



Anxiety is not a normal part of aging and misconceptions about anxiety in older adults have led to it being underrecognized and undertreated. The clinical guidelines provide health care professionals with evidence-based best practices for the prevention, assessment, diagnosis, and treatment of anxiety. Access the full guidelines [here](#).



Screening for Anxiety

Many risk factors for anxiety are associated with aging, such as cognitive impairment, functional limitations, multimorbidity, polypharmacy, poor health, pain and social isolation. However, anxiety is not a normal part of aging.



Diagnoses of Exclusion

It is important to rule out medical conditions, delirium, other mental health disorders, psychosocial stressors, medications, or other substances as primary causes. The most important thing to rule out is depression - anxiety is a common presenting symptom of depression in older adults.



Non- Pharmacological Interventions

[Cognitive Behavioural Therapy](#) (CBT) and [mindfulness therapy](#) are two interventions with evidence for the treatment of anxiety in older adults. Psychoeducation about anxiety, supportive therapy, exercise, relaxation training, and referrals to community social support agencies are all important interventions.



Pharmaceutical Treatment

Older adults with anxiety need education and support when starting medication. It is important to let them know that it can take 4-6 weeks to see benefits and manage any initial side effects.

- There is evidence for antidepressants as a first-line treatment for anxiety disorders in older adults.
- Benzodiazepines should not be routinely used for treatment of anxiety given the poor balance of risks and benefits.

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