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Healthy Living Series

February 2019: Anxiety and Older Adults

Resources for Residents, Caregivers and Staff

by Select Rehabilitation

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ANXIETY AND OLDER ADULTS: ADDRESSING WORRY AND CONCERN
TALKING POINTS

Anxiety is a common illness among older adults, affecting as many as 10-20% of the older adult population. It is also the most common mental health problem for women, and the second most common for men. In some cases, anxiety can lead and escalate to cognitive impairment, disability, poor physical health, and a poor quality of life.

Moreover, older adults with anxiety often go untreated. That is for several reasons including:

- Older adults often do not recognize or acknowledge their symptoms
- They may be reluctant to discuss their feelings with their loved ones or health care practitioner.
- Some older adults may not seek treatment because they have had symptoms of anxiety for most of their lives and believe the feelings are normal.
- They may miss a diagnosis of anxiety because of other medical conditions and prescription drug use, or particular situations that the patients are coping with such as a loss of a spouse.

What is Anxiety?

- An anxiety disorder causes feelings of fear, worry, apprehension, or dread that are excessive or disproportional to the problems or situations that are feared.
- Excessive anxiety that causes distress or that interferes with daily activities is not a normal part of aging.
- Different types of anxiety disorders include:
    - **Panic Disorder:** Characterized by panic attacks, or sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort and fear of dying.
    - **Obsessive-Compulsive Disorder (OCD):** People with OCD experience recurrent thoughts or rituals, which they feel they cannot control. Rituals, such as hand washing, checking or cleaning, are often performed in hope of preventing obsessive thoughts or making them go away.
    - **Post-Traumatic Stress Disorder (PTSD):** PTSD is characterized by persistent symptoms that occur after experiencing a traumatic event such as violence, abuse, or some other threat to a person's sense of safety. Common symptoms include nightmares, flashbacks, numbing of emotions, depression, being easily startled, and feeling angry, irritable or distracted.
    - **Phobia:** An extreme, disabling and irrational fear of something that really poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their lives. Common phobias include agoraphobia (The fear of the outside world); Social phobia; Fear of certain animals; Driving a car; Heights, tunnels or bridges; Thunderstorms; and flying.
    - **Generalized Anxiety Disorder:** Chronic, exaggerated worry about everyday routing life events and activities, lasting at least six months; almost always anticipating the worst even though there is little reason to expect it. Accompanied by physical symptoms such as fatigue, trembling, muscle tension, headache or nausea.

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What causes Anxiety Disorders?

- There are many things that can contribute to an anxiety disorder including:
  - Extreme Stress or Trauma
  - 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
  - Neurodegenerative disorders (Like Alzheimer's or other dementias)
- The stress that may go along with aging (poor health, memory problems, and losses) can cause anxiety disorder.
  - Many older adults are afraid of falling, being unable to afford living expenses and medication, being victimized, being dependent on others, being left alone, and death.
- Anxiety disorders commonly occur along with other physical or mental illnesses, including alcohol or substance abuse, which may hide the symptoms or make them worse.

Signs and Symptoms of an Anxiety Disorder

- Excessive worry or fear
- Refusing to do routine activities or being overly preoccupied with routine
- Avoiding social situations
- Overly concerned about safety
- Racing heart, shallow breathing, trembling, nausea and sweating
- Poor sleep
- Muscle tension, feeling weak and shaky
- Hoarding / Collecting
- Depression
- Self-medication with alcohol or other central nervous system depressants

Depression and Anxiety

- In older adults, anxiety and depression often occur together
- Symptoms of depression usually last more than two weeks and include:
  - Disturbed sleep patterns (Sleeping too much or too little)
  - Changes in appetite (Weight loss or gain)
  - Physical aches and pains
  - Lack of energy or motivation
  - Irritability and intolerance
  - Loss of interest or pleasure
  - Feelings of worthlessness or guilt
  - Difficulties with concentration or decision-making
  - Noticeable restlessness or slow movement
  - Recurring thoughts of death or suicide

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Who can Help?

