



Nevada Interprofessional Healthy Aging Network

nihan.care

## Depression and Anxiety In Older Adults

Natali N. Edmonds, PsyD ABPP  
March 26, 2024



# SEMINAR INSTRUCTOR



## Natali Edmonds

Board certified geropsychologist

Dementia care + Caregiver support

Founder of Dementia Careblazers





# Depression and Anxiety in Older Adults



Natali N Edmonds, Psd ABPP



# GOALS AND OBJECTIVES



#1

**Increase awareness** about the prevalence and impact of anxiety and depression in older adults. Highlight how these conditions often go unrecognized and the importance of identifying signs and symptoms early to improve outcomes.

#2

**Discuss signs of anxiety and depression** and how that differs from normal healthy emotions. Dispel myths about anxiety and depression in older adults.

#3

**Provide an overview of resources available** for older adults suffering from anxiety and depression. Share when and how to seek professional help, as well as providing information on the types of treatments that are effective.



Table 1.

## Population by Age Group: Projections 2020 to 2060

The population is projected to reach 404 million by 2060.  
(In millions)

| Characteristic                    | Population   |              |              |              |              |              | Change from 2016 to 2060 |             |
|-----------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------------|-------------|
|                                   | 2016         | 2020         | 2030         | 2040         | 2050         | 2060         | Number                   | Percent     |
| <b>Total population . . . . .</b> | <b>323.1</b> | <b>332.6</b> | <b>355.1</b> | <b>373.5</b> | <b>388.9</b> | <b>404.5</b> | <b>81.4</b>              | <b>25.2</b> |
| Under 18 years . . . . .          | 73.6         | 74.0         | 75.7         | 77.1         | 78.2         | 80.1         | 6.5                      | 8.8         |
| 18 to 44 years . . . . .          | 116.0        | 119.2        | 125.0        | 126.4        | 129.6        | 132.7        | 16.7                     | 14.4        |
| 45 to 64 years . . . . .          | 84.3         | 83.4         | 81.3         | 89.1         | 95.4         | 97.0         | 12.7                     | 15.1        |
| 65 years and over . . . . .       | 49.2         | 56.1         | 73.1         | 80.8         | 85.7         | 94.7         | 45.4                     | 92.3        |
| 85 years and over . . . . .       | 6.4          | 6.7          | 9.1          | 14.4         | 18.6         | 19.0         | 12.6                     | 198.1       |
| 100 years and over . . . . .      | 0.1          | 0.1          | 0.1          | 0.2          | 0.4          | 0.6          | 0.5                      | 618.3       |

Note: The official population estimates for the United States are shown for 2016; the projections use the Vintage 2016 population estimate for July 1, 2016, as the base population for projecting from 2017 to 2060.

Source: U.S. Census Bureau, 2017 National Population Projections.

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# An Aging Population

By 2030, 1 in 5 Americans will be  
65 years or older

# SHORTAGE OF PROVIDERS

- Less than 1% of physicians are geriatricians. (One trained geriatrician for every 7,500 older adults)
  - Lower pay
  - Less prestigious
  - Too “burdensome”



# TYPES OF DEPRESSION

- Major Depressive Disorder (MDD)
- Persistent Depressive Disorder (Dysthymia)
- Substance/Medication-Induced Depressive Disorder
- Depressive Disorder Due To Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

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- Bereavement

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- Bereavement



# TYPES OF ANXIETY

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication Induced Anxiety Disorder
- Anxiety Disorder Due To Another Medical Condition
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# “NORMAL” vs. CLINICAL

Significant negative  
impact on daily  
functioning



Length of time /  
persistence in  
symptoms

(Depression at least 2 weeks.  
Anxiety at least 6 months.)

