TRANSLATIONAL VALUE OF TREATMENT OF LATE LIFE GAD IN PRIMARY CARE: REPORT FROM AN ON-GOING CLINIC TRIAL

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Disclosure Statement

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• I have no relevant financial relationships to disclose.
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Agenda

- Late Life Anxiety:
  Prevalence & Impact
  Treatment of GAD
  Executive dysfunction as a treatment moderator

- Peaceful Living Program: A CBT Program for Late Life GAD in Primary Care
  Demographics
  Cognitive Baseline Information

- Summary
Prevalence & Impact of Late Life Anxiety

- **Prevalence:**
  - 3 – 11 % in Primary Care

- **Impact:**
  - Self-perceptions of health
  - Service utilization and health care costs
  - Physical activity & disability
  - Increased mortality
More about Memory Difficulties

GAD is associated with impairments in:
* immediate & delayed recall
* set shifting
* inhibition
* working memory
* information processing speed
* problem solving

Comorbid health problems increase risk of cognitive decline

Inconsistent findings for specific deficits and few research studies
Late-life Anxiety: Treatment

Most patients seen in primary care
- Many unrecognized and without treatment
- Symptom Overlap with medical problems

- Medication effective
  - Side effects, fears, & preferences

Cognitive behavioral treatment
- Modest positive outcomes
- Behavioral Treatments alone
- Limited research & conflicted recommendations
Late Life Anxiety Treatment and Cognitive Impairment

- Improvements in anxiety following either placebo or escitalopram associated with improvements on inhibition and episodic recall (Butter et al., 2011)

- MMSE orientation-item predicted 6-month outcomes after CBT (Caudle et al., 2007)

- Pilot study of CBT+ Attention-processing for impaired executive functioning in GAD (Mohlman, 2005)
Peaceful Living Program: Treatment of Late Life GAD in Primary Care

• Enhance treatment outcomes
  • Attention to patient preferences in content and delivery
  • Increase duration of treatment (6 mo), but shorter sessions

• Enhance translational value
  • Train non-expert counselors to provide CBT
  • Involve the primary care providers in recruitment and communicate by use of the EMR

• Examine Roles of Moderators Variables
  • Assesses executive functioning as moderator of treatment outcomes
CBT in Peaceful Living

- 6 months of treatment
  - 3 mos. individual sessions (in clinic or by phone)
  - 3 mos. telephone boosters

- Core modules
  - Education & awareness
  - Motivational exercise
  - Breathing
  - Coping self-statements

- Elective modules
  - Relaxation
  - Cognitive Restructuring
  - Sleep skills
  - Problem-solving
  - Behavioral activation
  - Exposure
R01: Peaceful Living Flow Chart
PI: Melinda Stanley

Patient Education & Screening
Telephone Call

Consent and Screening
Cognitive Screen &
Diagnostic Interview

Not interested

Baseline Assessment

Excluded patients & docs
get info & referral

Executive Function
Measures

Randomization

CBT (n = 148)
12 weekly meetings

3-month Assessment
12 week telephone FU
Assessment @
6, 12, & 18 months

Enhanced UC (n = 74)

3-month Assessment
6-month Assessment
Offered brief CBT
Assessment @
9 & 12 months
Peaceful Living Recruitment
Executive Dysfunction as A Treatment moderator

• Measurement
  • Attention and processing speed
  • Cognitive flexibility and divided attention
  • Self-monitoring, word generation and initiation
  • Strategic planning and problem solving

• Trail Making Test A&B; Controlled Oral Word Association Test; Wisconsin Card Sort Test-64
## Baseline Cognitive Outcomes

### Demographics (n = 62)

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Mean Age</td>
<td>69 (7) years</td>
</tr>
<tr>
<td>Mean Education</td>
<td>16 (3) years</td>
</tr>
<tr>
<td>Gender</td>
<td>68% female</td>
</tr>
<tr>
<td>Race</td>
<td>73% Caucasian, 2% African Am, 2% Multiracial</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>10% Hispanic</td>
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</tbody>
</table>

### Cognitive Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>T-Score (SD)</th>
</tr>
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<tbody>
<tr>
<td>Trails A</td>
<td>47.3 (12.4)</td>
</tr>
<tr>
<td>Trails B</td>
<td>48.2 (14.6)</td>
</tr>
<tr>
<td>FAS</td>
<td>46.3 (9.1)</td>
</tr>
<tr>
<td>WCST Total Errors</td>
<td>47.0 (14.8)</td>
</tr>
<tr>
<td>WCST Perservative Errors</td>
<td>52.0 (19.8)</td>
</tr>
</tbody>
</table>
# Anxiety, Worry & Cognitive Measures

<table>
<thead>
<tr>
<th>Age/Education Adjusted T-Scores</th>
<th>SIGH-A</th>
<th>PSWQ-A</th>
<th>STAI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trails A</td>
<td>-.07</td>
<td>-.07</td>
<td>-.14</td>
</tr>
<tr>
<td>Trails B</td>
<td>-.07</td>
<td>-.01</td>
<td>-.07</td>
</tr>
<tr>
<td>FAS</td>
<td>-.15</td>
<td>-.21</td>
<td>-.19</td>
</tr>
<tr>
<td>WCST: Total Errors</td>
<td>-.24</td>
<td>-.25 (.05)</td>
<td>-.36 (.05)</td>
</tr>
<tr>
<td>WCST: Perserative Errors</td>
<td>-.26 (.05)</td>
<td>-.25 (.05)</td>
<td>-.30 (.02)</td>
</tr>
</tbody>
</table>
Executive Dysfunction

• Executive Dysfunction
  • 1.5 standard deviations from norm on 2 of 3 Trails B, WCST (perservative errors), and FAS
  • 11.29% (n = 7)

• No Dysfunction and Executive Dysfunction between Group Differences (t-tests)
  • SIGH-A, M = 17.47 vs. 25.50 -1.49, p = .18
  • PSWQ-A: M = 24.25 vs. 32.38 -2.83, p = .007
  • STAI: M = 44.84 vs. 54.00 -2.72, p = .009
Summary

• Anxiety severity in older adults is associated with lower executive functioning, particularly in set-shifting.

• Associations with anxiety and other aspects of executive functioning not found.

• Difficulty with set shifting may have important implications for cognitive behavioral treatments.

• Limited conclusions due to small numbers and treatment outcome data not available.

• Future analysis will evaluate outcomes of Peaceful Living and Executive Dysfunction as a Moderator
THANK YOU