



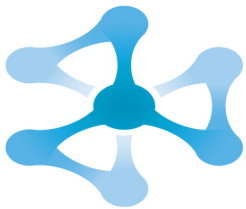
# ANXIETY & COGNITIVE IMPAIRMENT

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# DEFINITIONS:

- COGNITIVE IMPAIRMENT
  - Deficits in areas such as memory, attention, language, visual-spatial skills, planning, judgement etc.
- ANXIETY
  - Worry, preoccupation or apprehension
  - This worry feels difficult to control
  - Causes significant distress or impedes functional abilities

# ANXIETY DISORDERS:





# ANXIETY IN LATER LIFE

- Anxiety in prodromal and early stages of dementia is under-recognized and under-treated.
- Anxiety is known to be prevalent in aging populations
  - Anxiety Disorders= 4-15%;
  - Sub-clinical Anxiety symptoms=15-20%
- Approximately 30% of individuals with some forms of Anxiety Disorder (i.e., GAD-most common in aging pop.) have associated cognitive impairment

# FACTORS CONTRIBUTING TO RISING

ANXIETY

**Boomer's  
proactive  
approach  
to health**

**Increased  
info in  
media &  
internet**

**Introduction  
of new labels  
(MCI) &  
treatments**

# IMPACT OF ANXIETY IN OUR CLINIC POPULATION



- Increased usage of clinic/hospital/health care resources
- Increased functional and cognitive disability
- Increased possibility of inappropriate resource use



# RISK FACTORS FOR ANXIETY IN OUR CLINIC POPULATION

## BIOLOGICAL

- Genetics
- Chronic Health Issues
- Substance abuse
- Female Gender

## PSYCHOLOGICAL

- Personality (i.e., high IQ and/or achievement, perfectionism, obsessiveness)
- Stressful life events
- Direct experience with dementia



# FORMS OF ANXIETY IN OUR CLINIC

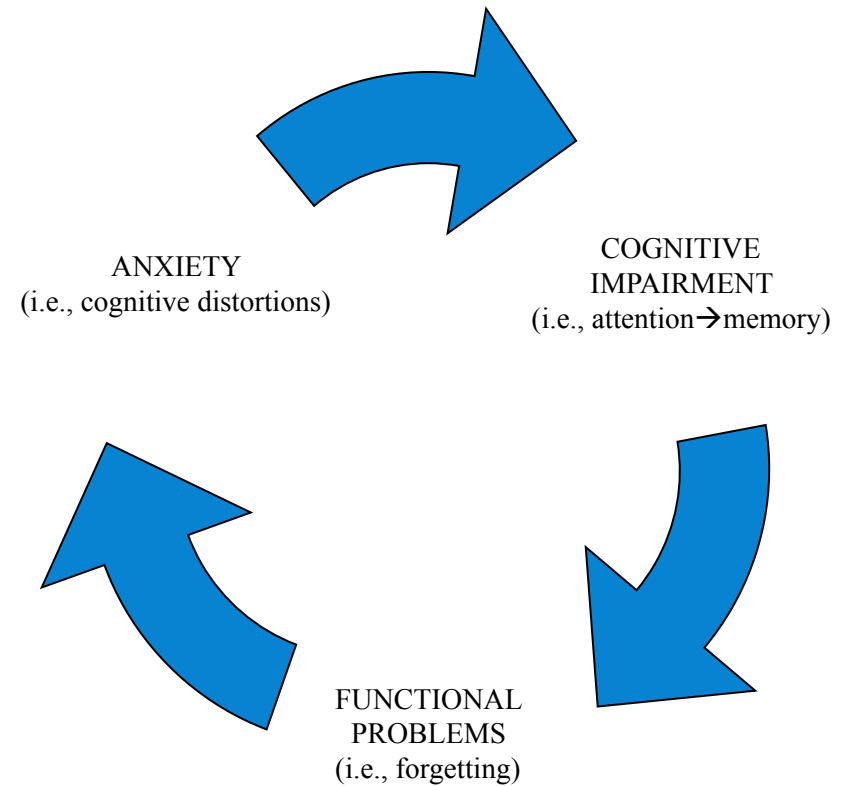
In our increasingly complex population, it is challenging to differentiate between:

- REACTIVE ANXIETY- worry in response to the consequence of measurable cognitive deficit/or emerging dementia
- PRIMARY ANXIETY- anxiety that seems to be causally related to cognitive deficit (i.e., without emerging dementia)

