

## 6. Guidelines for treatment

### Stepped Care

→ Canadian Guidelines Recommendations #13, #14 and #26.

- Offer non-pharmacological interventions first, except in circumstances dictated by patient preference, severity of symptoms, risk assessment.
- Anxiety symptoms related to a medical condition, adjust the treatment or management of the medical condition.
- Anxiety related to substance use should focus on addressing the substance use.
- Exercise, including both aerobic exercise and strength training, reduces anxiety in older adults.
- Psychosocial support should be offered to older adults presenting with anxiety symptoms, tailored to address risk factors and contributing stressors.

## Psychological Interventions

→ Canadian Guidelines Recommendations #16, #17 and #18.

### Cognitive-Behavioral Therapy (CBT)

- Individual and group CBT are effective and can be offered to treat anxiety in older adults.
- Brief and full CBT are effective and can be offered to treat anxiety in older adults.
- Remote CBT is effective and should be offered as a treatment option for anxiety in older adults.
- Specific CBT strategies can be used on their own including exposure, relaxation therapy, abdominal breathing, cognitive restructuring, and problem-solving training.

→ Canadian Guidelines Recommendations #24 and #25.

- Mindfulness interventions may be used to effectively treat anxiety in older adults.
- Other forms of psychotherapy or psychosocial treatments (e.g., supportive therapy, acceptance and commitment therapy (ACT), reminiscence therapy, relaxation therapy) may be offered to treat anxiety.

→ Canadian Guidelines Recommendations #23 and #27.

- For fear of falling, consider CBT, exercise, including Tai Chi and yoga.

## 7. Pharmacological Interventions

→ Canadian Guidelines Recommendations #28 and #30.

- Selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) should be used as the first-line treatment.
- Duloxetine and buspirone can be used if first line treatment is not tolerated.

→ Canadian Guidelines Recommendations #29, #31 and #32.

- Benzodiazepines should not be used in the management of anxiety in older adults.
- Quetiapine and pregabalin should not be used except where non-pharmacologic and first-line treatments have failed.

## 8. Monitoring and long-term treatment

Regardless of the modality of treatment implemented, use measurement-based care with regular and timely feedback of patient-reported symptoms to the treating provider.

For additional information, view the Anxiety in Older Adults Assessment Algorithm.



## 9. Recommended pharmaceutical interventions

Medication	Starting dose	Therapeutic dose	Maximum dose	Considerations
First Line (Any of the following)				
Escitalopram	2.5-5mg daily	10-20mg daily	10mg* daily	QTc Prolongation
Citalopram	5-10mg daily	20-30mg daily	20mg* daily	
Sertraline	25-50mg daily	50-200mg daily	200mg daily	Indications in GAD, Panic, SAD
Venlafaxine	37.5mg daily	150-300mg daily	300mg daily	
Second Line				
Duloxetine	30mg daily	60-120mg daily	120mg daily	CYP2D6 inhibitor and substrate, risk for drug-drug interactions
Buspirone	5mg BID to TID	10mg TID	10mg TID	In moderate anxiety, if first line not tolerated

\*Health Canada maximum recommended dose based on evidence for QTc prolongation.

## 10. Pharmaceutical interventions not routinely recommended (except in specific circumstances)

Medication	Starting dose	Therapeutic dose	Maximum dose	Considerations
Quetiapine fumarate extended release	50mg daily	100-200mg daily	300mg daily	Poorly tolerated in frail older adults
Quetiapine fumarate	12.5-25mg once to twice daily	50-100mg BID	150mg BID	
Pregabalin	25mg daily	75-150mg BID	150 mg BID	Tolerability issues, limited evidence for efficacy
Lorazepam	0.25-0.5mg daily	0.25-0.5mg BID	Not to exceed 2mg daily	Short-term, time-limited
Clonazepam	0.125mg-0.25mg daily	0.125mg-0.25mg BID	Not to exceed 1mg daily	Long-acting, to be avoided in older adults

Pocket card on

# Anxiety Assessment and Treatment of Older Adults

Based on:

Canadian Guidelines for the Assessment and Treatment of Anxiety in Older Adults (2024)

For more information visit [www.csmh.ca](http://www.csmh.ca)

This clinician resource is intended for information purposes only and is not intended to be interpreted or used as a standard of medical practice.



## 1. Is my patient at risk for anxiety?

→ Canadian Guidelines Recommendation #1.

Factors associated with anxiety and/or fear of falling in older adults include:

- Cognitive impairment or decline
- Depression
- Female sex
- Functional limitations
- Insomnia
- Multimorbidity
- Pain
- Polypharmacy
- Poor health status (objective or subjective)
- Social isolation or loneliness
- Older age\*
- History of falls or impaired balance\*

\*factors associated only with fear of falling

## 2. Recommended case-finding tools

For use in clinical settings and for individuals at risk:

→ Canadian Guidelines Recommendations #3, #4 and #5.

- Geriatric Anxiety Inventory - 20 item version (GAI-20) or short-form (GAI-SF)
- Hospital Anxiety and Depression Scale - Anxiety Subscale
- Rating Anxiety in Dementia (RAID)

Health care providers should ask about fear of falling and activity avoidance as part of the geriatric falls risk assessment.

- Important screening questions include: Are you afraid of falling?" and if yes, "Have you restricted any activities because of this fear?"
- Fear of falling should be assessed in conjunction with a comprehensive evaluation of the risk of falling.

## 3. Assessing anxiety

→ Canadian Guidelines Recommendations #7, #8, #9 and #10.

Older adults who screen positive for anxiety, or who are presenting with new or worsening anxiety that affects their daily function or well-being should undergo a comprehensive assessment.

