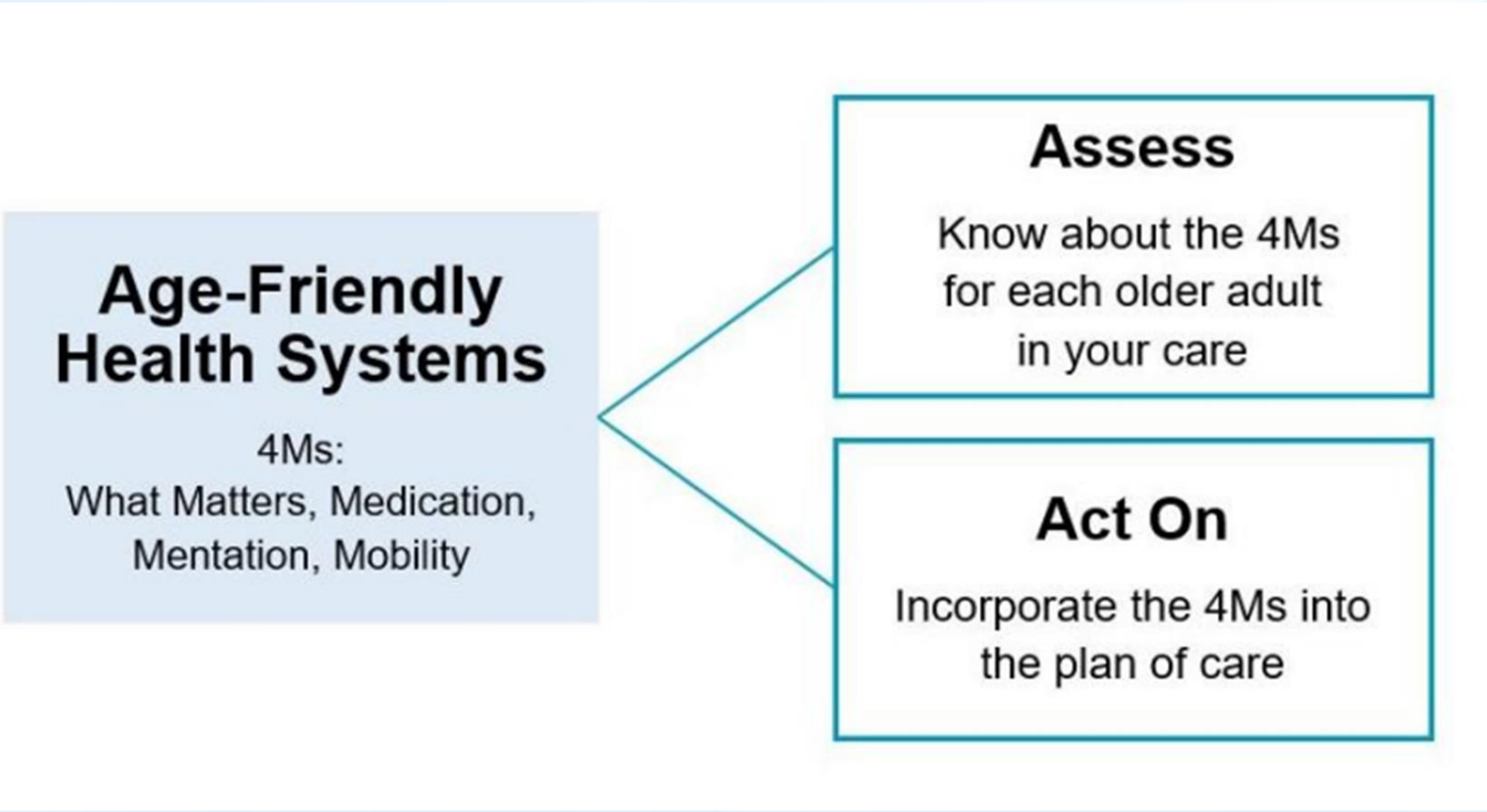

Age Friendly Health System – 4M's and Mental Health

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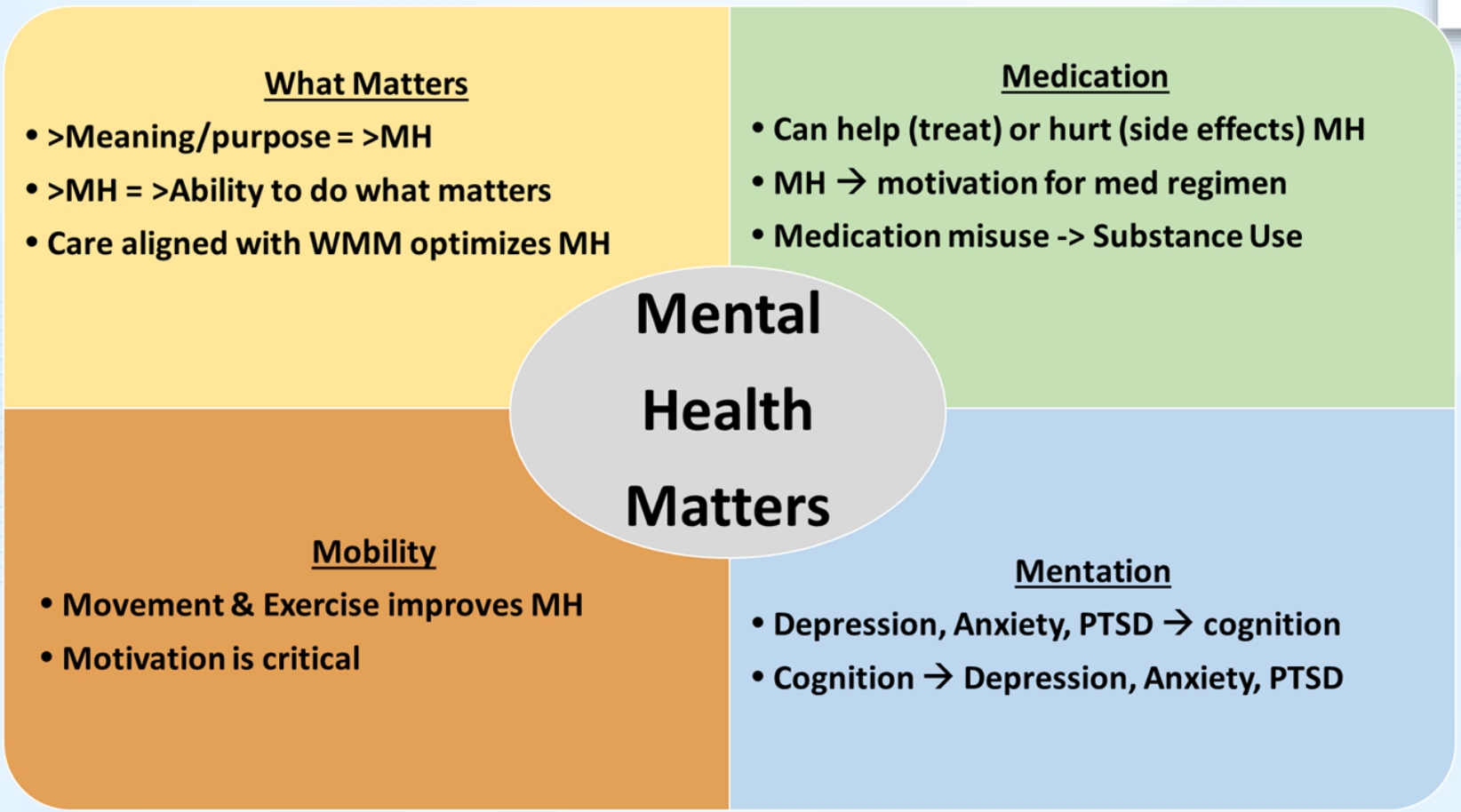

From 9.30.21 AFHS webinar - Addressing Depression, Suicide Risk and PTSD in Older Veterans, M. Karel & J. Moye, see slides and recording

Case #1

Dolores is a 72 year old woman who just recently had her hip replaced and transferred to a skilled rehab. Prior to hip surgery she lived alone independently, after caregiving for her husband who passed more than a year ago. Although in the hospital she was making progress in PT, since being admitted to skilled nursing she has lost some of the gains that she has made and does not seem to want to participate. She complains of pain, but a medical work up of the hip was unremarkable and staff do not observe any nonverbal signs of pain.

Case #2

Sam is an 80 year old male who has COPD and was admitted to skilled nursing after a severe exacerbation. He developed COPD secondary to his work conditions and has never smoked or drank alcohol. He typically is very diligent in following orders by medical providers, but in the last couple of days he has been choosing not to engage in his care plan and is irritable with anyone who enters his room. He is isolating in his room and becomes very distressed when doing anything that challenges his breathing.

Assess: Could this be anxiety?

