



CHARACTERISTICS OF GENERALIZED ANXIETY DISORDER IN OLDER ADULTS: A DESCRIPTIVE STUDY

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Summary—Despite the prevalence of Generalized Anxiety Disorder (GAD) in older adults, little is known about psychopathological features of excessive worry in the elderly. This investigation compared 44 GAD patients (\bar{x} age 67.6), diagnosed using structured interview, with a matched sample free of psychiatric disorders on self-report and clinician measures. Results indicated that GAD in the elderly is associated with elevated anxiety, worry, social fears, and depression. Using self-report measures alone, near-perfect classification of Ss into groups was achieved with four measures (PSWQ, WS-Soc, FQ-Soc, and BDI). Using clinician ratings, near-perfect classification was achieved with Hamilton anxiety ratings. Comparison of GAD patients whose symptoms began in childhood vs middle adulthood revealed few differences on these dimensions. Results are discussed in light of features of GAD in the elderly, highlighting implications for further study.

INTRODUCTION

The prevalence and negative impact of anxiety disorders has been well-documented (e.g. Barlow, 1988; Marks, 1987). Despite considerable attention to the anxiety disorders, their occurrence in older adults has been understudied. Although a somewhat lower prevalence of anxiety disorders is noted in the elderly, Epidemiological Catchment Area (ECA) data indicate 1- and 6-month prevalence rates of 4.6 and 6.8% respectively in individuals ages 65 and older (Regier, Boyd, Burke, Rae, Myers, Kramer, Robins, George, Karno & Locke, 1988; Weissman, Myers, Tischler, Holzer, Leaf, Orvaschel & Brody, 1985). These figures clearly indicate that anxiety disorders pose a significant mental health problem for the elderly. In fact, anxiety disorders are 4 to 7 times more prevalent than major depression in older adults (Reiger *et al.*, 1988; Weissman *et al.*, 1985). It is thus surprising that research on the anxiety disorders has lagged behind efforts examining depression in older adults (e.g. Reynolds, Lebowitz & Schneider, 1993; Scogin & McElreath, 1994).

Among the pervasive anxiety disorders diagnosed in the elderly, Generalized Anxiety Disorder (GAD) is one of the most common (Blazer, George & Hughes, 1991). Over time, the conceptualization of GAD has evolved from its original status as a residual diagnosis [DSM-III, American Psychiatric Association (APA), 1980] to a distinct condition. This change reflects greater awareness of the centrality of excessive, unrealistic worry in GAD, which is distinct from anticipatory anxiety related to other Axis I anxiety disorders (Brown, Barlow & Liebowitz, 1994; Sanderson & Barlow, 1990). Currently, GAD is defined as a chronic disorder, characterized by excessive, uncontrolled worry, elevated autonomic arousal, and cognitive symptoms such as hypervigilance (DSM-IV: APA, 1994). Examination of GAD in younger adults reveals high rates of comorbid psychopathology (e.g. secondary social and specific phobias), diffuse behavioral disturbance, and elevated depression (Rapee & Barlow, 1991; Sanderson & Wetzler, 1994; Wittchen, Zhao, Kessler & Eaton, 1994). To date, psychopathological features of GAD in the elderly have not been studied. In particular, examination of dimensions such as anxiety, worry, specific fears, and depression in older adults with GAD can assist in understanding the relevant parameters of this disorder in later life. The use of matched participants without psychiatric disturbance is particularly important in this effort in order to separate those dimensions which are unique to GAD from changes noted in normal aging.

