

# Evaluating the efficacy of mindfulness and cognitive behavioral therapy for older adults with anxiety disorders.

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## Introduction

Anxiety disorders are among the most prevalent mental health conditions affecting older adults, presenting unique challenges in diagnosis and treatment. As individuals age, they may experience heightened vulnerability to anxiety due to factors such as health concerns, loss of independence, and social isolation. Effective management of anxiety is crucial for enhancing the quality of life in this demographic. Two therapeutic approaches that have gained considerable attention for their effectiveness in treating anxiety are Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioral Therapy (CBT). This article provides an in-depth evaluation of the efficacy of these therapies for older adults with anxiety disorders, exploring their benefits, limitations, and overall impact [1, 2].

## Mindfulness-Based Stress Reduction (MBSR)

Mindfulness-Based Stress Reduction (MBSR) is a structured program developed to help individuals manage stress through mindfulness meditation and awareness techniques. It emphasizes the cultivation of present-moment awareness and acceptance, aiming to reduce stress and anxiety [3, 4].

## Mechanism and Approach

MBSR involves practices such as body scan meditation, mindful movement, and mindfulness meditation. The goal is to help individuals become more aware of their thoughts, feelings, and bodily sensations without judgment. For older adults, MBSR can offer a non-invasive way to manage anxiety by promoting relaxation and enhancing emotional regulation [5].

## Evidence of Efficacy

Research indicates that MBSR can be effective in reducing anxiety symptoms among older adults. Studies have shown that older individuals participating in MBSR programs experience significant reductions in anxiety, improved mood, and enhanced overall well-being. A meta-analysis of mindfulness interventions, including MBSR, suggests that these programs are associated with moderate to large reductions in anxiety symptoms. For instance, older adults have reported increased ability to manage stress, improved quality of life, and better coping skills as a result of MBSR [6].

## Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is a well-established, evidence-based approach that focuses on identifying and

altering negative thought patterns and behaviors that contribute to anxiety. It involves structured sessions where individuals learn to challenge irrational beliefs and develop healthier coping strategies [7].

## Mechanism and Approach

CBT for anxiety disorders typically involves identifying and modifying distorted thinking patterns, gradually exposing individuals to anxiety-provoking situations, and developing problem-solving skills. For older adults, CBT can address specific anxieties related to aging, such as fears about health or independence.

## Evidence of Efficacy

CBT has been extensively researched and is considered a gold standard for treating anxiety disorders across various age groups, including older adults. Studies consistently show that CBT is effective in reducing anxiety symptoms in older populations. For example, research indicates that older adults undergoing CBT experience significant reductions in anxiety, improved coping skills, and increased quality of life. CBT's structured approach allows for personalized treatment, addressing the specific concerns and life experiences of older individuals.

## Comparative Efficacy and Considerations

When evaluating the efficacy of MBSR and CBT for older adults with anxiety disorders, it is important to consider the individual's preferences, cognitive status, and specific needs. Both therapies have demonstrated efficacy in reducing anxiety, but their mechanisms and approaches differ. MBSR may be more suitable for individuals seeking a non-cognitive approach with a focus on mindfulness and relaxation, while CBT provides a more structured framework for addressing specific thought patterns and behaviors [8-10].

## Conclusion

Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioral Therapy (CBT) represent two effective therapeutic approaches for managing anxiety in older adults. MBSR offers a non-invasive, mindfulness-oriented approach that promotes relaxation and self-awareness, while CBT provides a structured method for addressing negative thought patterns and behaviors. Both therapies have demonstrated significant efficacy in reducing anxiety symptoms and improving quality

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of life for older individuals. Understanding the advantages and limitations of each approach, and considering individual needs and preferences, is essential for selecting the most appropriate treatment. By leveraging these therapies, healthcare providers can better support older adults in managing anxiety and enhancing their overall well-being.

## Reference

1. Steptoe A, O'Donnell K, Marmot M, et al. Positive affect and psychosocial processes related to health. *Br. J. Psychol.* 2008;99(2):211-27.
2. Grippo AJ. The utility of animal models in understanding links between psychosocial processes and cardiovascular health. *Soc. Personal. Psychol.* 5(4):164-79.
3. Kiyak HA. Measuring psychosocial variables that predict older persons' oral health behaviour. *GER.* 1996;13(2):69-75.
4. Cohen S. Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychol.* 1988;7(3):269.
5. Adler NE, Tan JJ. Commentary: tackling the health gap: the role of psychosocial processes. *Int. J. Epidemiol.* 2017;46(4):1329-31.
6. Cross Jr WE. The Thomas and Cross models of psychological nigrescence: A review. *J Black Psychol.* 5(1):13-31.
7. Ellis H. Auto-erotism: A psychological study. *Ali & Neur* 1898;19(2):260-68.
8. McClosky H, Schaar JH. Psychological dimensions of anomy. *ASR.* 1965;10(4)14-40.
9. Skinner BF. The operational analysis of psychological terms. *BBS.* 1984; 7(4):547-53.
10. Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol.* 1995; 69(4):719.