

6. Guidelines for treatment

Stepped Care

- **Canadian Guidelines Recommendations #13, #14 and #26.**
- Offer non-pharmacological interventions first, except in circumstances dictated by patient preference, severity of symptoms, risk assessment.
- Anxiety symptoms related to a medical condition, adjust the treatment or management of the medical condition.
- Anxiety related to substance use should focus on addressing the substance use.
- Exercise, including both aerobic exercise and strength training, reduces anxiety in older adults.
- Psychosocial support should be offered to older adults presenting with anxiety symptoms, tailored to address risk factors and contributing stressors.

Psychological Interventions

- **Canadian Guidelines Recommendations #16, #17 and #18.**

Cognitive–Behavioral Therapy (CBT)

- Individual and group CBT are effective and can be offered to treat anxiety in older adults.
- Brief and full CBT are effective and can be offered to treat anxiety in older adults.
- Remote CBT is effective and should be offered as a treatment option for anxiety in older adults.
- Specific CBT strategies can be used on their own including exposure, relaxation therapy, abdominal breathing, cognitive restructuring, and problem-solving training.

- **Canadian Guidelines Recommendations #24 and #25.**

- Mindfulness interventions may be used to effectively treat anxiety in older adults.
- Other forms of psychotherapy or psychosocial treatments (e.g., supportive therapy, acceptance and commitment therapy (ACT), reminiscence therapy, relaxation therapy) may be offered to treat anxiety.

- **Canadian Guidelines Recommendations #23 and #27.**

- For fear of falling, consider CBT, exercise, including Tai Chi and yoga.

7. Pharmacological Interventions

- **Canadian Guidelines Recommendations #28 and #30.**

- Selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) should be used as the first-line treatment.
- Duloxetine and buspirone can be used if first line treatment is not tolerated.

- **Canadian Guidelines Recommendations #29, #31 and #32.**

- Benzodiazepines should not be used in the management of anxiety in older adults.
- Quetiapine and pregabalin should not be used except where non-pharmacologic and first-line treatments have failed.

8. Monitoring and long-term treatment

Regardless of the modality of treatment implemented, use measurement-based care with regular and timely feedback of patient-reported symptoms to the treating provider.

For additional information, view the Anxiety in Older Adults Assessment Algorithm.



9. Recommended pharmaceutical interventions

Medication	Starting dose	Therapeutic dose	Maximum dose	Considerations
First Line (Any of the following)				
Escitalopram	2.5-5mg daily	10-20mg daily	10mg* daily	QTc Prolongation
Citalopram	5-10mg daily	20-30mg daily	20mg* daily	
Sertraline	25-50mg daily	50-200mg daily	200mg daily	Indications in GAD, Panic, SAD
Venlafaxine	37.5mg daily	150-300mg daily	300mg daily	
Second Line				
Duloxetine	30mg daily	60-120mg daily	120mg daily	CYP2D6 inhibitor and substrate, risk for drug-drug interactions
Buspirone	5mg BID to TID	10mg TID	10mg TID	In moderate anxiety, if first line not tolerated

*Health Canada maximum recommended dose based on evidence for QTc prolongation.

10. Pharmaceutical interventions not routinely recommended (except in specific circumstances)

Medication	Starting dose	Therapeutic dose	Maximum dose	Considerations
Quetiapine fumarate extended release	50mg daily	100-200mg daily	300mg daily	Poorly tolerated in frail older adults
Quetiapine fumarate	12.5-25mg once to twice daily	50-100mg BID	150mg BID	
Pregabalin	25mg daily	75-150mg BID	150 mg BID	Tolerability issues, limited evidence for efficacy
Lorazepam	0.25-0.5mg daily	0.25-0.5mg BID	Not to exceed 2mg daily	Short-term, time-limited
Clonazepam	0.125mg-0.25mg daily	0.125mg-0.25mg BID	Not to exceed 1mg daily	Long-acting, to be avoided in older adults

Pocket card on

Anxiety Assessment and Treatment of Older Adults

Based on:
Canadian Guidelines for the Assessment and Treatment of Anxiety in Older Adults (2024)

For more information visit www.ccsmh.ca

This clinician resource is intended for information purposes only and is not intended to be interpreted or used as a standard of medical practice.

1. Is my patient at risk for anxiety?

→ Canadian Guidelines Recommendation #1.

Factors associated with anxiety and/or fear of falling in older adults include:

- Cognitive impairment or decline
- Depression
- Female sex
- Functional limitations
- Insomnia
- Multimorbidity
- Pain
- Polypharmacy
- Poor health status (objective or subjective)
- Social isolation or loneliness
- Older age*
- History of falls or impaired balance*

*factors associated only with fear of falling



2. Recommended case-finding tools

For use in clinical settings and for individuals at risk:

→ Canadian Guidelines Recommendations #3, #4 and #5.

- Geriatric Anxiety Inventory - 20 item version (GAI-20) or short-form (GAI-SF)
- Hospital Anxiety and Depression Scale - Anxiety Subscale
- Rating Anxiety in Dementia (RAID)

Health care providers should ask about fear of falling and activity avoidance as part of the geriatric falls risk assessment.

- Important screening questions include: Are you afraid of falling?" and if yes, "Have you restricted any activities because of this fear?"
- Fear of falling should be assessed in conjunction with a comprehensive evaluation of the risk of falling.