Before diagnosing an anxiety disorder in an older adult, make sure to rule out:

- Depression
- Delirium
- Medical causes of anxiety (see chart)
- Substance-induced anxiety (see chart)
- Adjustment to psychosocial stressor
- Other psychiatric disorder (psychosis, PTSD, OCD)

## 4. Medical conditions associated with anxiety in older adults

→ Canadian Guidelines Recommendation #10.

Medical Conditions	Example Conditions
Endocrine	<ul style="list-style-type: none"> <li>• Hyperthyroidism</li> <li>• Hypothyroidism</li> <li>• Adrenal disease (including pheochromocytoma)</li> <li>• Parathyroid disease</li> </ul>
Cardiovascular	<ul style="list-style-type: none"> <li>• Myocardial infarction</li> <li>• Heart failure</li> <li>• Angina</li> <li>• Arrhythmia</li> <li>• Heart valve disease</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>• COPD</li> <li>• Asthma</li> <li>• Pneumonia</li> <li>• Obstructive sleep apnea</li> </ul>
Metabolic	<ul style="list-style-type: none"> <li>• Vitamin B12 deficiency</li> <li>• Hypoglycemia</li> <li>• Electrolyte abnormalities</li> </ul>
Neurologic	<ul style="list-style-type: none"> <li>• Parkinson's disease</li> <li>• Dementia (e.g., Alzheimer's, vascular)</li> <li>• Delirium</li> <li>• Vestibular dysfunction</li> <li>• Seizure disorder</li> <li>• Central lesion (brain tumor)</li> <li>• Encephalopathy</li> </ul>

## 5. Medications and substances that can contribute to anxiety in older adults

→ Canadian Guidelines Recommendation #11.

Medications		
Class	Examples	Comments
Anticholinergics	<ul style="list-style-type: none"> <li>• atropine</li> <li>• benzotropine</li> <li>• bladder anticholinergics (e.g., oxybutynin)</li> <li>• antihistamines (e.g., diphenhydramine)</li> </ul>	Anticholinergics can cause systematic side effects including tachycardia, hypertension, anxiety, and delirium.
Antidepressants	<ul style="list-style-type: none"> <li>• SSRIs (e.g., paroxetine)</li> <li>• SNRIs (e.g., venlafaxine)</li> <li>• TCAs (e.g., amitriptyline)</li> </ul>	Stimulating effects of some antidepressants can mimic anxiety causing restlessness or agitation.
Antimalarials	<ul style="list-style-type: none"> <li>• chloroquine</li> <li>• hydroxychloroquine</li> <li>• mefloquine</li> </ul>	Can cause insomnia, vivid dreams, anxiety, depression, panic attacks, and hallucinations.
Benzodiazepines	<ul style="list-style-type: none"> <li>• alprazolam</li> <li>• lorazepam</li> </ul>	Benzodiazepines may cause anxiety in the context of withdrawal symptoms.
Beta-2 receptor agonists	<ul style="list-style-type: none"> <li>• salbutamol</li> </ul>	Most common adverse effects of salbutamol are tremors (occurring in 10-20%) and anxiety (9-20%).
Cardiac drug therapies	<ul style="list-style-type: none"> <li>• diuretics</li> <li>• digoxin</li> <li>• amiodarone</li> <li>• beta-blockers</li> </ul>	There is a 10-20% increased odds of anxiety in people on cardiovascular medications such as diuretics, nitrates, lipid-lowering drugs, digoxin, and beta-blockers.
Corticosteroids	<ul style="list-style-type: none"> <li>• prednisone</li> <li>• dexamethasone</li> </ul>	Corticosteroid therapy has been associated with non-specific psychiatric symptoms including psychosis, hyperactivity, irritability, anxiety, insomnia, and depression.

Medications		
Class	Examples	Comment
Dopamine receptor antagonists	<ul style="list-style-type: none"> <li>• antipsychotics</li> <li>• metoclopramide</li> </ul>	Dopamine receptor antagonists can cause akathisia, which may manifest as psychomotor agitation and anxiety.
Dopaminergic medications	<ul style="list-style-type: none"> <li>• levodopa</li> <li>• pramipexole</li> </ul>	Anxiety and panic attacks are potential side effects of dopaminergic medications.
Antiretrovirals	<ul style="list-style-type: none"> <li>• efavirenz</li> </ul>	Neuropsychiatric adverse effects, including anxiety occur in 25-70% of people living with HIV treated with efavirenz.
Stimulants	<ul style="list-style-type: none"> <li>• amphetamine</li> <li>• methylphenidate</li> </ul>	Anxiety is a common adverse effect.
Endocrine	<ul style="list-style-type: none"> <li>• thyroid hormone (e.g., levothyroxine)</li> <li>• insulin</li> <li>• testosterone</li> <li>• estrogen (e.g., estradiol)</li> </ul>	Supplemental hormones can contribute to symptoms of anxiety, as can discontinuation of hormones.
Opioids	<ul style="list-style-type: none"> <li>• hydromorphone</li> <li>• morphine</li> </ul>	Opioids can cause confusion and delirium presenting as anxiety. Opioid withdrawal can include symptoms of anxiety.
Substances		
Alcohol	<ul style="list-style-type: none"> <li>• beer</li> <li>• wine</li> <li>• spirits</li> </ul>	Heavy drinking depletes GABA, causing increased tension and feelings of panic. Alcohol withdrawal can also cause symptoms of anxiety.
Caffeine	<ul style="list-style-type: none"> <li>• coffee</li> <li>• soft drinks</li> <li>• energy drinks</li> <li>• tea</li> </ul>	Caffeine is a central nervous system stimulant and can cause restlessness, feelings of uneasiness, and rapid heartbeat that mimic anxiety.
Cannabis	<ul style="list-style-type: none"> <li>• THC</li> </ul>	Both cannabis use and withdrawal may cause anxiety symptoms.

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