

# Impacto Clínico de la Ansiedad en el anciano

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XI CONGRESO DE LA SOCIEDAD  
CASTELLANO-MANCHEGA DE  
GERIATRÍA Y GERONTOLOGÍA

"LOS TRASTORNOS AFECTIVOS EN EL ANCIANO"

Alcazar de San Juan  
4 y 5 de Marzo de 2011





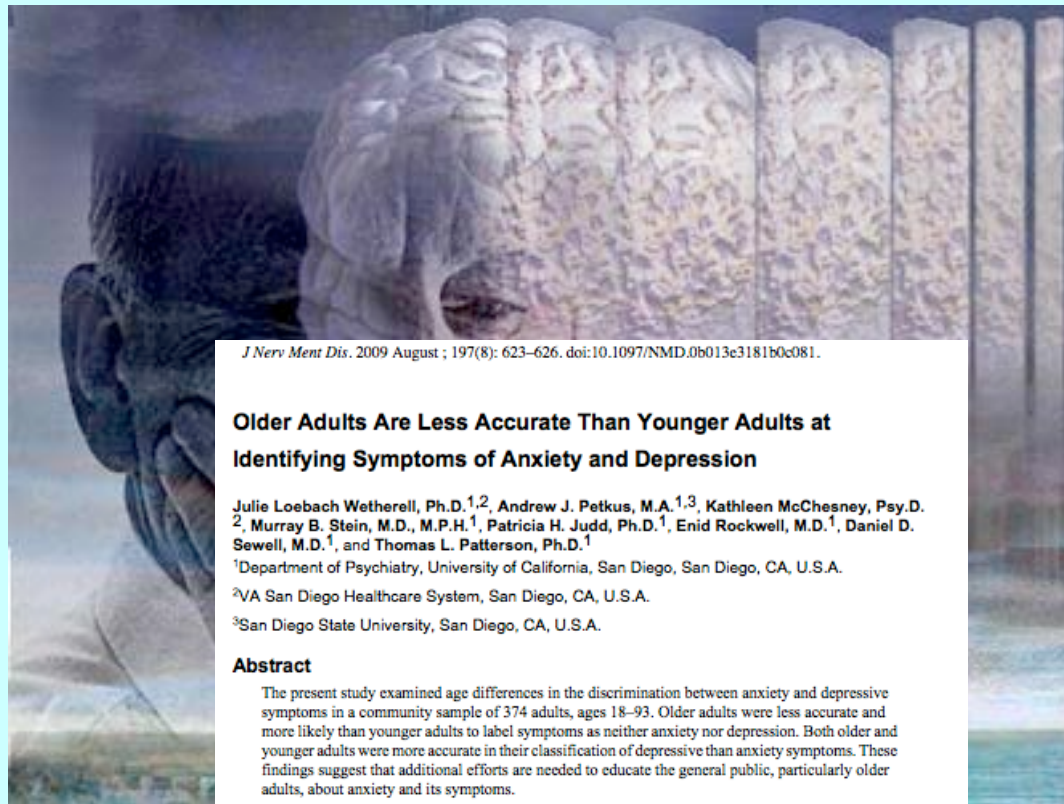
Estado afectivo fisiológico que consiste en una sensación difusa de aprensión, desagradable y vaga, de aparición aguda y transitoria, que se acompaña de una activación del sistema nervioso autónomo.

Miedo : amenaza real y conocida

Ansiedad: desconocido

- Componente COGNITIVO
- Componente CONDUCTUAL o MOTOR
- Componente SOMATICO

(Kaplan, 1999)



*J Nerv Ment Dis.* 2009 August ; 197(8): 623–626. doi:10.1097/NMD.0b013e3181b0c081.