- Older adults who think they may be suffering from anxiety should share their concerns with their health care provider.
- A physician can help determine if the symptoms are due to an anxiety disorder, a medical condition, or both.
- The client and provider should work as a team to make a plan to treat the anxiety disorder.

What are the options for Treatment?

- Treatment can involve medication, therapy, stress reduction, coping skills, and family or other social support.
- A mental health care provider can determine what type of disorder or combination of disorders the client has, and if any other conditions, such as grief, depression, substance abuse, or dementia, are present.

Pharmacological Treatments

- Medication will not cure anxiety disorders but will keep them under control while the person receives therapy.
- Medication must be prescribed by physicians, often psychiatrists or geriatric psychiatrists, who can also offer therapy or work as a team with psychologists, social workers, or counselors who provide therapy.
- The main medications used for anxiety disorders are antidepressants, anti-anxiety drugs, and beta-blockers, which control some of the physical symptoms.

Mental Health Therapy

- Therapy involves talking with a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, to discover what caused the anxiety disorder and how to deal with its symptoms.
- A therapist can teach new coping and relaxation skills and help resolve problems that cause anxiety.

Self-Care to relieve Anxiety

- Acknowledge worries and address any fears that can be handled.
- Talk with family, a friend or spiritual leader
- Adopt stress management techniques, meditation, prayer, and deep breathing techniques
- Exercise
- Avoid things that can aggravate the symptoms of anxiety disorders:
  - Caffeine (Coffee, tea, soda, chocolate)
  - Nicotine (Smoking)
  - Over-eating
  - Over-the-counter cold medications
  - Certain illegal drugs
  - Certain herbal supplements
  - Alcohol (While alcohol might initially help a person relax, it eventually interferes with sleep and overall wellness, and can even contribute to anxiety, depression, and dementia)

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Self-Care to relieve Anxiety

- If you suspect an older adult you know might have a problem with anxiety, notice and ask:
  - Is the person avoiding situations and activities he or she once enjoyed?
  - Does he or she seem to worry excessively?
  - Is he or she taking a new medication, either prescription or over-the-counter? Or has the dosage changed for one of the medications?
  - Is he or she drinking more alcoholic drinks than previously?
- When talking with an older adult who has an anxiety problem:
  - 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 assistance in getting them help from a physician or mental health professional

How Can Rehabilitation help?

- The purpose of therapy is to increase an individual's ability to live as independently as possible in the community while engaging in meaningful and productive life roles. Because therapy facilitates participation and is client-centered, it plays an important role in the success of those living with anxiety and depression.
- Seeking professional advice to analyze your unique situation; Can often result in simple solutions.
- Your rehab team can provide educational programs and treatment groups or classes to address self-awareness, interpersonal and social skills, stress management, and role development.
- Your rehab team can provide clients with the opportunity to achieve their highest level of self-performance in functional skills.
- Your rehab team can assist in the development and instruction of compensatory and adaptation techniques to facilitate increased functional performance, attention and safety.
- Your rehab team can provide interventions to preserve mobility, socialization, and ADL skills.
- Your rehab team can provide clients purposeful activities according to capabilities.

For additional information, please contact your Select Rehabilitation Physical, Occupational and Speech Therapists. In addition, consult your rehab team today if you are concerned that you or your loved one may be dealing with anxiety or depression.