# IMPORTANCE OF IDENTIFICATION + TREATMENT

- Increased disability
- Reduced physical functioning
- Lower life satisfaction
- Increased risk of heart disease, diabetes, and hypertension,
- Higher risk of mortality
- Increased risk of cognitive decline and dementia
- Increased healthcare utilization (er visits, hospitalizations, etc)



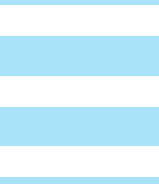
# BARRIERS TO TREATMENT: Providers

- Pressure for quick appointments
- “Complex” medical problems unlikely to be resolved
- Overlapping symptoms between medical and psychological
- Lack of awareness (only 42% of PCP’s felt comfortable recognizing signs of depression in older adults)
- Lack of training: (only 40% of U.S. medical schools had a required course in geriatrics)
- Ageism: Feeling older adults can’t change or benefit from treatment

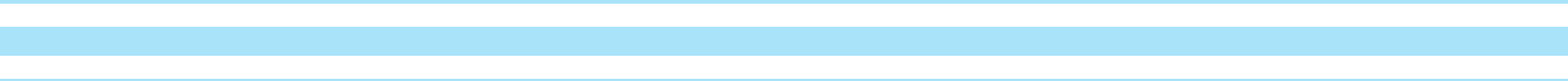
# BARRIERS TO TREATMENT: Personal

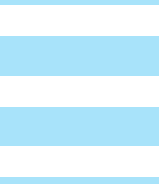
- Shame/embarrassment
- Negative thoughts about themselves for needing help
- Concerns about what others might think if they find out
- Lack of awareness of clinical symptoms and important of treatment
- Access to care, transportation, availability of services, cost

# TRUE OR FALSE



**Older adults experience higher rates of depression and anxiety compared to younger adults?**





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# DEPRESSION PREVALENCE

## OLDER ADULTS

**1-5%** of older adults living in the community

**11.5-13.5%** in those who require home healthcare or hospitalization

<https://www.nimh.nih.gov/health/statistics/major-depression>



# DEPRESSION PREVALENCE

## OLDER ADULTS

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**11.5-13.5%** in those who require home healthcare or hospitalization

## YOUNGER ADULTS

**17%** of those aged 18-24 adults living in the community

**8.6%** for those ages 26-49

**6.8%** for those ages 50-64

<https://www.nimh.nih.gov/health/statistics/major-depression>

# ANXIETY PREVALENCE

## OLDER ADULTS

**3.8% - 14.2%** of older adults living  
in the community

**17.4%** in those who require home  
healthcare

Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders*, 109(3), 233-250.

Twenge, J. M., & Joiner, T. E. (2020). U.S. Census Bureau-assessed prevalence of anxiety and depressive symptoms in 2019 and during the 2020 COVID-19 pandemic. *Depression and Anxiety*, 37(10), 954-956

# ANXIETY PREVALENCE

## OLDER ADULTS

**3.8% - 14.2%** of older adults living in the community

**17.4%** in those who require home healthcare

## YOUNGER ADULTS

**22.3%** of those aged 18-29 adults living in the community

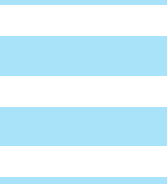
**23.2%** for those ages 30-44

**22.5%** for those ages 45-59

Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders*, 109(3), 233-250.

Twenge, J. M., & Joiner, T. E. (2020). U.S. Census Bureau-assessed prevalence of anxiety and depressive symptoms in 2019 and during the 2020 COVID-19 pandemic. *Depression and Anxiety*, 37(10), 954-956

# TRUE OR FALSE



**It is difficult for older adults to  
learn new things**



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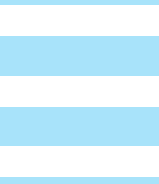


# LEARNING ABILITIES

While there are age-related declines in certain cognitive functions, older adults continue to show capacity for learning and adapting to new information and environments.

Brehmer, Y., Kalpouzos, G., Wenger, E., & Lövdén, M. (2014). Plasticity of brain and cognition in older adults. *Psychological Research*, 78(6), 790-802)

# TRUE OR FALSE



**Depression is a normal part of getting older.**

TRUE OR FALSE  
**FALSE**

**Depression is a normal part of  
getting older.**

# TRUE OR FALSE

**Older adults complete suicide  
more than younger adults**

TRUE OR FALSE

**TRUE**

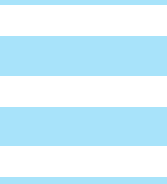
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# SUICIDE IN OLDER ADULTS

