Internalising Disorders in Late Life
Lessons from a DSM-5 conference

Gavin Andrews AO MD
Clinical Research Unit for Anxiety and Depression,
School of Psychiatry, UNSW at St Vincent’s Hospital,
Sydney
5 spectra/clusters of mental disorders

Andrews, Carpenter, Goldberg, Hyman, Krueger, Sachdev - Psychol Med, 2009

- **Neuro-cognitive**: delirium, dementias, amnestic disorders;
- **Neuro-developmental**: mental retardation, learning, motor skill and communication disorders; pervasive developmental disorders
- **Psychosis**: Schizophrenia, bipolar disorder, other psychotic disorders, cluster A personality disorders.
- **Internalizing**: depressive; panic, phobias, GAD; OCD/BDD/hypochondriasis; PTSD, eating disorders, dissociative disorders, adjustment disorders; somatoform disorders; cluster C personality disorders
- **Externalising**: substance use disorders, cluster B personality disorders, impulse control disorders, conduct disorder, ADHD
Features of internalizing disorder spectra or cluster

1. Shared neural substrates
2. Shared high neuroticism
3. Shared cognitive bias
4. Shared genetic risk factors
5. Causal environmental risk factors
6. Symptom similarity
7. Within group comorbidity
8. Similar course of illness
9. Similar treatment response
10. Similar treatment services
Features of internalizing disorder spectra or cluster

1. Shared neural substrates
2. Shared high neuroticism
3. Shared cognitive bias
4. Shared genetic risk factors
5. Causal environmental risk factors
6. Symptom similarity
7. Within group comorbidity
8. Similar course of illness
9. Similar treatment response
10. Similar treatment services
Key attributes of the clusters

**neuro-cognitive cluster** share *neural substrate* deficits expressed in deficits in basic mental functions.

**developmental cluster** share a common *course* related to *cognitive and emotional processing* delays.

**psychosis cluster** share *biomarkers* for stimulus processing deficits.

**internalising cluster** share *temperamental antecedents* of neuroticism.

**externalising cluster** share *temperamental antecedents* of disinhibition.
High Neuroticism  (Wikipedia 2015)

• Neuroticism is one of the stable ‘big five’ temperaments or personality traits
• Individuals who score high experience feelings of anxiety, anger, fear, guilt, and depressed mood.
• They respond more poorly to stressors, are more likely to interpret ordinary situations as threatening.
• Neuroticism is a risk factor for depression, phobias, panic and other anxiety disorders.
The latent traits of the internalising disorders and neuroticism are the same.
Griffith et al., Psychol Med 2010
Trans-diagnostic (sadness+worry) iCBT course
Newby et al 2013. n=96, median age=39

Improvement over 3 mo (Hedges g) pre-post in intervention (blue) and control (orange) groups
Treating internalizing disorders: Evidence from RCTs

• CBT (web or f2f), SSRIs work, and are used

  • Major Depressive Disorder – CBT, SSRIs
  • Panic Agoraphobia – CBT, SSRIs
  • Social Phobia – CBT, SSRIs
  • Generalized anxiety disorder – CBT, SSRIs
  • Obsessive compulsive disorder – CBT, SSRIs

• Treatments that Work – Nathan and Gorman - 2002
## iCBT for Depression in Primary Care (N=420) [www.thiswayup.org.au/clinic/sadness](http://www.thiswayup.org.au/clinic/sadness)

<table>
<thead>
<tr>
<th></th>
<th>PHQ-9 Subthreshold (0-9)</th>
<th>PHQ-9 Mild (10-14)</th>
<th>PHQ-9 Moderate (15-19)</th>
<th>PHQ-9 Severe (20-27)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-treatment</strong></td>
<td><img src="image1.png" alt="Graph" /></td>
<td><img src="image2.png" alt="Graph" /></td>
<td><img src="image3.png" alt="Graph" /></td>
<td><img src="image4.png" alt="Graph" /></td>
</tr>
<tr>
<td>N=154 (36.7%)</td>
<td>N=124 (29.5%)</td>
<td>N=142 (33.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post-treatment</strong></td>
<td>60% recover, 20% improve, 20% do not</td>
<td><img src="image5.png" alt="Graph" /></td>
<td><img src="image6.png" alt="Graph" /></td>
<td><img src="image7.png" alt="Graph" /></td>
</tr>
<tr>
<td>Workloss days halve</td>
<td>N=246 (58.6%)</td>
<td>N=84 (20.0%)</td>
<td>N=48 (11.4%)</td>
<td>N=42 (10.0%)</td>
</tr>
<tr>
<td></td>
<td>GAD-7 Subthreshold 0-9</td>
<td>GAD-7 Mild (10-14)</td>
<td>GAD-7 Moderate (15-19)</td>
<td>GAD-7 Severe (20-21)</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Pre-treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N=94 (48%)</td>
<td>N=88 (45%)</td>
<td>N=13 (7%)</td>
<td></td>
</tr>
<tr>
<td>Post-treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65% recover</td>
<td>N=127 (65%)</td>
<td>N=45 (23%)</td>
<td>N=20 (10%)</td>
<td>N=3 (2%)</td>
</tr>
<tr>
<td>15% improve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-loss days halve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Internalising disorders in late life

