



A Short Note on how Anxiety and Depression Comorbidity Increases with Age

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DESCRIPTION

Fear of old age is a common mental disorder. As the number of older people increases worldwide, anxiety becomes a pervasive problem that spreads later in life, increasing the number of people eligible for health care and the personal and social costs. Assessing the clinical manifestation and intensity of anxiety represents an important shift in research and the clinical arena. It receives relatively little attention in research. Unfortunately, identifying anxiety disorders in older adults is complicated by several factors that distinguish them from evaluating younger cohorts. Differences in anxiety symptoms with age are well known. Research on affective phenomenology shows that older adults may experience different emotions and interpret emotional terms differently. They say they are more concerned about their health than young adults who are more concerned about their health. Due to the increasing incidence of physical illness with aging, the high incidence of comorbidities and associated medications often complicate the diagnosis and assessment of anxiety in older adults. Originally used in young adults, existing anxiety diagnostic criteria and strategies for the elderly focus heavily on physical items, making it difficult to distinguish between medical and psychological causes of anxiety in this population. Nonetheless, physical experiences are at the heart of many anxiety disorders, and ignoring them is tantamount to excluding the primary anxiety symptom. The difficulty in distinguishing anxiety from medical disorders, and the general ubiquity of sleep disturbances in later life may have led to limited reliability of the physical component of anxiety measures used in older respondents. Measures may be improved by taking into account typical features of anxiety in this population group. Aspects of mental and physical health related to age, appropriate weight is attached.

There is evidence that anxiety and depression in young and old people share common elements of distress in general and elements that are unique to both; about half of depressed older adults meet criteria for comorbid anxiety disorders. In fact, several authors have highlighted the fact that anxiety may be part of the phenomenology of geriatric depression. The development of anxiety in these patients, often associated with memory impairment or confusion, may be a sign of agitation, a typical feature of the behavioral symptoms of dementia, and the ability to accurately describe one's subjective experiences. Therefore, potential correlations between anxiety and medical factors are not always recognized because they cannot be reflected in clinical anxiety. We suggest including a physical condition and a comprehensive physical examination. Ultimately, anxiety disorders that occur in older people are more likely to go unnoticed or untreated compared to anxiety disorders in younger people. As the prevalence of clinical and subclinical anxiety increases in later life, evidence-based assessment tools for use in settings where older adults require mental health services are becoming increasingly important. Identifying and assessing anxiety disorders in people are very complex. This is because anxiety symptoms can be confused with some aspects of the normal aging process, including cognitive decline. In addition, self-reported assessments of anxiety in older adults may be particularly risky due to age differences in emotional experience and interpretation of emotional terms compared to younger individuals.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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