Suggested Evaulation Tools

Evaluation Tool	Brief Description
Activity & Leisure Skills Test	
Community Integration Measure	Appraises an individual's views about connecting to community.
Community Integration Questionnaire	Helps clients examine the extent of their community participation.
Daily Activities Checklist	Examines engagement of persons with mental illness in social settings.
Evaluation of Social Interaction (ESI)	An assessment which evaluates a person's quality of social interaction during natural social exchanges with typical social partners.
ADL & Occupational Tests	
Brookvale Living Skills Assessment	A functional assessment used in conjunction with ADL observation.
Canadian Occupational Performance Measure (COPM)	Assesses an individual's perceived occupational performance in the areas of self-care, productivity, and leisure. The assessment involves a 5-step process nested within a semi-structured interview. Interview focuses on identifying activities within each performance domain that the client wants, needs, or is expected to perform.
Community Adaptive Planning Assessment	Examines major occupations of an individual at times of expected change.
Competency Rating Scale	Self-report instrument asks the client to rate his/her degree of difficulty in a variety of tasks and functions.
Cost of Care Index	Identifies concerns of families providing care to elders.
Independent Living Scales (ILS)	Assesses competency in instrumental activities of daily living.
Katz Index of ADL	Screens and provides ranking of performance in 6 basic activities of daily living. Should be followed by comprehensive assessment. Sensitive to changes in declining health status, although limited in ability to measure small increments of change.
Klein-Bell Activities of Daily Living Scale	Measures ADL independence to determine current status, change in status, & sub activities to focus on in rehabilitation.
Kohlman Evaluation of Living Skills (KELS) – 3rd edition	Assesses ability to function in 17 basic living skills in 5 areas: self-care, safety/health, money management, transportation/telephone and work/leisure. For adults with brain injury, elderly in nursing facilities or adolescents in training programs.
Structural Assessment of Independent Living Skills (SAILS)	Measures functional ability during ADL performance for clients with cognitive deficits

Behavioral Tests	
Abbreviated PCL-C	A shortened version of the PTSD Checklist – Civilian version (PCL-C). Developed for use with in primary care or other similar general medical settings. Professional judgment should be used in generalizing it to other settings or if using the Military or Specific versions of the PCL.
AUDIT (Alcohol Use Disorders Identification Test)	Classifies people into either alcoholics or non-alcoholics. Is particularly suitable for use in primary care settings and has been used with a variety of populations and cultural groups.
AUDIT C	Simple 3 question screen for hazardous or harmful drinking that can stand alone or be incorporated into general health history questionnaires.
Beck Anxiety Inventory (BAI)	Measures the severity of anxiety in adults.
Beck Depression Inventory-FastScreen (BDI-FastScreen)	Detects severity of depression in clients.
Beck Depression Inventory-II (BDI-II)	Assesses the severity of depression in clients.
Beck Hopelessness Scale (BHS)	Evaluates the severity of hopelessness in clients.
Beck Scale for Suicide Ideation (BSS)	Assesses individual's thoughts, attitudes and intentions regarding suicide.
Behavioral Assessment of the Dysexecutive Syndrome (BADS)	Assesses problem-solving, planning, and organizational skills over time.
CAGE AID	5 question tool used to screen for drug and alcohol use. The CAGE Assessment is a quick questionnaire to help determine if an alcohol assessment is needed. If a person answers yes to two or more questions, a complete assessment is advised.
Clark-Beck Obsessive-Compulsive Inventory (CBOCI)	Screens for obsessive-compulsive symptoms in clients.
The Columbia-Suicide Severity Rating Scale (C-SSRS)	Questionnaire used for suicide assessment.
Conners' Adult ADHD Rating Scales (CAARS)	Assesses ADHD in adults.
Coping Inventory	Assesses adaptive and maladaptive coping habits, skills, and behaviors in clients.
DAST-10 (Drug Abuse Screen Test)	10-item, yes/no self-report instrument that has been condensed from the 28-item DAST and should take less than 8 minutes to complete. The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation.
Detailed Assessment of posttraumatic Stress (DAPS)	Assesses trauma exposure and symptoms of posttraumatic stress.