- In 2022, among the nearly 49,449 suicides that took place in the U.S., 10,433 were attributed to people age 65 and up.
- Older adults tend to plan suicide more carefully. They are also more likely to use more lethal methods.<sup>4</sup>
- Among people who attempt suicide, one in four older adults will succeed, compared to 1 in 200 youths. Even if an older adult fails a suicide attempt, they are less likely to recover from the effects due to frailty or underlying health conditions.
- Men age 75 and older face the highest overall rate of suicide

# TRUE OR FALSE



**Older adults have more trouble sleeping than younger adults**

TRUE OR FALSE

**TRUE**

**Older adults have more trouble sleeping than younger adults**

# SLEEP ISSUES IN OLDER ADULTS



- 50% of older adults report problems falling asleep or staying asleep vs. 25% - 30% in younger adults.
- Sleep apnea
- Restless leg syndrome
- Medication side effects
- Other medical conditions

# TRUE OR FALSE

**Older adults don't benefit from therapy as much as younger adults**

TRUE OR FALSE  
**FALSE**

**Older adults don't benefit from  
therapy as much as younger  
adults**



# THERAPY FOR OLDER ADULTS

- Older adults had **similar benefits** to therapy compared to younger populations, particularly with cognitive-behavioral therapy (CBT)  
(Pinquart, M., & Sörensen, S. (2001). How effective are psychotherapeutic and other psychosocial interventions with older adults? A meta-analysis. Journal of Mental Health and Aging, 7(2), 207-243.)
- Cognitive behavioral therapy for depression in older and younger adults found that older adults had **slightly better** outcomes than younger adults, with lower dropout rates and higher rates of treatment completion  
(Koder, D. A., Brodaty, H., & Anstey, K. J. (1996). Cognitive therapy for depression in the elderly. International Journal of Geriatric Psychiatry, 11(1), 97-107.)
- Older adults tend to be **more adaptable and resilient** in therapy, possibly due to their life experience and coping skills  
(Laidlaw, K., Thompson, L. W., Gallagher-Thompson, D., & Dick-Siskin, L. (2003). Cognitive behaviour therapy with older people. John Wiley & Sons).

# TRUE OR FALSE

**PCP's are less likely to refer older adults to therapy compared to younger adults**

TRUE OR FALSE

**TRUE**

PCP's are less likely to refer older adults to therapy compared to younger adults

# REFERRALS FOR OLDER ADULTS

- **Under-referral of Older Adults:** Older adults with depression were less likely than younger adults to receive a referral to mental health services from their PCPs

(Gum, A. M., Iser, L., & Petkus, A. (2010). Behavioral health service utilization and preferences of older adults receiving home-based aging services. *The American Journal of Geriatric Psychiatry*, 18(6), 491-501. DOI:10.1097/JGP.0b013e3181c7967b).

- **Age Bias:** Research has shown that age bias among healthcare providers can influence the likelihood of referrals for mental health services, with older adults being less likely to be referred compared to younger adults

(Gum, A. M., Petkus, A. J., McDougal, S. J., Present, M., King-Kallimanis, B., & Schonfeld, L. (2018). Behavioral health service utilization: Trends in older adult mental health and substance use service use. *Psychological Services*, 15(4), 491-502. DOI:10.1037/ser0000208).

# CASE STUDY

Mrs. Smith is a 72-year-old widow who lives alone. She has a history of hypertension and type 2 diabetes. Recently, she has been experiencing fatigue, loss of appetite, difficulty sleeping. She reports feeling restless and is having difficulty concentrating. She has also noticed that she gets easily irritated.



# CASE STUDY

Mrs. Smith is a 72-year-old widow who lives alone. She has a history of hypertension and type 2 diabetes. Recently, she has been experiencing [fatigue, loss of appetite, difficulty sleeping](#). She reports feeling [restless](#) and is having [difficulty concentrating](#). She has also noticed that she gets [easily irritated](#).







