3-38 Anxiety in Dementia

TIPS Question:

- What is the best way to manage anxiety attacks in the elderly?
- Differentiate between increased dementia causing symptoms or resident calls them "anxiety or panic" attacks.
- Although we do not see any signs e.g. Perspiration, increased heart rate. Used Ativan prn while trying to give Paxil daily until therapeutic dose obtained.

What are the significant factors you have learned as a result of working through the six-question template?

- You examine various possible causes with direction to possible strategies
- P.I.E.C.E.S. helps you to look at various causes & solutions & document more clearly

Response:

Anxiety in the elderly requires a careful comprehensive enquiry. My approach is to apply the P.I.E.C.E.S. framework. Often, anxiety may have multiple interdependent causes which lends itself to a multi-level care plan.

(1) **P**hysical; is the anxiety secondary to a medical problem, i.e., SOB secondary to CHF, hyperthyroidism; a drug or drug withdrawal including alcohol withdrawal, etc.

(2) **I**ntellectual; due to cognitive difficulty either due to misinterpretations or a result of the cognitive changes; all the "A's" can cause anxiety. This anxiety is usually identified by linking the "A" to the anxiety.

(3) **E**motional; due to a delusion. Another major cause of anxiety is depression in the elderly.

You asked about distinguishing panic attacks due to a primary anxiety disorder from anxiety in dementia. A few hints to distinguish may be useful to consider:

(1) A primary anxiety disorder for the first time in late age is rare. Usually, there has been a history of classic panic attacks, anxiety, social phobia, etc., earlier in life before the dementia.

(2) Also, if there has been a history of depression, "panic onset" may be secondary to a relapse of depression.

(3) Panic attacks that are spontaneous overwhelming episodes of fear, dread, a feeling that something terrible is about to happen with autonomic changes is not as common in dementia as in primary panic disorder or panic associated with depression. Usually, you can link dementia anxiety to a "circumstance" and the "A's".

Your situation sounds more like an anxiety within a dementia. Please note: these may respond to different interactional patterns. As far as medication for anxiety within a dementia, a SSRI and /or an atypical antipsychotic may be helpful; if an anxiety and depressive feature are present, a SSRI may be considered.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*