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- *"Refusal" of or "noncompliance" with care (punitive terms)*
- *Dependency on others*
- *Reduced mobility*
- *Repetitive questioning of providers*
- *Frequent need for reassurance*
- *Decreased problem solving*
- *Resistance to change*

Assess: Categories of Anxiety Symptoms

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Physical	Behavioral	Acting Out	Emotional/Cognitive
Muscle Tension	Avoidance	Yelling	Worrying
Butterflies in stomach	Putting something off/procrastination	Hitting	Irritability
Shortness of breath	Pacing or repetitive actions	Biting	Poor concentration
Increased pain	Restlessness/unable to sleep		Poor memory
Headaches	Snacking excessively		

Assess: Risk Factors for Anxiety

- Extreme stress or trauma, but also normal age-related changes History of falls
- Isolation
- Unmet basic needs
- Bereavement and complicated or chronic grief
- Alcohol, caffeine, drugs (prescription, over-the-counter, and illegal)
- A family history of anxiety disorders
- Other medical or mental illnesses or
- Neurodegenerative disorders (like Alzheimer's or other dementias)

Act On: Medication

Three Main Classes of Medication:

1) *Antidepressants*
2) *Anti-Anxiety Drugs*
3) *Beta-Blocks*

Act ON: Stepwise Approach

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- Stage I: Address Immediate discomfort and provide social supports
- Stage II: Enhance coping skills
- Stage III: Treat specific anxiety disorders

(Based on Hyer and Woods, 1998)

Act On: Easing Anxiety Among Older Adults

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Physical Environment

Stage I Interventions:

- Addressing discomfort
- Creating an atmosphere that promotes calm
- Structure schedule
- Available coping resources

Social Support

Stage I Interventions:

- Presence
- Active listening
- Be calm and reassuring
- Acknowledge their fears but do not play along with them
- Be supportive without supporting their anxiety
- Encourage them to engage in social activities
- Offer to assist them with getting help from a physician or mental health professional

Act On: Build on strengths of older adults

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Did you know???

- Older adults are more likely than younger adults to attend to positive over negative information
  - (Mather & Carstensen, 2005).
- However older adults with high worry attend more to negative than to positive stimuli on attention tests
  - (Lee & Knight, 2009; Price, Siegle, & Mohlman, 2012)
- Older adults tend to experience lower emotional arousal and are better at regulating emotions than younger adults

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This report for clinicians explains approaches to providing integrated care to older adults living with substance use disorder and mental illness. It highlights the importance of assessing patients for cognitive deficits and adapting behavioral interventions to help improve treatment outcomes.

Act On: Enhance Coping Skills

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Stage II Interventions:

- Psychoeducation regarding coping skills for anxiety symptoms with patient and family
- Relaxation training and breathing re-training
- Thought-stopping skills
- Mindfulness-based/acceptance skills
- Problem-solving interventions
- Communication/social-skills training
- Train family members in above skills

Act On: Treatment for Anxiety Disorders

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Stage III Interventions:

- CBT and behavioral interventions (e.g., relaxation training, exposure) (Gonçalves & Byrne, 2012; Thorp et al., 2009
- Supportive therapy (Barrowclough et al., 2001
- Cognitive therapy (DeBerry, Davis, & Reinhard, 1989)
- Some evidence suggests that acceptance and commitment therapy (ACT) also may be effective with older adults (Wetherell, Afari, et al., 2011)
- Bibliotherapy and problem-solving therapy (components of CBT) may be effective at preventing the onset of anxiety disorders in older adults with subthreshold anxiety symptoms (van't Veer-Tazelaar et al., 2009)
- Psychosocial interventions are effective at reducing anxiety symptoms in older adults (Weth erell, Petkus, Thorp, et al., 2013)