# What's Going On?

- Grief
- Depression
- Anxiety
- Blood sugar
- Blood pressure
- Medication side effects
- Over the counter medications
- Dementia

# RISK FACTORS FOR DEPRESSION

- Medical conditions, such as [stroke](#) or cancer
- Stress, including [caregiver stress](#)
- [Sleep](#) problems
- [Social isolation and loneliness](#)
- Lack of [exercise or physical activity](#)
- Functional limitations that make engaging in activities of daily living difficult
- Addiction and/or [alcoholism](#) —included in Substance-Induced Depressive Disorder



# POSSIBLE SYMPTOMS OF DEPRESSION

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, guilt, worthlessness, or helplessness
- Irritability, restlessness, or having trouble sitting still
- Loss of interest in once pleasurable activities, including sex
- Decreased energy or [fatigue](#)
- Moving or talking more slowly
- Difficulty concentrating, remembering, or making decisions
- [Difficulty sleeping](#), waking up too early in the morning, or oversleeping
- Eating more or less than usual, usually with unplanned weight gain or loss
- Thoughts of death or suicide, or suicide attempts

# PHYSICAL SYMPTOMS OF DEPRESSION

- **Fatigue**
- **Sleep Disturbances**
- **Appetite Changes**
- **Chronic Pain**
- **Digestive Issues**
- **Psychomotor Retardation or Agitation**
- **Decreased Libido**
- **Cognitive Changes**
- **Low Energy**
- **Physical Neglect**

# Risk Factors For Anxiety

- Chronic medical conditions (especially chronic obstructive pulmonary disease [COPD], cardiovascular disease including arrhythmias and angina, thyroid disease, and diabetes)
- Overall feelings of poor health
- Sleep disturbance
- Alcohol or prescription medication misuse or abuse
- Physical limitations in daily activities
- Stressful life events
- Negative or difficult events in childhood
- Excessive worry or preoccupation with physical health symptoms

# Symptoms of Anxiety

- Uncontrollable feelings of panic, fear, and/or apprehension
- Obsessive thoughts
- Reactions that are disproportional to the triggering fear
- Restlessness
- Trouble with memory and focus
- Insomnia
- Nightmares
- Not engaging in routine activities
- Ritualistic behaviors (e.g., repeated handwashing)

# Physical Symptoms of Anxiety

- Racing heart, or heart palpitations
- Trembling
- Hot flashes
- Headaches
- Frequent urination
- Shortness of breath
- Nausea
- Tense muscles
- Excessive sweating
- Cold or sweaty hands
- Dry mouth

# Assessment



COLLABORATION

# TREATMENT FOR DEPRESSION AND ANXIETY



**Medications**



**“Talk therapy”**



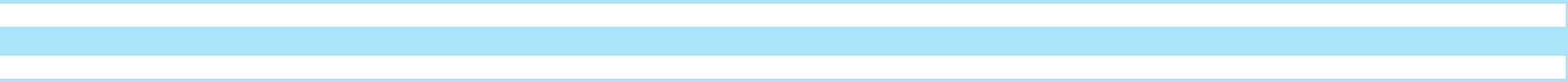
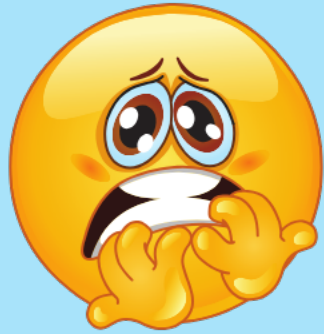
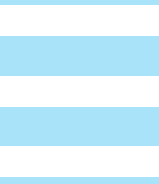


# Life Situations

- Loved ones dying
- Losing a job
- Financial strain
- Health problems
- Increased need for care

- - - - -

- Arguments with others
- Getting cut off in traffic
- Political climate / world issues
- Dealing with insurance/travel companies




# “NORMAL” vs. CLINICAL

Significant negative  
impact on daily  
functioning



Length of time /  
persistence in  
symptoms

(Depression at least 2 weeks.  
Anxiety at least 6 months.)



