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Commentary for special edition on anxiety

This impressive collection of papers encompasses key themes at the heart of current research on anxiety in older adults, confirming that the study of anxiety in older adults has, indeed come of age (Beekman *et al.*, 2015). The papers range from those providing in-depth exploration of an aspect of anxiety, such as the review by Hughes and colleagues of the concepts encompassed by the term "fear of falling" (Hughes *et al.*, 2015), to those dealing with the assessment of anxiety, such as those by Mueller (Mueller *et al.*, 2015) and Nitschke Massena (Nitschke Massena *et al.*, 2015), while yet others address important issues in relation to anxiety treatment. This demonstrates the progress that has been made in recent years in our understanding and treatment of this significant group of disorders. I took a particular interest in reading these papers from the perspective of a clinician, and in this commentary will focus on themes and findings that I found to be of particular relevance to the mental health practitioner.

Losada and colleagues (Losada *et al.*, 2015) reminded us that little research on anxiety has examined the behavioral correlates of anxiety. I was quite taken with the construct of "capitalization", which refers to the process of "extracting" extra value from good experiences by sharing information about them with other people. Anecdotally, I had noticed this tendency among older people, and it was interesting to see this study confirming that this process is linked to lower levels of loneliness, and can foster connections with other people. An easily implemented clinical pearl would be to encourage older people to share a good experience with a friend or relative, and thereby get extra benefit from it. Losada and colleagues also highlighted the importance of physical and leisure activities, such as walking and dancing in maintaining well-being, and again, this can be readily translated into the language of clinical intervention. In contrast to the relationship between anxiety and observable behavior, Gould and colleagues (Gould *et al.*, 2015) discuss the relationship of a highly internalized state, namely worry, to anxiety. Worry is said to be less frequent and intense in older adults than their younger counterparts. In an experimental study that used a worry induction paradigm, Gould and colleagues found that older adults had lower levels of negative affect and lower subjective arousal than the younger participants in the study even though both young and older adults experienced similar increases in worry intensity. This should be taken into account when assessing older adults, who may "appear" less anxious, but still experience intense worry.

Both Mueller and Nitschke Massena and their colleagues point out the unique challenges in diagnosing anxiety in older adults. These include psychiatric and physical co-morbidities, age-related cognitive impairment, potential changes in daily life functioning, such as declining mobility, retirement, and increasing caring responsibilities. The paper by Mueller and colleagues (Mueller *et al.*, 2015) addresses the issue of screening for anxiety and the perennial search for a scale that is valid, reliable – and brief. After analysis employing item response theory, they present a 10-item scale for assessing anxiety that is derived from the 30-item Geriatric anxiety Scale. The authors report that this scale is valid and reliable for use with older adults, particularly those with at least moderate levels of anxiety – in other words, those who are likely to be of concern to clinicians. A further aspect of screening is the need for measures that are appropriate linguistically and culturally. Nitschke Massena and her colleagues (Nitschke Massena *et al.*, 2015) validated a Brazilian Portuguese language version of the Geriatric Anxiety Inventory. This is a welcome addition to the growing number of culturally validated version of this important tool. The study and treatment of fear of falling has been hampered for some time by the lack of a screening tool that goes beyond "falls self-efficacy" and takes into account the central anxiety components of this fear. A more nuanced understanding of the complexity of fear of falling, incorporating elements of self-efficacy, but also fear, phobia and avoidance, form the basis of Bowers *et al.*'s validation of a promising revised measure of fear of falling, the Fear of Falling Questionnaire (Bowers *et al.*, 2015). Psychometric evaluation of the instrument yielded a six-item scale, with two factors: appraisals of threat and harm outcomes. The brevity of this scale suggests that it may be very useful in the clinical setting, particularly as it was evaluated in a sample that included patients revering from hip fracture. In further pursuit of the short but effective screen, Johnco and colleagues evaluated the psychometric

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properties of a six-item version of the Geriatric Anxiety Inventory (GAI) (Johnco *et al.*, 2015). They report that the Geriatric Anxiety Inventory short form (GAI-SF) has adequate psychometric properties, and may be useful as a clinical and epidemiological screening tool, but the original GAI may more accurate at identifying clinical status.