Life Event Checklist (LEC)	17-item, self-report measure designed to screen for potentially traumatic events in a respondent's lifetime. The LEC assesses exposure to 16 events known to potentially result in PTSD or distress and includes one item assessing any other extraordinarily stressful event not captured in the first 16 items.
Life Skills Profile (LSP)	A measure of those aspects of functioning ("life skills") which affected how successfully people with schizophrenia lived in the community or hospital.
The Mood Disorder Questionnaire (MDQ)	Includes 13 questions associated with bipolar disorder symptoms.
Client Health Questionnaire (PHQ-9)	Screening tool used to identify depression. It is available in Spanish, as well as a modified version for adolescents.
PC–PTSD	Four-item screen designed to screen for post-traumatic stress disorder.
RIC Evaluation of Communication Problems in Right Hemisphere Dysfunction (RICE)	Assesses general behaviors (impulsivity/perseveration, self-correction skills), visual scanning/tracking, writing, pragmatic skills and metaphorical language.
Social Functioning Scale (SFS)	Scale of social adjustment for use in family intervention programs with schizophrenic clients.
Stages of Recovery Instrument (STORI)	Measures recovery from a serious mental illness.
Suicide Behaviors Questionnaire (SBQ-R)	Assesses suicide-related thoughts and behavior. A positive finding should result in a referral of your client to a qualified healthcare professional.
Trauma Symptom Inventory (TSI)	Evaluates acute and chronic posttraumatic symptomatology.
Cognitive Tests	
Allen Cognitive Level Screen (ACLS)	Screening tool used to provide an initial estimate of cognitive function. Score from screen must be validated from further clinical observations of functional performance.
Arizona Battery of Communication Disorders of Dementia (ABCD)	Standardized test battery for assessment and screening for clients with dementia; includes 14 subtests assessing cognitive and linguistic skills that can be given separately. Standardized on clients with Alzheimer's and Parkinson's disease, and young and older non-disabled persons.
Assessment of Communication and Interaction Skills (ACIS)	Assesses the communication/interaction skills of adults who have physical or mental illness.
Activity Index & Meaningfulness of Activity Scale	A tool that examines the meaning and significance of activity and activity patterns among the elderly.
Brief Test of Head Injury (BTHI)	Assesses cognitive, linguistic and communicative abilities in clients with head injury. Ideal first assessment postcoma. Sensitive to small performance changes. Useful for tracking recovery patterns.

Cognitive Assessment of Minnesota	Evaluates neurological impairments with 17 subtests of attention, memory, visual neglect, temporal awareness, recall, recognition, auditory memory and sequencing, simple math and safety/judgment
Function Multiple Errands Test	Assesses the executive function that allows an individual to act on their own initiative and to solve problems in a relatively open ended situation.
Global Deterioration Scale for Assessment of Primary Degenerative Dementia (GDS)	7 stage rating tool with stages 1 - 3 being pre-dementia and 4 – 7 being dementia. Each stage has a short title followed by a brief summary of behaviors exhibited during the stage. Observe client to achieve rating/stage.
LOTCA Cognitive Battery and LOTCA-G (Geriatric)	Lowenstein Rehabilitation Hospital, Israel provides battery of 20 cognitive subtests for adults with brain injury, divided into 4 areas: orientation, visual-spatial perception, visual-motor organization and thinking operations
Middlesex Elderly Assessment of Mental State (MEAMS)	Assesses gross impairment of specific cognitive skills; designed to differentiate between organically-based cognitive impairments and functional illnesses.
Mini Inventory of Right Brain Injury (MIRBI) – 2	Assesses attention, figurative language, affective language, understanding humor, emotion and praxis in adults ages 20-80. Yields severity index and deficit profile.
Mini Mental State Exam (MMSE)	Tool to screen for cognitive disorders. Limited specificity to individual clinical syndromes, however, provides total score to place client on scale of cognitive function in orientation, immediate and short-term recall, language and ability to follow simple verbal and written commands.
Montreal Cognitive Assessment (MoCA)	The MoCA is a screening tool for individuals with mild cognitive dysfunction. The test assesses 8 domains of cognitive functioning: attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation.
Rivermead Behavioral Memory Test	Assesses memory skills related to everyday situations (e.g., remembering a message, to bring a belonging). Useful to predict everyday life task memory problems in clients who have experienced brain damage.
Ross Information Processing Assessment – Geriatrics (RIPA – G)	Assesses components of cognition including problem solving, reasoning, long- and short-term memory and organization. Incorporates questions from MDS. Percentile ranks provided for each subtest.
Scales of Adult Independence, Language and Recall (SAILR)	Designed to differentiate the cognitive/communicative disorders between adults with dementia, stroke and depression.
Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)	Assesses cognitive linguistic skills of clients with head injury. 5 subtests progressing in difficulty that can be administered separately.
Severe Impairment Battery (SIB)	Analyzes attention, orientation, language, memory, visual-spatial ability and construction using 3 point rating scale which categorizes degree of impairment. Intended for use with clients with severe dementia who no longer can be tested with standard tests.
Wechsler Memory Scale- Revised (WMS – R)	Assesses memory and attention using visual and auditory stimuli. Provides standardized percentiles by age groups.

