

THE SILENT GERIATRIC GIANT- ANXIETY DISORDERS IN LATE LIFE

IFFAT NOWSHIN¹, FARHANA KABIR²

¹Assistant Professor, Department of Community Medicine, Shaheed Monsur Ali Medical College, Uttara, Dhaka.

²Assistant Professor, Department of Physiology, Marks Medical College, Mirpur, Dhaka.

ABSTRACT

Late-life anxiety can often be silent, missed or difficult to diagnose as older adults tend to somatize psychiatric problems. Yet late-life anxiety disorders are a "geriatric giant," being twice as prevalent as dementia among older adults and four to eight times more prevalent than major depressive disorders, causing significant impact on the quality of life, morbidity, and mortality of older adults. Bangladesh is one of the twenty countries in the world with the largest elderly population and by 2025, along with four other Asian countries, will account for 44% of world's total elderly population. Demographic and epidemiological transitions reveal geriatric problems as burning public health issue. So more emphasis should be given on geriatric health problems in order to ensure physical, mental and socially sound health.

Key words: Anxiety disorders, Geriatric people, Depression.

(Bangladesh J Physiol Pharmacol 2013;29(1&2):29-31.)

INTRODUCTION

Population ageing is gaining momentum in developing countries, as demographic transformation has profound consequences for all individual, families, communities and nations.¹⁻³ Population aged over 60 years currently represent about 7% of the total population of Bangladesh and is projected to represent 16% by 2050 and will undoubtedly face its own aging crisis in the next two to three decades. The Government of Bangladesh is committed to sustainable improvement of health, nutrition and family welfare especially for vulnerable groups such as the elderly.⁵

Anxiety disorder is a normal part of life and is common in old as in the young, although how and when it appears is distinctly different in elderly. It is a series of diagnoses related to fear, phobias and anxiety. Older adults worry about health, family, finances and their mortality. They react with fear or panic when danger is imminent. It is a normal response to manage threatening situations but if it occurs when there is no threat, it is likely to be a symptom of an anxiety disorder.⁶

Usually older adults with anxiety disorders often go untreated for a number of reasons. They may be reluctant to discuss their feelings with their physicians. Some older adults may not seek treatment because they have suffered symptoms of anxiety for most of their lives and believe the feelings are normal. Both patients

and physicians may miss a diagnosis of anxiety because of other medical conditions and prescription drug use, or particular situations that the patient is coping with. Untreated anxiety can lead to cognitive impairment, disability, poor physical health, and a poor quality of life. This constant state of worry and anxiousness may seriously affect older people's quality of life by causing them to limit their daily activities and have difficulty in sleeping. Fortunately, anxiety is treatable with prescription drugs and therapy.⁷

UNDERLYING FACTORS OF MENTAL HEALTH PROBLEMS IN OLDER ADULTS

A multitude of social, demographic, psychological, and biological factors contribute to a person's mental health status. Almost all these factors are particularly pertinent amongst older adults.⁷ Anxiety is also strongly linked to memory. Anxiety can interfere with memory, and significant anxiety can contribute to amnesia or flashbacks of a traumatic event.⁸ Factors such as poverty, social isolation, loss of independence, loneliness and losses of different kinds, can affect mental health and general health. Older adults are more likely to experience events such as bereavements or physical disability that affect emotional well-being and can result in poorer mental health. They may also be exposed to maltreatment at home and in care institutions.⁷ On the other hand, social support and family interactions can boost the dignity of older adults, and are likely to have a protective role in the mental health outcomes of this population.⁹

Address for correspondence: Dr. Iffat Nowshin, Assistant Professor, Department of Community Medicine, Shaheed Monsur Ali Medical College, Uttara, Dhaka. Contract No. : 01714100601, E-mail: dmnowshin@yahoo.com

ANXIETY AND ITS DIFFERENT TYPES IN ELDERLY

An anxiety disorder causes feelings of fear, worry, apprehension, or dread that are excessive or disproportional to the problems or situations that are feared. There are several types of anxiety disorders.