3. Assessing anxiety

→ Canadian Guidelines Recommendations #7, #8, #9 and #10.

Older adults who screen positive for anxiety, or who are presenting with new or worsening anxiety that affects their daily function or well-being should undergo a comprehensive assessment.

Before diagnosing an anxiety disorder in an older adult, make sure to rule out:

- Depression
- Delirium
- Medical causes of anxiety (see chart)
- Substance-induced anxiety (see chart)
- Adjustment to psychosocial stressor
- Other psychiatric disorder (psychosis, PTSD, OCD)

4. Medical conditions associated with anxiety in older adults

→ Canadian Guidelines Recommendation #10.

Medical Conditions	Example Conditions
Endocrine	<ul style="list-style-type: none"> • Hyperthyroidism • Hypothyroidism • Adrenal disease (including pheochromocytoma) • Parathyroid disease
Cardiovascular	<ul style="list-style-type: none"> • Myocardial infarction • Heart failure • Angina • Arrhythmia • Heart valve disease
Respiratory	<ul style="list-style-type: none"> • COPD • Asthma • Pneumonia • Obstructive sleep apnea
Metabolic	<ul style="list-style-type: none"> • Vitamin B12 deficiency • Hypoglycemia • Electrolyte abnormalities
Neurologic	<ul style="list-style-type: none"> • Parkinson's disease • Dementia (e.g., Alzheimer's, vascular) • Delirium • Vestibular dysfunction • Seizure disorder • Central lesion (brain tumor) • Encephalopathy

5. Medications and substances that can contribute to anxiety in older adults

→ Canadian Guidelines Recommendation #11.

Medications		
Class	Examples	Comments
Anticholinergics	<ul style="list-style-type: none"> • atropine • benzotropine • bladder anticholinergics (e.g., oxybutynin) • antihistamines (e.g., diphenhydramine) 	Anticholinergics can cause systematic side effects including tachycardia, hypertension, anxiety, and delirium.
Antidepressants	<ul style="list-style-type: none"> • SSRIs (e.g., paroxetine) • SNRIs (e.g., venlafaxine) • TCAs (e.g., amitriptyline) 	Stimulating effects of some antidepressants can mimic anxiety causing restlessness or agitation.
Antimalarials	<ul style="list-style-type: none"> • chloroquine • hydroxychloroquine • mefloquine 	Can cause insomnia, vivid dreams, anxiety, depression, panic attacks, and hallucinations.
Benzodiazepines	<ul style="list-style-type: none"> • alprazolam • lorazepam 	Benzodiazepines may cause anxiety in the context of withdrawal symptoms.
Beta-2 receptor agonists	<ul style="list-style-type: none"> • salbutamol 	Most common adverse effects of salbutamol are tremors (occurring in 10-20%) and anxiety (9-20%).
Cardiac drug therapies	<ul style="list-style-type: none"> • diuretics • digoxin • amiodarone • beta-blockers 	There is a 10-20% increased odds of anxiety in people on cardiovascular medications such as diuretics, nitrates, lipid-lowering drugs, digoxin, and beta-blockers.
Corticosteroids	<ul style="list-style-type: none"> • prednisone • dexamethasone 	Corticosteroid therapy has been associated with non-specific psychiatric symptoms including psychosis, hyperactivity, irritability, anxiety, insomnia, and depression.

Medications		
Class	Examples	Comment
Dopamine receptor antagonists	<ul style="list-style-type: none"> • antipsychotics • metoclopramide 	Dopamine receptor antagonists can cause akathisia, which may manifest as psychomotor agitation and anxiety.
Dopaminergic medications	<ul style="list-style-type: none"> • levodopa • pramipexole 	Anxiety and panic attacks are potential side effects of dopaminergic medications.
Antiretrovirals	<ul style="list-style-type: none"> • efavirenz 	Neuropsychiatric adverse effects, including anxiety occur in 25-70% of people living with HIV treated with efavirenz.
Stimulants	<ul style="list-style-type: none"> • amphetamine • methylphenidate 	Anxiety is a common adverse effect.
Endocrine	<ul style="list-style-type: none"> • thyroid hormone (e.g., levothyroxine) • insulin • testosterone • estrogen (e.g., estradiol) 	Supplemental hormones can contribute to symptoms of anxiety, as can discontinuation of hormones.
Opioids	<ul style="list-style-type: none"> • hydromorphone • morphine 	Opioids can cause confusion and delirium presenting as anxiety. Opioid withdrawal can include symptoms of anxiety.
Substances		
Alcohol	<ul style="list-style-type: none"> • beer • wine • spirits 	Heavy drinking depletes GABA, causing increased tension and feelings of panic. Alcohol withdrawal can also cause symptoms of anxiety.
Caffeine	<ul style="list-style-type: none"> • coffee • soft drinks • energy drinks • tea 	Caffeine is a central nervous system stimulant and can cause restlessness, feelings of uneasiness, and rapid heartbeat that mimic anxiety.
Cannabis	<ul style="list-style-type: none"> • THC 	Both cannabis use and withdrawal may cause anxiety symptoms.

Financial contribution:



Public Health Agency of Canada Agence de la santé publique du Canada

