

Anxiety disorder three times more likely among older adults with COPD

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The prevalence of past-year generalized anxiety disorder (GAD) for adults aged 50 and older with chronic obstructive pulmonary disease (COPD) is much higher compared to older adults without COPD (5.8% vs 1.7%), according to a new study published by University of Toronto researchers.

In a paper published online this week in *COPD: Journal of Chronic Obstructive Pulmonary Disease*, investigators reported that individuals with COPD had over three times the odds of generalized [anxiety](#) disorder compared to those without. (COPD is an umbrella term for several chronic lung diseases including emphysema and chronic bronchitis.) Sleep problems, chronic pain, and functional limitations, partially explained some of this excess risk for anxiety among those with COPD compared to those without. "Even after accounting for 18 possible risk factors for GAD, individuals with COPD still had 70% higher odds of GAD compared to those without COPD," said lead author, Professor Esme Fuller-Thomson, Sandra Rotman Endowed Chair at the University of Toronto's Factor-Inwentash Faculty of Social Work and Institute for Life Course & Aging.

The study was based upon a representative sample of 11,163 Canadians aged 50 and over drawn from the 2012 Canadian Community Health Survey. More than 700 of these older adults reported that they had been diagnosed by a health professional with COPD. COPD is now the third leading cause of death in the US.

The study also investigated predictors of generalized anxiety [disorders](#) specifically among the older adults in the sample who had COPD. Key risk factors for GAD among those with COPD included lack of social support and exposure to parental [domestic violence](#) during the older adults' childhood. Older adults who do not have a confidant available for important decisions had more than seven times the odds of having anxiety in comparison to those with a confidant.

Co-author and doctoral student Ashley Lacombe-Duncan commented, "Our findings suggest that screening for anxiety may be particularly important for patients who lack a strong social network. Individuals with COPD may be prone to social isolation, particularly if they also experience functional limitations that impair mobility."

Older adults with COPD who were exposed in childhood to parental domestic violence on more than 10 occasions had five times the odds of [generalized anxiety](#) disorders in comparison to those with COPD who had not experienced this early adversity. Lacombe-Duncan notes that "the chronic chaotic and violent home environment may have predisposed individuals to anxiety. Further research is needed to understand the pathways through which witnessing chronic parental domestic violence during the respondent's childhood may increase the prevalence of anxiety disorders among [older adults](#) with COPD."

Dr. Fuller-Thomson adds that this study "highlights how healthcare providers can play a significant role in identifying and providing promising interventions to reduce anxiety for individuals with COPD, in particular by screening for and addressing pain and [functional limitations](#) and targeting those most at risk."

More information: Esme Fuller-Thomson et al. Understanding the Association Between Chronic Obstructive Pulmonary Disease and Current Anxiety: A Population-Based Study, *COPD: Journal of Chronic Obstructive Pulmonary Disease* (2016). [DOI: 10.3109/15412555.2015.1132691](https://doi.org/10.3109/15412555.2015.1132691)

Provided by University of Toronto

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