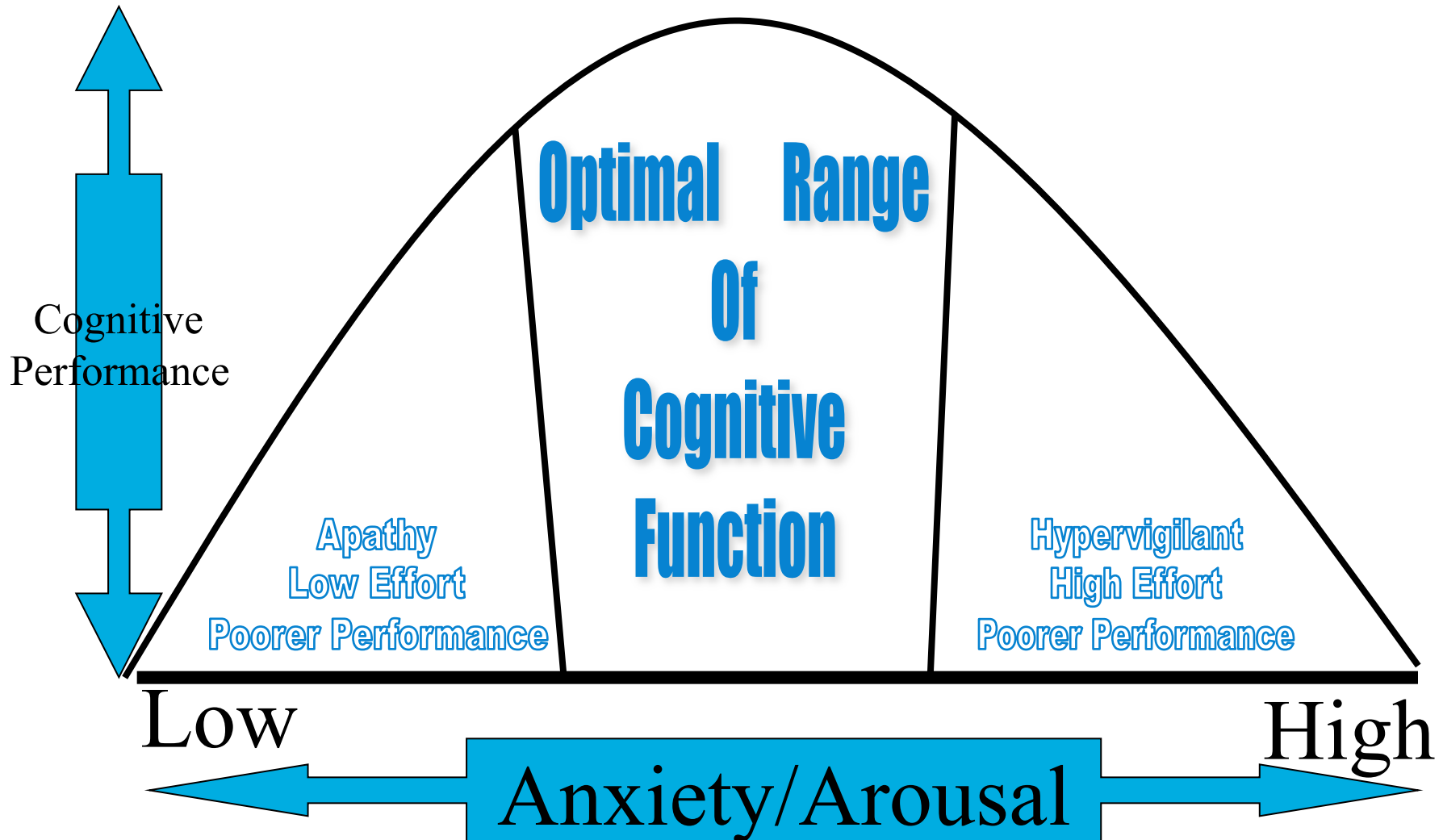


# ANXIETY & COGNITIVE IMPAIRMENT

- There is an interdependent relationship between anxiety, cognitive impairment and function in daily life
- Anxiety in later life is correlated with some degree of cognitive impairment (Beaudreau & O' Hara, 2008)



# ANXIETY-COGNITION SPECTRUM



# UNDERSTANDING ANXIETY IN DEMENTIA

- Some studies suggest anxiety is a risk factor for conversion to dementia. This seems most consistent with a REACTIVE ANXIETY group
- Other studies have not replicated this finding, suggesting a possible PRIMARY ANXIETY group contained within the prodromal and early dementia populations (i.e., Mild Cognitive Impairment etc.)
- Assessment & treatment protocols, as well as health care resource requirements for these two anxiety subgroups may prove to be *very different*



# DEVELOPING RESOURCES

- Improved & co-existing screening measures for **both** cognitive and anxiety/mood issues within clinical populations such as ours
- Introduction or improvement of resources for our population to include specific education & treatment for both primary & reactive anxiety
- Inclusion of such resources in diagnostic clinics, such as ours, to ensure the earliest intervention



# FUTURE DIRECTIONS

- Longitudinal studies to determine markers for reactive versus primary anxiety in MCI groups, which may require development of more specific & sensitive measurement tools
- Studies focused upon specifying the nature and cognitive impact of varying degrees & sub-types of anxiety prevalent in aging and dementia populations
- Intervention studies to determine the impact of psychotherapeutic treatments (i.e., CBT based) on various forms of anxiety in the our population

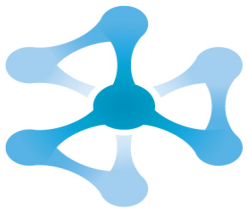
# OUR KNOWLEDGE OF DEMENTIA



"SINCE THE UNIVERSE IS RAPIDLY EXPANDING, THERE'S A LOT MORE THAT WE HAVE TO WORRY ABOUT NOW."

# RESOURCES FOR ANXIETY:

- [www.anxietybc.com](http://www.anxietybc.com) (anxiety resources in bc)
- [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca) (seniors mental health issues)
- [www.cmha.bc.ca](http://www.cmha.bc.ca) (seniors mental health resources)



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