### **Older Adults Are Less Accurate Than Younger Adults at Identifying Symptoms of Anxiety and Depression**

Julie Loebach Wetherell, Ph.D.<sup>1,2</sup>, Andrew J. Petkus, M.A.<sup>1,3</sup>, Kathleen McChesney, Psy.D.<sup>2</sup>, Murray B. Stein, M.D., M.P.H.<sup>1</sup>, Patricia H. Judd, Ph.D.<sup>1</sup>, Enid Rockwell, M.D.<sup>1</sup>, Daniel D. Sewell, M.D.<sup>1</sup>, and Thomas L. Patterson, Ph.D.<sup>1</sup>

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#### **Abstract**

The present study examined age differences in the discrimination between anxiety and depressive symptoms in a community sample of 374 adults, ages 18–93. Older adults were less accurate and more likely than younger adults to label symptoms as neither anxiety nor depression. Both older and younger adults were more accurate in their classification of depressive than anxiety symptoms. These findings suggest that additional efforts are needed to educate the general public, particularly older adults, about anxiety and its symptoms.

#### **Keywords**

Mental health literacy; Mental health knowledge; Symptom recognition

Síndrome clínico

*Categoría*



Síntoma

*Dimensión*

# CLASIFICACIÓN

- Crisis de angustia (panick attack)
- Agorafobia
- Trastorno de angustia con y sin agorafobia
- Fobias específicas
- Fobia social
- Trastornos obsesivos compulsivos (TOC)
- Trastornos por estrés postraumático
- **Trastorno de ansiedad generalizada (TAG)**
- Trastorno de ansiedad no especificado

# EPIDEMIOLOGIA

- Poco conocida
- Validez limitada:
  - Instrumentos no validados para población geriátrica
  - Poca discriminación con comorbilidad
  - Heterogeneidad de la población (>65 años...)
- Discrepancia entre estudios y práctica clínica
  - Formas subsindrómicas o mixtas más frecuentes (18,5%) y 6,6% de trastornos de ansiedad
- Generalmente formas crónicas, que se inician en edades tempranas, siendo infrecuente su inicio después de los 50 años.

# Prevalencia Ansiedad en el anciano

(Beekman-98 n=3.107 > 65 a)

- Prevalencia ansiedad global 10.2%
- Ansiedad generalizada 7.3%
- Trastornos fóbicos 3.1%
- Crisis de angustia 1.0%
- T.O.C. 0.6%

# Prevalencia Ansiedad en el anciano

(Van Balkom 2000)

85% TAG diag. Único sin comorbilidad.

13% T. Ansiedad comórbido-Depresión.

13% Fóbicos

39 % Pánico

Grupo Dep. Mayor 36% criterios ansiedad.

Grupo T. ansiedad 39% criterios Dep. May

NO Asociación con Alcoholismo.

# **Deterioro Cognitivo y Ansiedad.**

## **Estudio epidemiológico**

(van Balkom 2000)

Relación Mini Mental < a 24 y diagnóstico  
Trastornos Ansiedad

NO significativa

(misma proporción de Trastornos Ansiedad  
entre estos y el resto).



# Deterioro Cognitivo y Ansiedad.

## Estudio epidemiológico

(van Balkom 2000)

- 7% **sin** enf. Somática Crónica cumplen criterios para T. Ansiedad.
- 10% **con 1** enf. Somática Crónica cumplen criterios para T. ansiedad.
- 30% **con 2 o +** enf. Somática Crónica cumplen criterios para T. Ansiedad.

Relación Lineal.

# **Deterioro Cognitivo y Ansiedad. Estudio epidemiológico**

(van Balkom 2000)

n=659 sujetos población general > 65 a.:

Sin T.Ansiedad ni T.afectivo 87 %

10% 1 o + diagnósticos T.Ansiedad.