• Prevalence reduces over life span by a half to two thirds

• Core risk factors (N.B. etiology goes both ways)
  • Single marital status, poor role success, childhood trauma are unchanged
  • Effect of disabling physical disease, social isolation increases

• Treatments, CBT, SSRIls remain effective

• Unmet need for treatment increases
Review

ANXIETY DISORDERS IN OLDER ADULTS:
A COMPREHENSIVE REVIEW

Kate B. Wolitzky-Taylor, Ph.D., 1 Natalie Castriotta, M.A., 1 Eric J. Lenze, M.D., 2 Melinda A. Stanley, Ph.D., 3 and Michelle G. Craske, Ph.D. 4

This review aims to address issues unique to older adults with anxiety disorders in order to inform potential changes in the DSM-V. Prevalence and symptom expression of anxiety disorders in late life, as well as risk factors, comorbidity, cognitive decline, age of onset, and treatment efficacy for older adults are reviewed. Overall, the current literature suggests: (a) anxiety disorders are common among older age individuals, but less common than in younger adults; (b) overlap exists between anxiety symptoms of younger and older adults, although there are some differences as well as limitations to the assessment of symptoms among older adults; (c) anxiety disorders are highly comorbid with depression in older adults; (d) anxiety disorders are highly comorbid with a number of medical illnesses; (e) associations between cognitive decline and anxiety have been observed; (f) late age of onset is infrequent; and (g) both pharmacotherapy and CBT have demonstrated efficacy for older adults with anxiety. The implications of these findings are discussed and recommendations for the DSM-V are provided, including extending the text section on age-specific features of anxiety disorders in late life and providing information about the complexities of diagnosing anxiety disorders in older adults. Depression and Anxiety 27:190–211, 2010. © 2010 Wiley-Liss, Inc.

Key words: late-life anxiety; DSM; generalized anxiety; prevalence; course
What works to promote emotional wellbeing in older people
A guide for aged care staff working in community or residential care settings

Yvonne Wallis with Sunita Bhar, Olinda Kisela, Catherine Kovalakis, Monika Markey, Alison Pitchett, Barbara Schirrmann, Kane Tsalviva and John van Holsteyn
www.beyondblue.org.au 1300 22 4636
Accelerated Cellular Aging in Internalising Disorders

• Patients with depressive or anxiety disorders show shortened leucocyte telomere lengths, a ‘dose–response’ gradient (Verhoeven Mol Psych 2013)

• Continuing high arousal is bad for you in other ways, increased risk of AD; increased mortality from concurrent physical diseases (Johansson Lancet Neurology 2014, Gallo et al BMJ 2012)
Effectiveness of Internet CBT for Internalising Disorders in Older Australians
Mewton et al 2013 PLoS ONE

• Reductions in the K10 and WHODAS-II from baseline to post-intervention, regardless of age or diagnosis.

• Individuals in the iCBT courses matched the age distribution in the Australian general population.

• Older adults (n=225, 60+) more likely to complete all six lessons

• iCBT is effective and acceptable for use in older populations.
<table>
<thead>
<tr>
<th>Trans-diagnostic course</th>
<th>PHQ-9 Subthreshold (0-9)</th>
<th>PHQ-9 Mild (10-14)</th>
<th>PHQ-9 Moderate (15-19)</th>
<th>PHQ-9 Severe (20-27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-treatment (N=53, 65+)</td>
<td>++++++++</td>
<td>+++++++</td>
<td>++++++</td>
<td>++++++++</td>
</tr>
<tr>
<td></td>
<td>51% (n=27)</td>
<td>32% (n=17)</td>
<td>17% (n=9)</td>
<td></td>
</tr>
<tr>
<td>Post-treatment 66% recover 14% improve 20% do not</td>
<td>++++++++</td>
<td>+++++++</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td></td>
<td>66% (n=35)</td>
<td>28% (n=15)</td>
<td>2% (n=1)</td>
<td>4% (n=2)</td>
</tr>
</tbody>
</table>
Trials comorbidity of depression with
• Osteoarthritis is complete – ES ~1
• Diabetes is completing
• Chronic pain is in pilot trial
• Cancer is being developed
• Health education for OA, asthma, diabetes
Do treatments for internalising disorders work in the elderly?

• YES
  • YES
  • YES