In reviewing studies on younger GAD patients, excessive worry typically begins during adolescence or early adulthood (Brown *et al.*, 1994). It thus is common for GAD patients to report that they have been anxious their whole lives (Akiskal, 1985). This feature has led some authors to suggest that GAD may reflect a characterological disturbance, which begins in adolescence and leaves the individual vulnerable to the development of other disorders (e.g. Akiskal, 1985; Sanderson & Wetzler, 1991). This perspective suggests that GAD may more accurately be categorized as a personality disturbance. However, a notable minority of GAD patients report the onset of excessive worry in adulthood, following stressful life events (Blazer, Hughes & George, 1987; Ganzini, McFarland & Cutler, 1990). For example, in the ECA data, Blazer *et al.* (1987) noted that the occurrence of one or more unexpected, negative life events increased by threefold the risk of developing GAD in the following year. This bimodal distribution in age of onset of GAD has been noted in epidemiological studies (Blazer *et al.*, 1991), suggesting that two different pathways may lead to the development of GAD.

To date, two studies have explored this issue. Hoehn-Saric, Hazlett, and McLeod (1993) contrasted GAD patients whose symptoms began before age 20 with patients whose symptomatology began after age 20 ($\bar{x} = 34.2$). The early-onset sample was younger in age, reported more parental marital disturbance, and greater childhood inhibition and phobias, relative to the later-onset sample. The early-onset patients also scored higher on measures of trait anxiety, interpersonal sensitivity, depression, and neuroticism. However, Brown, O'Leary, Marten and Barlow (1993a) failed to replicate these findings. One problem with these studies is the use of an arbitrary cut-off age of 21 for determination of GAD onset. This approach does not take into account the current age of the patient in relation to GAD duration. For example, this strategy would result in a 25 yr old who had GAD for 1 yr and a 50 yr old with a 30 yr history of GAD being placed in the same group (Brown, O'Leary *et al.*, 1993). Examination of age of onset of GAD in older adults appears relevant in light of these conflicting reports for two reasons. First, homogeneity in the sample age permits tighter classification of worry onset during childhood or adolescence vs adulthood. Second, it is possible that differences in features of GAD are more pronounced in the elderly, depending upon whether the disorder has had a life-long course or began during adulthood.

Overall, the literature on generalized anxiety and worry in the elderly is limited. A collection of studies have examined worry in nonclinical anxious volunteers, noting positive response to interventions such as relaxation training and cognitive-behavioral treatments (e.g. DeBerry, 1982; DeBerry, Davis & Reinhard, 1989; Sallis & Lichstein, 1982; Scogin, Rickard, Keith, Wilson & McElreath, 1992). Similarly, Wisocki (1988, 1994) has described worry in older community members, noting that they report fewer worries than college students (Powers, Wisocki & Whitbourne, 1992). Those elderly who do worry appear more anxious, in poorer health, and to experience more chronic illness, relative to non-worried elders (Wisocki, 1988). Because these studies have relied on community volunteers, their relevance to GAD is unknown. A review of the general topic of anxiety in the elderly (Hersen & Van Hasselt, 1992) concludes that existing research is characterized by a number of weaknesses including the absence of structured diagnostic procedures, use of assessment instruments with unknown psychometric properties, and focus on community and medical populations in lieu of samples receiving clinical diagnoses. Thus, data are lacking concerning psychopathological features of GAD in the elderly, despite the prevalence of this disorder. In particular, examination of a clinical sample of older GAD patients with psychometrically sound instruments would represent a step forward in describing this disorder in older adults.

Thus, the present report is designed to address two aims. First, responses to measures of anxiety, worry, depression, and fears were compared in 44 elderly GAD patients, diagnosed via structured interview, and a non-worried comparison sample ($n = 44$) matched on age, gender, and ethnicity. Second, giving the mixed findings concerning the onset of GAD, age of onset was examined in a subsample of the GAD group. Individuals whose excessive worry began before age 15 ($n = 16$) or after age 39 ($n = 17$) were selected, to form an early-onset group whose anxiety began during childhood or adolescence and a late-onset group whose anxiety began during adulthood. These criteria were selected to form two discrete groups with clearly differing recollections of the onset and duration of excessive worry and reflected the bimodal distribution of age of onset in this sample.

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