ANXIETY IN PERSONS 75 AND OLDER: FINDINGS FROM A TRI-ETHNIC POPULATION

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Purpose: Little research has been reported about anxiety in older populations. We assessed the prevalence of anxiety and examined associations between anxiety and sociodemographic, physical, mental, and functional health characteristics in an older tri-ethnic population.

Design and methods: A cross-sectional, population-based study of older, noninstitutionalized non-Hispanic Whites, non-Hispanic Blacks, and Hispanics was conducted from the baseline assessment of the Health of the Public (HoP) database. Measurements included a self-report anxiety scale and physical, mental, and functional health. Data were analyzed with general linear models and logistic regression models.

Results: Overall, 31.4% reported anxiety (score ≥45); 32.3% of woman and 30.5% of men (P=.67). Older Hispanics (22.2%) reported the lowest prevalence of anxiety followed by non-Hispanic Blacks (26.6%) and non-Hispanic Whites (44.3%) (P=.0001). Common predictors of anxiety seen after linear and logistic regression included being married, White, and increasing number of medications and depressive symptoms.

Implications: Anxiety is prevalent in older adults. The findings also indicate higher rates of anxiety in older non-Hispanic Whites compared with older non-Hispanic Blacks and Hispanics. (Ethn Dis 2006;16:22–27)

Key Words: Aged, Ethnic Groups, Mental Health

INTRODUCTION

Anxiety is the most common mental disorder in the United States;\(^1\,\,2\) it affects \(\approx 13.3\%\) of adults aged 18–54 years.\(^3\) Diagnostic and Statistical Manual of Mental Disorders: DSM IV (DSM-IV) describes anxiety as an “approphensive anticipation of future danger or misfortune accompanied by a feeling of dysphoria or somatic symptoms of tension.”\(^4\) It is characterized by high negative affect, difficulty concentrating, and increased uncertainty and worry.

Anxiety encompasses a group of disorders that includes generalized anxiety disorder, phobias, posttraumatic stress disorder, obsessive-compulsive disorders, and panic disorders.\(^1\,\,3\) Of the five disorders, panic disorder has the strongest genetic basis, while the others are more associated with stressful life events such as crime or poverty.\(^3\) Personality also plays a role, as individuals with low self-esteem or poor coping skills are at risk for anxiety.\(^1\,\,3\) However, research indicates that no single situation or event causes anxiety; instead, the development of anxiety involves some combination of life experiences, environmental situations, psychological traits, and genetic factors.\(^5\) The longitudinal course of anxiety indicates an early onset, chronicity, and recurrent episodes of illness.

Most information on anxiety is limited to younger or middle-aged adults\(^2\,\,6\,\,7\) or older non-Hispanic Whites.\(^8\,\,9\) Alwahhabi\(^6\) suggests that although anxiety is common in older adults, it is underestimated and poorly studied. Bruce and McNamara\(^10\) found anxiety to be common in older adults who were housebound, and Watson\(^11\) suggested a link between anxiety and fear of crime. Kvaal et al\(^12\) found a high prevalence of anxiety among older inpatients, and the rate remained high three months after discharge from hospital. Anxiety also occurs more frequently in older subjects with depressive symptoms\(^13\) and may be associated with social isolation or poor physical or functional health.\(^6\)

Given the reported high prevalence of anxiety in older adults,\(^2\) the social and economic impact of anxiety in this population, and the limited research examining anxiety, we conducted a study to explore associations between sociodemographic, physical, mental, and functional health characteristics and anxiety for persons \(\geq 75\) years of age. Data are from a tri-ethnic sample of non-Hispanic Whites, non-Hispanic Blacks, and Hispanics living in the community.

METHODS

Subjects

Data are from the Health of the Public (HoP) Study,\(^14\) a population-based needs-assessment study of persons \(\geq 75\) years of age living in Galveston County, Texas. A detailed description of the sampling methods has been published elsewhere.\(^14\) Briefly, differential sampling techniques were used to ensure equal numbers of each major ethnic group (non-Hispanic White, non-Hispanic Black, and Hispanic) and equal numbers of men and women in each ethnic group. Sample subjects were identified from a master enrollment file of Medicare beneficiaries obtained from the Healthcare Finance Administration (HCFA).

The study sample consisted of 200 non-Hispanic Whites, 200 non-Hispanic Blacks, and 200 Hispanics for a total of 600 subjects.\(^14\) Equal numbers of men and women were in each of the three ethnic...