## **Distribución:**

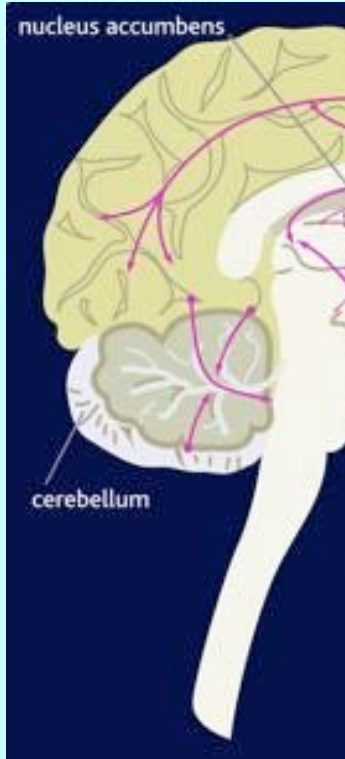
47 % TAG

21 % Fóbicos

6% Pánico

4 % TOC

# ETIOPATOGENIA



Personalidad

Factores sociales

consecuencia

**ANSIEDAD/DEPRESIÓN**

**DISCAPACIDAD**

Depresión

causa

### The Association of Late-Life Depression and Anxiety With Physical Disability

*A Review of the Literature and Prospectus for Future Research*

Eric J. Lenze, M.D., Joan C. Rogers, Ph.D.  
Lynn M. Martire, Ph.D., Benoit H. Mulsant, M.D.  
Bruce L. Rollman, M.D., Mary Amanda Dew, Ph.D.  
Richard Schulz, Ph.D., Charles F. Reynolds III, M.D.

Depression and anxiety disorders are associated with excess disability. The authors searched the recent geriatric literature for studies associating late-life depression or anxiety with physical disability. Studies showed depression in old age to be an independent risk factor for disability; similarly, disability was found to be a risk factor for depression. Anxiety in late life was also found to be a risk factor for disability, although not necessarily independently of depression. Increased disability due to depression is only partly explained by differences in socioeconomic measures, medical conditions, and cognition. Physical disability improves with treatment for depression; comparable studies have not been done for anxiety. The authors discuss how these findings inform current concepts of physical disability and discuss the implications for future intervention studies of late-life depression and anxiety disorders. (Am J Geriatr Psychiatry 2001; 9:113-135)

### Depression and anxiety in medically unwell older adults: prevalence and short-term course

Christina Bryant,<sup>1</sup> Henry Jackson<sup>1</sup> and David Ames<sup>2</sup>

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<sup>2</sup>University of Melbourne and National Ageing Research Institute, Royal Melbourne Hospital, Victoria, Australia

#### ABSTRACT

**Background:** The objective of this study was to examine the prevalence and short-term course of depression and anxiety in a sample of hospitalized, medically unwell older adults, using both a symptom measure and a diagnostic instrument.

**Methods:** One hundred participants were recruited from in-patients in a geriatric hospital in Melbourne, Australia. Anxiety and depression were assessed shortly after admission, and again two months later, using the Hospital Anxiety and Depression Scale (HADS) and the Geriatric Mental Status Schedule/ AGECAT diagnostic system.

**Results:** At Time 1, 60% of the sample exhibited anxiety symptoms at a sub-case level, while 16% had anxiety symptoms at a syndrome case level, whereas 48% of the participants had depression at syndrome level. The HADS and AGECAT were concordant with respect to anxiety for 78% of participants, but agreement was lower for depression; AGECAT identified a further 36 syndrome cases of depression not deemed depressed by the HADS. There was a significant decrease in overall rates of both depression and anxiety symptoms and syndromes from Time 1 to Time 2.

**Conclusion:** This study confirms the findings of previous research with respect to the high prevalence of depression in physically unwell older adults, and extends knowledge about anxiety in this group. Symptoms of anxiety are even more common than symptoms of depression in this group, especially around the time of admission to hospital. Over a relatively short time period, there is a marked reduction in symptoms, but levels of anxiety and depression remain high.

**Key words:** anxiety, depression, prevalence, older adults, physical illness

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e riesgo de errores diagn

Diversos factores complican a

# Trastorno de ansiedad debido a enfermedad médica

- La ansiedad prominente, las crisis de angustia o las obsesiones predominan en el cuadro clínico
- A partir de la historia clínica, las exploraciones....consecuencia fisiológica directa.
- No se pueden explicar por la presencia de un trastorno mental( Ejem: enfermedad grave como factor estresante: T. adaptativo).

