Medication may provide some benefit for older adults with anxiety disorder

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Preliminary research suggests that use of the drug escitalopram provided some improvement in symptoms for older adults with generalized anxiety disorder, although the overall benefits were diminished because of nonadherence to the drug by some patients, according to a study in the January 21 issue of JAMA.

Generalized anxiety disorder (GAD), one of the most common psychiatric disorders in older adults, is defined by chronic, difficult-to-control worry and anxiety, with related symptoms such as muscle tension, sleep disturbance and fatigue. The prevalence of GAD is as high as 7.3 percent among community-dwelling older adults and even higher among primary care patients. Because the number of older adults in the U.S. is growing and there is a lack of effective treatment, GAD in older adults will become an increasing human and economic burden, according to background information in the article. Selective serotonin reuptake inhibitors (SSRIs) are effective for younger adults with GAD, but little data exist regarding the outcomes of their use by older adults.

Eric J. Lenze, M.D., of Washington University, St. Louis, and colleagues examined the effectiveness, safety, and tolerability of the SSRI escitalopram for the treatment of GAD in older adults. The study included 177 participants age 60 years or older with a diagnosis of GAD, who were randomized to receive either 10 to 20 mg/d of escitalopram (n = 85) or matching placebo (n = 92) for 12 weeks. Anxiety and other outcomes were measured using a number of assessment tools.

The researchers found that the cumulative incidence of response to treatment was higher in the escitalopram group than in the placebo group (69 percent vs. 51 percent). Participants treated with escitalopram showed greater improvement than with placebo in anxiety symptoms and role functioning, activity limitations and impairments in role and social functioning.

In the intention-to-treat (ITT) analysis, which included those who began the trial but may have dropped out, the response was not different between groups. Of the participants who received escitalopram, 16 (18.5 percent) dropped out of the study before week 12; of the participants who received placebo, 17 (18.4 percent) dropped out before week 12.

Adverse effects of escitalopram were fatigue or sleepiness, sleep disturbance and urinary symptoms.

"The lack of efficacy of escitalopram in the ITT analysis is consistent with its overall modest efficacy, diminished further by nonadherence. Given that patients with anxiety disorders are often poorly adherent to pharmacotherapy, these negative results may more accurately portray the results of treatment in clinical settings," the authors write.

"It is important for clinicians to emphasize to their anxious older patients the need for an adequate trial in which to observe any benefits, as well as the expectation and nature of adverse effects. Given the high human and economic burden of GAD, these data should provide impetus to detect and treat this common disorder. Further study is required to assess efficacy and safety over longer treatment durations."

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