The authors of these papers have not shied away from some of the more difficult clinical aspects of the anxiety disorders. Ayers and Dozier (2015) add to a small body of the literature on hoarding disorder (one of the "new" DSM-5 diagnoses). In their sample of 71 hoarders aged from 60–85 years, almost two-thirds of the participants had one or more psychiatric co-morbidities, most commonly major depressive disorder, followed by obsessive-compulsive disorder, and generalized anxiety disorder (GAD). Importantly, the symptoms had a significant impact on the ability to use rooms, to invite friends and family for social events, and reported concerns regarding fire and falls hazard posed by the clutter. The authors distinguished between the level of clutter, and the associated impairment, encouraging clinicians to enquire about both these aspects of hoarding when making a clinical assessment. Also highlighting the seriousness of anxiety disorders in older adults are the findings of Oude Voschaar and colleagues (Oude Voschaar *et al.*, 2015). They compared the characteristics of a national sample of older and younger people who had committed suicide, finding that the prevalence of anxiety disorders was higher in the older age group (those over 60 years), and that deterioration in physical health status was another characteristic of this group. Again, the clinical implications of ensuring adequate enquiry about, and attention to, physical health problems in this age group cannot be overstated. Sadly, the authors also found that only 21% of the older group had received psychological treatment of their anxiety disorder, presumably because of an outmoded belief that older people cannot benefit from such intervention.

It is pleasing, therefore, to see that a number of papers in this special edition address treatment issues. The intervention outcomes for anxiety in older adults have sometimes been disappointing, so Grenier and colleagues' review paper on using virtual reality to enhance the efficacy of anxiety treatments is of considerable interest to the clinician (Grenier *et al.*, 2015). This area of research is still in its infancy with important questions regarding the acceptability of the virtual exposure paradigm still to be answered. Shrestha and colleagues make the important point that significant treatment outcomes may not be restricted to decreases in symptoms but could also include addressing broader factors such as quality of life (QoL) (Shrestha *et al.*, 2015). In this impressive study, 134 people over the age 60 years were enrolled in a randomized trial of 12 weeks of CBT for late-lifeGAD, with enhanced usual care as the control condition. The findings suggest that improvement in worry and depression, along with increasing general self-efficacy and social support increased QOL in older adults with GAD. This suggests that psychosocial interventions that focus on developing an internal locus of control and improving social support show promise in improving QoL in people with anxiety disorders. Despite encouraging evidence from this and other studies, older adults are not being referred for psychological therapies at the same rate as younger people. Wuthrich and Frei set out to find out why this is the case, by asking older people themselves what they saw as the barriers to accessing and continuing with psychological intervention (Wuthrich and Frei, 2015). By far the commonest reason for not seeking help was the belief (held by 50% of the participants) that to feel anxious was normal considering their circumstances. Also of concern was the fact that 35% of the participants had not continued with treatment because of cost, while a further frequently-cited concern was that they did not feel understood by their therapist. There is plenty of food for thought here as to how we can design more affordable, accessible, and appropriate treatment for older adults. This has implication not only for service planning but also the training given to the psychologists and other therapists who work with this age group.

Finally, those of us who are hoping to become less anxious as we get older, should make sure we read the paper by Ribeiro and colleagues, as this would suggest that rates of anxiety are quite high amongst centenarians (Ribeiro *et al.*, 2015). This is a rapidly growing group of older adults, and it is therefore important to gain an understanding of factors affecting their (our?) future well-being. Some factors identified by Ribeiro *et al.*, may not be easy to modify, such as the increasing burden of health-related factors (objective number of diseases and perceived health status), but others, such as income inadequacy for medical expenses, and feeling lonely should be possible to modify. We need to develop and advocate for policies that ensure that all old people, irrespective of income, have access to adequate health provision, and the social stimulation and support that appear to be key to the absence of psychiatric disorders and the presence of positive well-being, right up to advanced old age. This collection of paper will serve as both an essential update for both clinicians and

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researchers, and an indispensable springboard for future research in this area. It is to be hoped that with the learnings from these papers in mind, we will go yet further in advancing the goal of better mental health for older people.

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