# Ansiedad debida a enfermedad médica

- Endocrinas:
  - Hipotiroidismo
  - Hipertiroidismo
  - Feocromocitoma
  - DM /Hipoglucemia
  - Sd. carcinoide
  - Hiperparatiroidismo

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# Ansiedad debida a enfermedad médica

- Neurológicas:
  - Tumor cerebral
  - Encefalitis
  - Sd. de Demencia
  - A.V.C.
  - E. Parkinson
  - Esclerosis múltiple (previa)



# Ansiedad debida a enfermedad médica

- Digestivo:
  - Colon irritable
  - Estreñimiento funcional
  - Prurito anal
  - Enfermedad inflamatoria intestinal
  - Ulcus duodenal
  - Trastornos motilidad
  - Dolores inespecíficos

# Ansiedad debida a enfermedad médica

- Respiratorias
  - Insuficiencia cardíaca
  - Asma
- Oncológicas
  - Pacientes con cáncer
- Déficits sensoriales
  - Disminución de la audición
- Cardíacas
  - Cardiopatías
  - Insuficiencia cardíaca

## REVIEW ARTICLE

International Journal of  
Geriatric Psychiatry

### Depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease: prevalence, relevance, clinical implications and management principles

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<sup>2</sup>University of Manchester and Manchester Mental Health and Social Care Trust, Manchester, UK

<sup>3</sup>Freemasons' Department of Geriatric Medicine, University of Auckland, Auckland, New Zealand

Correspondence to: Dr A. M. Yohannes, E-mail: a.yohannes@mmu.ac.uk

<sup>†</sup>Reader in Physiotherapy.

**Objective:** To review evidence regarding the prevalence, causation, clinical implications, aspects of healthcare utilisation and management of depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease.

**Design:** A critical review of the literature (1994–2009).

**Findings:** The prevalence of depression and anxiety is high in both chronic obstructive pulmonary disease (8–80% depression; 6–74% anxiety) and chronic heart failure (10–60% depression; 11–45% anxiety).

However, the limited availability of diagnostic tools make it difficult to measure depression and anxiety and anxiety are associated with functional disability and quality of life.

Despite the high prevalence of depression and anxiety in chronic heart failure and chronic obstructive pulmonary disease, there is a **AUMENTO de UTILIZACIÓN de RECURSOS SANITARIOS**

and anxiety, however, there is a **EMPEORAMIENTO de la CALIDAD de VIDA**

**Conclusions:** The high prevalence and associated increase in morbidity and mortality justifies future research into both chronic heart failure and chronic obstructive pulmonary disease. **AUMENTO de MORTALIDAD**

multi-faceted interventions such as pulmonary and cardiac rehabilitation may offer the best hope for improving outcomes for depression and anxiety. Copyright © 2009 John Wiley & Sons, Ltd.

**Key words:** COPD; CHF; depression; anxiety; pulmonary rehabilitation; cardiac rehabilitation

**History:** Received 14 July 2009; Accepted 3 November 2009; Published online 23 December 2009 in Wiley Online Library (wileyonlinelibrary.com).

DOI: 10.1002/gps.2463

# Ansiedad inducida por sustancias

- Cafeína, nicotina
- Fármacos:
  - Antiparkinsonianos
  - Anticolinérgicos
  - Digitálicos
  - Antagonistas H-2
  - Corticoides
  - Teofilina
  - Hipoglicemiantes orales
  - Deprivación fármacos

# Ansiedad y demencia

- Epidemiología:
  - No muestra asociación ansiedad/afectación cognitiva.

Kay 1986, Lindesay 1989

- Elevadas tasas de síntomas de ansiedad en dementes

Wands 1990; Ballard 1994

# Ansiedad y demencia

- Demencia leve:
  - Más T. por ansiedad
- Demencia moderadamente grave/grave
  - Disminuyen los síntomas de angustia, fóbico y obsesivo y persiste el TAG

M. Manuela Int. J.Geriat. Psychyat.1996;11:65-70

C. Krasucki Int. J.Geriat. Psychyat. 1998;13:79-99

# Ansiedad y demencia

- Disminuye la calidad de vida del paciente
- Aumenta el riesgo de ingreso en residencia : Importante factor de estrés para
- Deterioro cognitivo le demencia?
- Riesgo de pérdida fu

Anxiety disorder and accompanying subjective memory loss in the elderly as a predictor of future cognitive decline

Gary Sinoff<sup>1,2\*</sup> and Perla Werner<sup>2</sup>

<sup>1</sup>*Department of Geriatrics, Carmel Medical Center, Haifa, Israel*

<sup>2</sup>*Department of Gerontology, Faculty of Social Welfare and Health Studies, University of Haifa, Haifa, Israel*

## SUMMARY

**Objective** The aim of the study was to empirically investigate the hypothesis that anxiety in the elderly, secondary to loss of memory, predicts future cognitive decline.