Act On: Problems with Standard Psychological Tx

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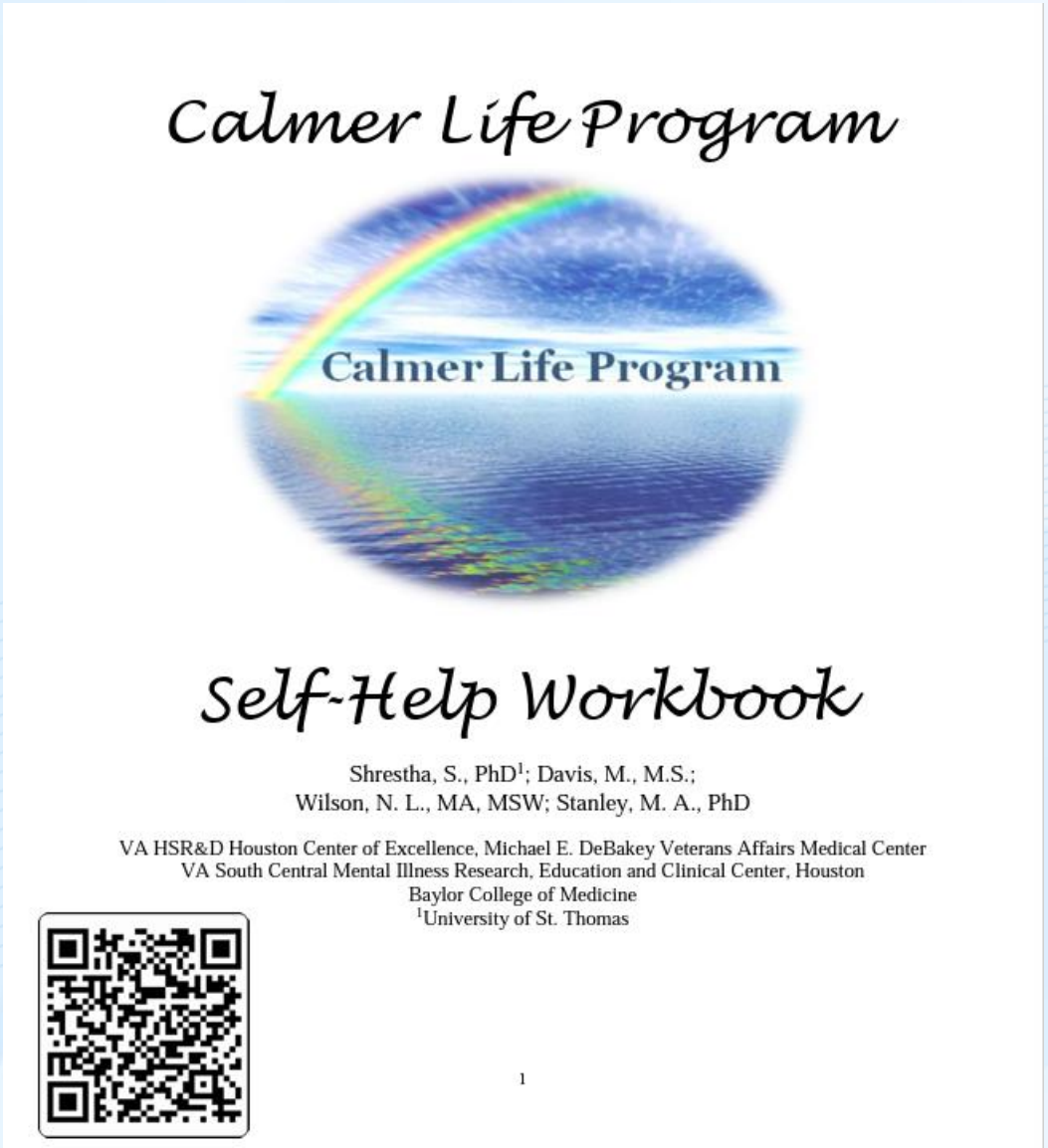
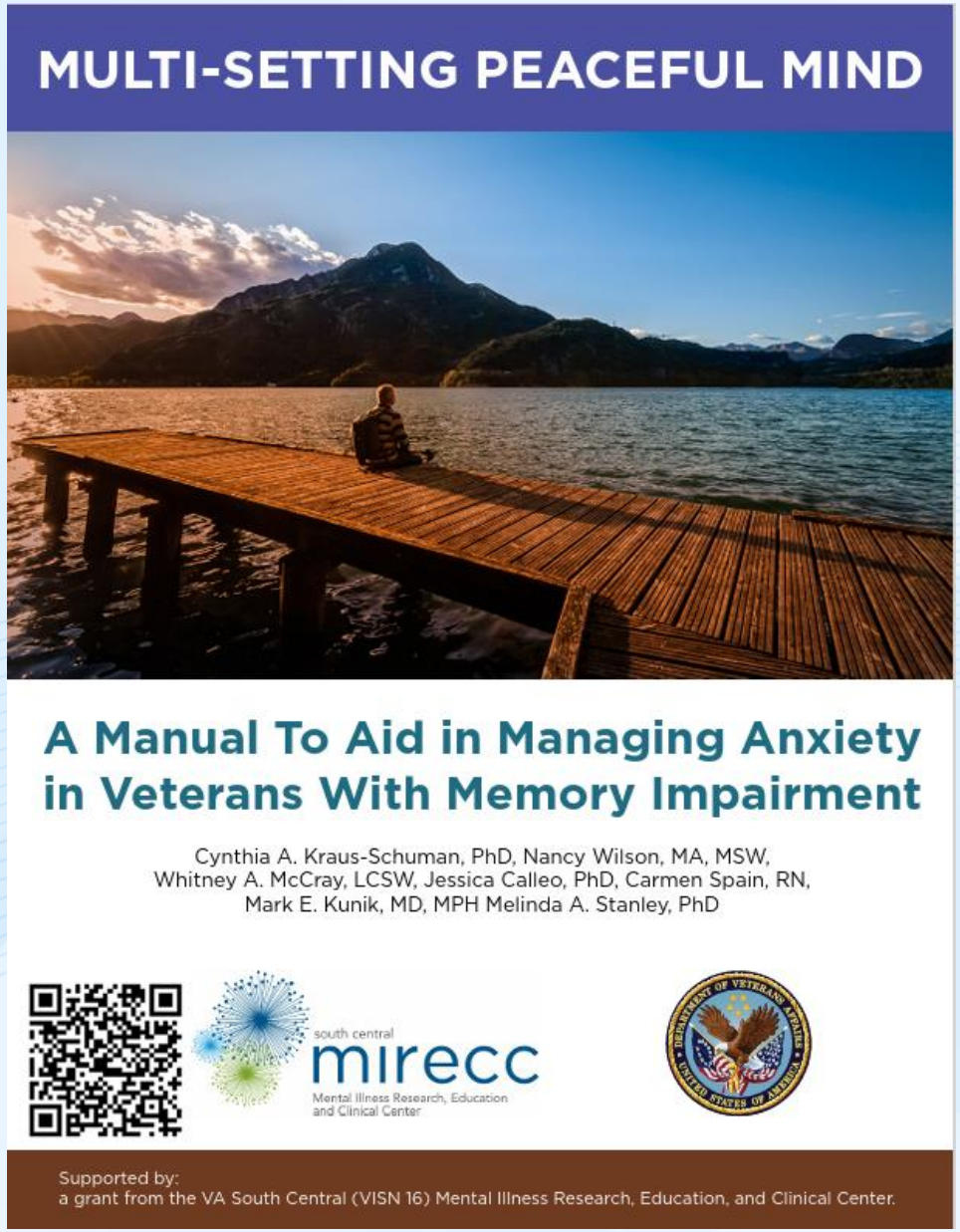
- Require too much patient stamina
- Require too much time
- Do not address end-of-life issues
- Have little role for family, caregivers
- Less effective in older adults due to cognitive deficits
  - Modifications such as shortening sessions, presenting material at a slower rate, providing extra psychoeducation, and including caregivers and family members in the treatment plan may be necessary with older adults
- Lack of trained geriatric mental health provders