Specific phobias: Specific Phobias are more common to older adults include fear of death, disaster to family, and dental procedures which bring on severe anxiety or a panic attack (chest pain, heart palpitations, shortness of breath, dizziness, or nausea).

Social phobia (also called social anxiety disorder): Social phobia is when an individual feels overwhelmingly anxious and self-conscious in everyday social situations. An older adult might feel intense, persistent, and chronic fear of being judged by others and of doing things that will cause embarrassment.¹⁰

Generalized anxiety disorder (GAD): Those with GAD suffer constant worries, and there may be nothing or little to cause these worries. Older adults with GAD have difficulty relaxing, sleeping and concentrating, and startle easily.

Post-traumatic stress disorder (PTSD): A person with PTSD can experience flashbacks, in which vivid thoughts of the trauma occur during the day or in nightmares during sleep.

Obsessive-compulsive disorder (OCD): While OCD is not common among older adults, some older people do suffer from persistent, upsetting thoughts.

Panic disorder: An older adult with the disorder may refuse to be left alone. An older person experiencing a panic attack may think he or she is having a heart attack or stroke.⁹

BANGLADESH PERSPECTIVE

In developing countries like Bangladesh, the age structure of the population is changing because of declines in fertility and increases in life expectancy. A small proportion (around 6%) of the total population of Bangladesh constitute the elderly population, but the absolute number of them is quite significant (about 7.2 million).¹² As an Asian country, Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities will care for their own elderly members. But often they are treated as a burden. Many old men are often seen begging in streets or asking for charity. Old people live in frustration and suffer from illness and pains without care and company.¹³ In Bangladesh, most of the elderly people's daily activities are regulated with tradition values, attitudes and behavioral imperatives that old age is a time for reflection on death and withdrawal from the world.¹¹

Older persons are key contributors to household security through compensated waged labour, profits from small businesses, through the growing of agricultural foodstuffs as well as livestock rearing for direct household consumption and sales. Older persons, especially women, support households through complementary domestic activities: cooking, cleaning, washing and to a lesser degree waged labour. Both older men and older women are primary caregivers for children and grandchildren in their care.¹⁵ In addition to engaging in daily labour activities, older Bangladeshis will try to save small sums of cash. However, most poor older Bangladeshis find it exceptionally challenging to save.¹⁶ Rural people suffers more from depressive disorders than urban people in Bangladesh. In a study overall prevalence of psychiatric disorders in rural area was 16.5%. A significantly higher prevalence of mental disorders as found in the economically poor respondents, those over 45 years of age.¹² Rural elderly people is found losing their life partner earlier than urban elderly people. So anxiety disorder more found in widow/widower than married respondents.¹⁴

INTERNATIONAL PERSPECTIVE

The world population has never been as mature as now. Currently, the number of people aged 60 and over is more than 800 million. Projections indicate that this figure will increase to over two billion in 2050. People aged 60 can now expect to survive an additional 18.5 to 21.6 years.¹ Early on, in the beginning of the millennium, it became clear in the USA that about 20% of adults aged 55 and over suffer from a mental disorder.⁵ A rapid growth of older persons will occur in low- and middle-income countries (LMICs) with huge consequences for these vulnerable economies.³ One of the possible negative consequences of the rapid ageing of the global population is the increase in the number of people with mental disorders which will soon overwhelm the mental health system in many countries.³ More than 20% of people age 55 years 3 or older may have some type of mental health problem.⁴ The first step to reduce these negative consequences is simply making a diagnosis. Unfortunately, too often mental health problems are undiagnosed and untreated and many older people struggle on without the proper help - or any help at all.⁵ Too many persons consider that symptoms of dementia and depression are a normal part of ageing.⁶ About 6.6% of all disability (disability adjusted life years-DALYs) among over 60s is attributed to neurological and mental disorders.¹ The most common neuropsychiatric disorders in this age group are dementia and depression. Anxiety disorders affect 3.8% of the elderly population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among those aged 60 or above.¹¹

CARE OF THE AGED

Health promotion:

Mental health-specific health promotion for the older adults involves creating living conditions and environments that support wellbeing and allow people to lead healthy and integrated lifestyles, such as:

- ✓ providing security and freedom;
- ✓ adequate housing through supportive housing policy;
- ✓ social support for elderly populations and their caregivers;
- ✓ violence or older adults maltreatment prevention programmes; and
- ✓ Community development programmes.