**Method** The participants were 137 elderly subjects with no depression or cognitive impairment from a community geriatric assessment unit, 45% with anxiety. In addition to demographic characteristics, cognitive status was assessed using the Mini Mental State Examination; depression was assessed by Tucker's short Interviewer-Assisted Depression Rating Scale; anxiety by Sinoff's Short Anxiety Screening Test and Activities of Daily Living function by Shah's modified Barthel's Index.

**Results** At follow-up 37 persons had dropped out, leaving 100 participants for final analysis. Mean re-examination time was 3.2 years with no group differences. The mean MMSE and modified Barthel scores decreased significantly more in those with anxiety. A relative risk of 3.96 for developing future cognitive impairment was found. Regression analysis showed that only anxiety was a significant predictor of cognitive decline. By path analysis, a more parsimonious model showed anxiety to have both a direct and an indirect effect on predicting future cognitive decline, and that the effect of loss of memory on cognitive decline was via anxiety.

**Conclusions** Anxiety is inter-related and inseparable with loss of memory and its presence is a strong predictor for future cognitive decline, directly or indirectly via depression. It appears that loss of memory is the initial problem with consequent development of anxiety. Therefore, anxiety, like depression, is probably an early predictor of future cognitive decline and even possible future cognitive impairment. Copyright © 2003 John Wiley & Sons, Ltd.

# Ansiedad y depresión

- Íntima relación entre DEPRESIÓN y ANSIEDAD
  - 70% de pacs con TAG presentan síntomas de depresión mayor
  - 30% de pacs con depresión presentan TAG y mas del 75% síntomas subsindrómicos
- PEOR pronóstico
- Mayor alteración funcional
- Mayor utilización de servicios médicos
- Serían parte de la misma dimensión
  - Continuum afectivo: depresión, ansiedad

## Depression and Generalized Anxiety Disorder

### *Co-Occurrence and Longitudinal Patterns in Elderly Patients*

Robert A. Schoevers, M.D., D.J.H. Deeg, Ph.D.  
W. van Tilburg, M.D., Ph.D., A.T.F. Beekman, M.D., Ph.D.

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*Objective: The authors sought to establish the natural course and risk-profile of depression, generalized anxiety disorder (GAD), and depression with co-existing GAD in later life. Methods: A total of 2,173 community-living elderly persons were interviewed at baseline, and at a 3-year follow-up. The course of "pure" depression, "pure" GAD, and depression with coexisting GAD was studied in 258 subjects with baseline psychopathology. Authors assessed bivariate and multivariate relationships between risk factors and course types. The risk-profile for onset of pure depression, pure GAD, and the mixed condition at follow-up was studied in 1,915 subjects without baseline psychopathology. Results: Remission rate at follow-up was 41% for subjects with depression-only, 48% for pure GAD, and significantly lower (27%) for depression with coexisting GAD. A pattern of temporal sequencing was established, with anxiety often progressing to depression or depression with GAD. Onset of pure depression and depression with co-existing GAD was predicted by loss events, ill health, and functional disability. Onset of pure GAD, and, more strongly, that of depression with coexisting GAD, was associated with longstanding, possibly genetic vulnerability. Conclusions: In comparison with either depression-only or anxiety-only, the co-occurrence of these represents more severe and more chronic psychopathology, associated with longstanding vulnerability. In elderly persons, GAD often progresses to depression or to the mixed condition. These findings mostly favor a dimensional, rather than a categorical, classification of anxiety and depression. (Am J Geriatr Psychiatry 2005; 13:31-39)*

**Gracias**