

Public Lecture by Dr. Enid Rockwell
“Meeting the Challenges of Anxieties in Later Life”
June 19, 2002 at 6:00 p.m. in the Garren Auditorium, Basic Science Building
Sponsored by the Sam & Rose Stein Institute for Research on Aging, UCSD

Anxiety disorders are the least studied psychiatric illnesses in older adults. Anxiety disorders have been under diagnosed for a number of reasons. It has been suggested that our older generation is often reluctant to admit to symptoms of emotional distress. Medical illnesses can present with symptoms of anxiety and visa versa. Mental health specialists can miss the diagnosis and will consider depression or substance abuse first.

There are six important anxiety disorders to consider in late life: Panic Disorder- the early onset is characterized by a chronic course continuing into senescence. The late onset is less severe with respect to the degree of arousal and the avoidance behavior. The overall level of functioning is higher in the late onset group.

Agoraphobia- involves avoidance of the place or situation where the panic attack or trauma occurred. Social Phobia-a chronic and persisting anxiety disorder usually beginning in childhood or adolescence is not uncommon in late life. Fear of public speaking is less terrifying, however, eating in public can be more difficult because of ill-fitting dentures, and other medical problems associated with aging. Post Traumatic Stress Disorder- can be chronic and disabling. We have learned from our studies of the Holocaust victims and the POW survivors of the other Wars. It is our current belief that P.T.S.D. may cause more hyper arousal and less reliving of the traumatic event from our recent studies of the Armenian earthquake and the Lockerbie air disaster when the older population was interviewed.

Simple Phobias such as fear of crime is a frequent problem despite the fact that the older adults are less likely to be attacked.

Obsessive Compulsive Disorder although thought to be quite rare, at least in the late onset form, can be the first sign of a dementing disorder as the individual attempts to maintain their organization in the face of short-term memory impairment. Women tend to clean and men recheck and ruminate more!

The sad news is that women have more panic attacks than males and they are more likely to have relapses. They are three times more likely to develop phobic disorders and are at higher risk for developing General Anxiety Disorder (GAD). Two percent of men will develop P.T.S.D. while women have a prevalence rate close to 11% despite the fact that men are exposed to considerably more trauma than females.

There are numerous medical causes of anxiety: they include all endocrine problems (Thyroid D. Diabetes M.), most cardiovascular and circulatory problems, respiratory diseases and autoimmune diseases such as arthritis. Anxiety commonly heralds the onset of severe sodium and potassium imbalances. Neurological disorders and anxiety go hand in hand. Medications that can cause anxiety symptoms include antibiotics, anti-cholinergic agents (over the counter sleep aids) Chemotherapy for tumors and medications used to prevent organ rejection, cold preparations are

quite notorious, Antihistamines (Benadryl) anti-inflammatory agents (Ibuprofen, Aspirin, Naproxen, Aleve, Celebrex and Vioxx). Of course caffeine, steroids and weight loss pills are frequent offenders. Digitalis and many antihypertensive agents must be considered when evaluating anxiety.

The neurobiology of anxiety has only recently been discovered. We now believe that there are two neural pathways for anxiety. It is believed that the Amygdala is the center of fear. When it is stimulated by either the olfactory (smell) input and possibly touch, the tactile sensory input, it sends out a burst of fear, thought to be mediated by Norepinephrine, the adrenaline of the brain. This leads to the fight or flight response. It also stimulates the hippocampus to form a memory of the event, the location and the setting to protect us should we ever be placed in a similar situation. The auditory and visual information from our environment come through the triage center called the Thalamus. The thalamus decides whether the stimulus is acute or whether it can go to the cortex and be analyzed. If it is a significant threat a message will be sent directly to the Amygdala to institute the fight or flight response. We have learned that the Prefrontal Cortex determines whether it is safe to shut off the alarm system, the Amygdala. Our theory is that should the Pre frontal Cortex be injured or pathways disrupted there would be no way of turning off the alarm and the organism would remain in a chronic state of hyper arousal. On the other hand if the Amygdala were disrupted there would theoretically be no warning in the face of danger. If we take this one step further and suppose that the Hippocampus was defective (as it is in Alzheimer's Disease), or from years of chronic stress) we would not be able to form a new memory to extinguish an old memory of a dangerous situation. We might not be able to remember to avoid or how to react to a perilous situation. Might this explain why our Alzheimer's patients are at risk for accidents so early in the disease.

At this point in our understanding of the Anxiety Disorders treatment must Include 1) addressing the stressors: financial, loss of mobility, loss of support system, pain, self esteem, purpose.2) employing cognitive-behavioral techniques such as restructuring the maladaptive thoughts, challenging the veracity of the fear, extinguishing the fears by directly confronting the situation in a hierarchal fashion and perhaps some relaxation therapy.3) We have recently learned that the serotonin enhancing drugs like paroxetine (paxil) and sertraline (zoloft) are very effective for treating anxiety. Drugs in the Valium family such as Zanax and Ativan have a role in the treatment of several Anxiety Disorders but must be used judiciously. Beta Blockers and Antihistamines can be more toxic than Valium. The novel Antipsychotics, tranquilizers, have been beneficial for patients with dementia. The new acetylcholine enhancing agents, Aricept, Exelon and Reminyl are also helping dementia patients with anxiety and agitation.