Interventions:

Prompt recognition and treatment of mental, neurological and substance use disorders in older adults is essential. Both psychosocial interventions and medicines are recommended. Optimization of physical and psychological health,

Including identifying and treating:

Accompanying physical illness, increasing physical and cognitive activity. Also providing information and long-term support to caregivers.

Mental health care in the community:

Good general health and social care is important for promoting older people's health, preventing disease and managing chronic illnesses. Effective, community-level primary mental health care for older people is crucial. It is equally important to focus on the long-term care of older adults suffering from mental disorders, as well as to provide caregivers with education, training and support with development of age-friendly services and settings.

An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of services to people with mental illness and their caregivers.¹⁷

CONCLUSION

Aging is a natural process and old age is inevitable. They are indifferent about life and are aloof from worldly affairs. They are more or less dependent and also less adaptable. Anxiety disorder in elderly people is very painful and treatable. We cannot heal old age but treat the aging problems. Every one of us can help to build bridges between generations by embracing the skill of the older persons for overcoming the

challenge of achieving MDGs and building a better world in the 21st century.¹⁸

REFERENCES

1. Md. Abdur. The situation of Rural Older People in Bangladesh: A Village Study. *Bangladesh Journal Geriatrics* 2003; 37-39 (1&2): 185.
2. Yakub AMR. Healthy Ageing. Towards a Society for All Ages. Bangladesh. *Bangladesh Journal Geriatrics* 2000; 37(182):149.
3. United Nations. Population Ageing 2006: department of Economics and Social Affairs, Population Division.
4. ICDDR,B. Chronic disease Burden among people over 60 years of age in rural Bangladesh: *Health and Science Bulletin* 2007; 5(2): 13.
5. Bangladesh Ministry of Health and Family Welfare. Health, Nutrition and Population Sector Programme (2003-2010). Dhaka: Ministry of Health and Family Welfare, Government of Bangladesh, 2003. 1 p.
6. Ferroni P. Anxiety in the Elderly. *Neurology* 2007;9(6):102-103.
7. "Late Life Anxiety Disorders: What you need to know." By the Late Life Depression Evaluation and Treatment Center at the University of Pittsburgh Medical Center. (www.wpic.pitt.edu/research/depr/anxiety.htm)
8. Michel D. Geriatric Psychiatry. *BMJI*. September, 2009; 2(1):1026-27.
9. WHO, EURO. Risk factors of ill health among older people <http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/healthy-ageing/facts-and-figures/risk-factors-of-ill-health-among-older-people> Accessed 25.05.2013.
10. Anxiety Disorders in Older Adults" by the Anxiety Disorders Association of America. Online at www.adaa.org.
11. Wood P. Anxiety disorder's clinic. *Arch Intern Med*. Jan 17th, 2000;5(3):713-720.
12. KK Rashid, Mahmudur R, Sayeed H, Text book of Community Medicine and Public Health. 4th ed: 215-217.
13. Kabir M. The emerging population in Bangladesh: aspects of their health and social situation. *Ann Emerg Med*. 2000;6(2):91-108.
14. Jennife M. Productive Ageing in Asia and Pacific *int J Epidemio*. 1992; 15(9):602-04.
15. Jasmin L. Anxiety disorder among urban and rural elderly people. *NIPSOM*. 2010: p-50.
16. Biplob, S and Help Age International Bangladesh, A Desk Research on the Social Protection Situation in Bangladesh, Dhaka, HelpAge International Bangladesh, February 2010 Draft.
17. Help Age International, Report of Bangladesh exchange visit 17-23 April 2007, Older Citizens' Monitoring: the Experience of Bangladesh, London, HelpAge International, April 2007.
18. Islam MM, Ali M. Prevalence of psychiatric disorders of elderly people in an urban community in Bangladesh. *Gen Hosp Psychiatry*. 2003;25(5):353-357.