Age-Friendly Health Systems

INTRODUCTION MODULE 1: Becoming Aware of Your Worry/Stress MODULE 2: Learning How to Relax
MODULE 3: Using Calming Thoughts to Manage Worry/Stress
MODULE 4: Changing Your Behavior to Manage Depression
MODULE 5: Changing Your Behavior to Manage Worry/Stress
MODULE 6: Problem Solving
MODULE 7: Progressive Muscle Relaxation
MODULE 8: Thought Stopping
MODULE 9: Changing Your Thoughts to Manage Worry/Stress
MODULE 10: Maintaining a Calmer Life

[Clinical Education Products | South Central MIRECC - MIRECC / CoE (va.gov)]



Age-Friendly Health Systems

INTRODUCTION
Cognitive Impairment and Dementia
Anxiety and Dementia
The Peaceful Mind Program
CBT
Learning Strategies and reference

THE AWARENESS TOOL
THE BREATHING TOOL
INCREASING ACTIVITY TOOL
Overview
Provider Instructions
Sample Practice Sheet
Practice Sheet

[Clinical Education Products | South Central MIRECC - MIRECC / CoE (va.gov)]

Resources

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[Anxiety and Older Adults: Overcoming Worry and Fear - American Association for Geriatric Psychiatry (aagponline.org)]

[Clinical Education Products | South Central MIRECC - MIRECC / CoE (va.gov)]

[Resources for Older Adults | SAMHSA]

[What Is an Age-Friendly Health System? | IHI - Institute for Healthcare Improvement]