**You don't have to have a  
clinical disorder to benefit  
from talk therapy**

# RESOURCES

**National Suicide Prevention Lifeline:** Provides 24/7, free and confidential support for people in distress, as well as prevention and crisis resources. [Hotline: 1-800-273-TALK (8255)]

**The Friendship Line:** Offered by the Institute on Aging, it is both a crisis intervention hotline and a warm line for non-emergency emotional support for older adults. [Hotline: 1-800-971-0016]

**Veterans Crisis Line:** Provides 24/7 support for veterans and their loved ones. [Hotline: 1-800-273-8255 and Press 1]

**SAMHSA's National Helpline:** Offers free, confidential information and treatment referral for mental health and substance abuse issues. [Helpline: 1-800-662-HELP (4355)]

**Local Area Agency on Aging:** Local Area Agency on Aging: [https://adsd.nv.gov/Contact/Contact\\_AgingDisability](https://adsd.nv.gov/Contact/Contact_AgingDisability)

## Aging & Disability Services Offices

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Carson City

### Regional Office

[Map and Driving Directions to Carson City Regional Center](#)

3208 Goni Road, Building I, Suite 181

Carson City, NV 89706

(775) 687-4210

(775) 687-0574 Fax

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Elko

### Regional Office

[Map and Driving Directions to Elko Regional Center](#)

1010 Ruby Vista Drive, Suite 104

Elko, NV 89801

(775) 738-1966

(775) 753-8543 Fax

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Las Vegas

### Regional Office

[Map and Driving Directions to Las Vegas Regional Office](#)

7150 Pollock Drive

Las Vegas, NV 89119

(702) 486-3545

(702) 486-3572 Fax

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Reno

### Regional Office

[Map and Driving Directions to Reno Regional Office](#)

9670 Gateway Drive, Suite 100

Reno, NV 89521

(775) 687-0800

(775) 688-2969 Fax



# REFERENCES

- Depression in older adults: <https://www.cdc.gov/aging/depression/index.html#:~:text=Depression%20is%20a%20true%20and,increased%20risk%20for%20experiencing%20depression.>
- Suicide in older adults: <https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know>
- Suicide in older adults: <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html#age>
- Myths about aging: <https://www.nia.nih.gov/health/healthy-aging/10-myths-about-aging>
- Risk Factors for Anxiety: <https://www.mhanational.org/anxiety-older-adults>
- Anxiety in older adults: <https://www.ncoa.org/article/anxiety-and-older-adults-a-guide-to-getting-the-relief-you-need>
  
- Different types of anxiety: <https://www.aagponline.org/patient-article/anxiety-and-older-adults-overcoming-worry-and-fear/>
- Census Information: <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>
- Ageism Study: <https://pubmed.ncbi.nlm.nih.gov/35330354/>
- Older adults and psychotherapy: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8411661/>
- Older adults and seeking mental health help: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10463345/pdf/12877\\_2023\\_Article\\_4229.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10463345/pdf/12877_2023_Article_4229.pdf)
- Geriatric workforce: <https://www.nextavenue.org/healthcare-must-address-geriatrician-shortage/>

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Physician attitudes toward older adults: <https://www.sciencedirect.com/science/article/abs/pii/S0890406512000552>

Impact of a national collaborative care initiative for patients with depression and diabetes or cardiovascular disease. *General Hospital Psychiatry*, 35(1), 4-11. DOI:10.1016/j.genhosppsy.2012.09.005).

Lack of training in geriatrics: American Geriatrics Society. (2020). Geriatrics Workforce Policy Studies Center: 2020 Snapshot of Geriatrics Workforce by Specialty.

Depression in late life: Review and commentary. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 58(3), M249-M265.

Sleep difficulty in older adults: <https://link.springer.com/article/10.1007/s11065-010-9154-6>






# Creating an Age-Friendly Health System & Dementia-Friendly Community in Nevada

KIRK KERKORIAN  
SCHOOL OF MEDICINE  


  
SCHOOL OF  
DENTAL  
MEDICINE

  
SCHOOL OF  
PUBLIC  
HEALTH

  
HOWARD R. HUGHES  
COLLEGE OF  
ENGINEERING

  
SCHOOL OF  
NURSING



St. Joseph Transitional  
Rehabilitation Center



Cleveland Clinic



NEVADA SENIOR  
SERVICES



alzheimer's  
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of Southern Nevada

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