Physical Functioning Tests	
Berg Balance Measure	Designed to test balance levels of elderly clients. Measures balance skills and risk for falls. Less than 20 minutes to administer.
Modified Gait Assessment Rating Scale (GARS - M)	7 item rating scale with score range of 0 – 3 for each item. Assesses variability, guardedness, staggering, foot contact, hip ROM, shoulder extension and arm-heel-strike synchrony. Used to predict risk of falling among community-dwelling, frail older persons. Less than 10 minutes to administer.
Tinetti Assessment Tool	Measures balance with 14 items and gait skills with 10 items. Score used to predict individuals who will fall at least once during the following year.

It is important to communicate with nursing and activities staff regarding recent changes in client's functional skills and/or participation in activities/leisure tasks. Ask specific questions, such as "Do you notice clients who:"

- Require more/less supervision/additional care to complete/perform functional tasks?
- Are limited by physical or cognitive ability to participate in mobility tasks?
- Are limited by physical or cognitive ability to participate in ADL tasks?
- Have difficulty using compensatory techniques previously successful in using?
- Have difficulty understanding verbal or non-verbal stimuli?
- Cannot sequence portions of mobility and/or ADL tasks?
- Demonstrate confusion or misuse of assistive device(s)?
- Inconsistently perform ADL tasks
- Need an excessive amount of time to complete ADL
- Express desire to participate more in ADL tasks
- Express frustration at loss of function
- Demonstrate inappropriate behavior during ADL tasks
- Have difficulty accepting their disability
- Want to do more for themselves
- Talk more about what they used to be able to do
- Do not participate at their maximum potential or skill level
- Are not currently completing ADLs but who have the potential to participate
- Are having difficulty falling asleep or maintaining sleep
- Have declined in ROM?
- Experience frequent falls?
- Have difficulty using compensatory techniques previously successful in using?
- Have difficulty understanding verbal or non-verbal stimuli?
- Are at risk for contracture development?
- Have experienced change in pain status, altering ability to participate in activities?
- Demonstrate confusion or misuse of assistive device(s)?
- Have recurrent pneumonia or cold-like symptoms?
- Have significant weight loss?
- Become easily frustrated, leading to behavioral outbursts?
- Get out of bed on limited basis?

Healthy Living Series Talk Follow Up Form

We would like to know if today's topic has been a concern to you which may affect any activities in your day to day life. Please take a moment to complete this questionnaire and indicate if you would like us to contact you regarding your concerns:

Please mark any areas of concern below ⇩	
Daily Activities:	I am concerned about:
Cooking	
Ability to Dress	
Housekeeping	
Laundry	
Shopping	
Hobbies	
Travel	
Church or Temple	
Medication Management	
Bathing/ Hygiene	
Social:	
Remembering appointments	
Going to Friends Homes	
Forgetting names	
Hearing	
Self Perception:	
Physical Health	
Fear of Hygiene Issues	
Fear of Embarrassment	

Please enter your name and phone number if you would like us to contact you:

NAME:_____ NUMBER:_____