The natural course of Anxiety Disorders in the elderly: A Systematic Review of Longitudinal Trials

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International Psychogeriatrics
http://dx.doi.org/10.1017/S1041610214001847
Background

• The anxiety disorders are the most prevalent mental health problem in Europe estimated 69.1 million individuals affected across all age groups.  

• estimated prevalence rates in the elderly are  between 2.2-6.6% in developed countries.  

12 months prevalence rates in the elderly for ;

• social phobia 1.32-4.51%.

• specific phobia 1.83%.

• panic disorder at 1.17%.
Background

• 47.5% of those with depression having a diagnosable anxiety dis and 26.1% of those with an anxiety dis having diagnosable depression.  

• Anxiety dis in the elderly is usually associated with
  • neurotic personality trait,
  • cognitive decline,
  • ↑burden on physical health including frailty, worsening physical functioning, ↑disability , ↑taking of medications⁷.

\[\text{(1) Back ground}\]

\[\text{• 47.5\% of those with depression having a diagnosable anxiety dis and 26.1\% of those with an anxiety dis having diagnosable depression.} \]

\[\text{• Anxiety dis in the elderly is usually associated with}\]

\[\text{• neurotic personality trait,}\]

\[\text{• cognitive decline,}\]

\[\text{• ↑burden on physical health including}\]

\[\text{frailty, worsening physical functioning, ↑disability , ↑taking of medications⁷.}\]
Method

The Inclusion Criteria were:
• (1) Studies looking at diagnosed anxiety disorders in older persons aged 55 or over
• (2) Longitudinal cohort or follow-up studies
• (3) Papers which help elucidate:
  (a) natural history and/or (b) prognosis.

Exclusion Criteria were:
• (1) Papers looking at treatment or intervention;
• (2) Studies using measures of trait or symptom anxiety with no diagnosed anxiety disorder and
• (3) Cross-sectional studies reporting on risk-factors or prevalence rates only.
Search Strategy

• was undertaken 27th January 2014
• MEDLINE
• PsycINFO
• OvidSP platform,
• Cochrane Clinical Trials Register
• TRIP Medical database (www.tripdatabase.com/).
• Filters for human subjects, English language without date restriction.
• search terms:
• old age" OR "later life" OR "older adul*" OR "older peopl*" ) AND (anxiety OR agitat* OR panic OR phobia OR agoraphobia) AND (prognos* OR longitudinal OR remission OR death OR suicide OR mortality)
Result

• 693 papers were identified in total.
• 21 full papers for screening full text stage.
• 12 papers passed the inclusions/exclusions
• In total the studies represented 34,691 participants.
• Follow-up period from 3 months to 22 years.
• Drop-out rate of trials ranged from 20-48%, including mortality and moving out of area.
results

• Mortality
a significant increase in the anxious depression group in the number of suicides being almost eight-fold that expected (p<0.001).

• Cognition
a reduction of 4.1 on the MMSE in anxious patients vs. 1.1 in the non-anxious group. there was some impaired cognitive functioning in the anxious group.
Persistence/Remission of Anxiety & Mood dis

Pure anxiety disorders were likely to persist or a relapse after one year 16.3%. ⑧
after two years 29.2%. ⑨
after 3-6 years 39-52%. ⑩
tertiary centres had antidepressant therapy at 95-100%
community samples 14-44%.
↑chronic health problems between baseline and follow-up was significantly associated with the persistence depression and anxiety (OR 1.19; 95% CI 1.06 to 1.34). ⑪
Discussion

- Anxiety disorders are a common disorder of the elderly with considerable burden on social cost and individual quality of life.
- high morbidity of anxiety disorders in the community.
- conversion to depression and anxiety-depression
- the high risk of relapse and persistence
- considerable under-treatment of anxiety disorders in community settings
Ref

2- Bland et al., 1988; Regier et al., 1993; Henderson et al., 2000
3- Cairney et al., 2007; Chou, 2009a
4- Chou, 2009b
5- Chou 2010
6- (Beekman et al., 2000).
7- Gale et al., 2011; Ní Mhaoláin et al., 2012)
8- (Préville et al., 2003),
9- (Almeida et al., 2012),
10- Schoevers et al., 2005; Schurmans et al., 2005).
11- (Préville et al., 2010).

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