Anxious older people frequently don't obtain help: Reasons why?

Antony Spirto*

Department of Psychiatry and Human Behavior, Division of Clinical Psychology, Brown University and Bradley Hasbro Research Center, Rhode Island Hospital, Providence, Rhode Island, USA

Introduction

The most prevalent psychological condition affecting adults in the United States is anxiety. It's linked to significant distress, poor health, decreased quality of life, and higher rates of disability in older adults. Yet, when the impartial, well-respected US Preventative Services Task Force recommended last year that adults be evaluated for anxiety, it omitted one group: those 65 and older. For the first time, a US task panel recommends that adults be screened for anxiety [1]. The task group acknowledged that anxiety screening tools may not be accurate for older persons. Screening comprises assessing individuals who don't exhibit overt signs of concerning medical or psychological issues.

We acknowledge that many older persons struggle with mental health issues like anxiety, and we are urgently advocating for further research. Several professionals who research and care for older persons with anxiety don't agree with the position. Given that there is no damage in doing so and that there are things we can do to lessen it, I am unable to think of any risk associated with detecting anxiety in older persons. Only approximately one-third of seniors with generalised anxiety disorder, which is marked by strong, ongoing worry about everyday issues, receive therapy, it is reported. They argued that this is alarming in light of research showing associations between anxiety and dementia, heart disease, stroke, coronary artery disease, and autoimmune disease. Phobias (such as a fear of dogs), obsessive-compulsive disorder, panic disorder, social anxiety disorder (a fear of being evaluated and criticised by others), and post-traumatic stress disorder are other types of anxiety that are frequently undiagnosed and untreated in older persons [2]. The simmering debate about screening highlights the importance of anxiety in later life, a topic that was made more important by the Covid-19 pandemic, which increased tension and worry among seniors. What you need to know is as follows.

Anxiety is common

A diagnosable anxiety disorder affects up to 15% of seniors 65 and older who reside outside of nursing homes or other facilities. According to the study, up to half of people exhibit anxiety symptoms as irritation, worry, restlessness, reduced attention, sleep disturbances, exhaustion, and avoidant behaviours, which can be uncomfortable but do not need a diagnosis. The majority of elderly people who have anxiety have battled this ailment since their youth, although how it presents itself may change over time [3]. According to specialists, older persons in particular have a tendency to worry more about things like illness, losing loved ones and friends, retiring, and cognitive deficits. Only a small percentage of those over 65 experience anxiety.

Anxiety can be difficult to identify in older adults

In addition, older adults are more likely than younger adults to report "somatic" complaints, which are physical symptoms like dizziness, fatigue, headaches, chest pain, shortness of breath, and gastrointestinal issues that can be challenging to distinguish from underlying medical conditions. These symptoms include, but are not limited to, fatigue, headaches, dizziness, fatigue, and shortness of breath [4]. Although hoarding and fear of falling are two anxiety-related behaviours that are significantly more prevalent in older persons, these disorders are rarely covered in questionnaires designed to detect anxiety. Given the difficulties of ageing, medical professionals all too frequently discount older people's concerns when they are raised. Basic inquiries can aid in determining whether an older person needs to be assessed for anxiety.

Treatments are helpful

In general; older adults with anxiety are treated with psychotherapy, particularly cognitive behavioural therapy, which helps people address persistent negative ideas. Researchers found that this form of therapy helps elderly patients who are seen in primary care settings experience less anxiety. Deep breathing exercises, massages, music therapy, yoga, and gradual muscular relaxation are all examples of relaxation techniques [5]. Primary care doctors frequently provide anxiety drugs since mental health professionals, particularly those who specialise in senior mental health, are very hard to find. SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin-norepinephrine reuptake inhibitors), two classes of antidepressants that are frequently used; appear to be beneficial for older persons. Benzodiazepines are a type of sedative drugs that are frequently prescribed to older persons but should be avoided by them. Examples of these drugs include Valium, Ativan, Xanax, and Klonopin. Because they are addictive and dramatically raise the risk

***Correspondence to:** Antony Spirto, Department of Psychiatry, University of California, San Francisco VA Medical Center, San Francisco, USA, Email: antony_spirto@brown.edu

***Received:** 04-Mar-2023, Manuscript No. AAGP-23-91328**; Editor assigned:** 06-Mar-2023, PreQC No. AAGP-23-91328 (PQ); **Reviewed:** 21-Mar-2023, QC No. AAGP-23-91328**; Revised:** 23-Mar-2023, Manuscript No. AAGP-23-91328 (R); **Published:** 29-Mar-2023, DOI: 10.35841/aaagp-7.2.139*

***Citation:** Spirto A. Anxious older people frequently don't obtain help: Reasons why? J Age Geriat Psych. 2023;7(2):139*

of hip fractures, falls, and other accidents, as well as short-term cognitive impairments, the American Geriatrics Society has advised healthcare professionals not to use them in older persons, unless all other treatments have failed.

References

1. Conner KO, Copeland VC, Grote NK, et al. Mental health treatment seeking among older adults with depression: the impact of stigma and race. Am J Geriatr Psychiatry. 2010;18(6):531-43.
2. Leaf PJ, Livingston MM, Tischler GL, et al. Contact with health professionals for the treatment of psychiatric and emotional problems. Med Care. 1985;23(12):1322-37.
3. Leon AC, Olfson M, Portera L, et al. Assessing psychiatric impairment in primary care with the Sheehan Disability Scale. Int J Psychiatry Med. 1997;27(2):93-105.
4. Tsang A, Von Korff M, Lee S, et al. Common chronic pain conditions in developed and developing countries: gender and age differences and comorbidity with depression-anxiety disorders. J Pain. 2008;9(10):883-91.
5. Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA. 2003;289(23):3095-105.

Citation: *Spirto A. Anxious older people frequently don't obtain help: Reasons why? J Age Geriat Psych. 2023;7(2):139*