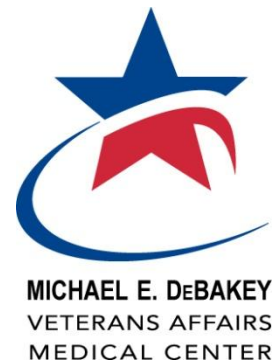


TRANSLATIONAL VALUE OF TREATMENT OF LATE LIFE GAD IN PRIMARY CARE: REPORT FROM AN ON- GOING CLINIC TRIAL

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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

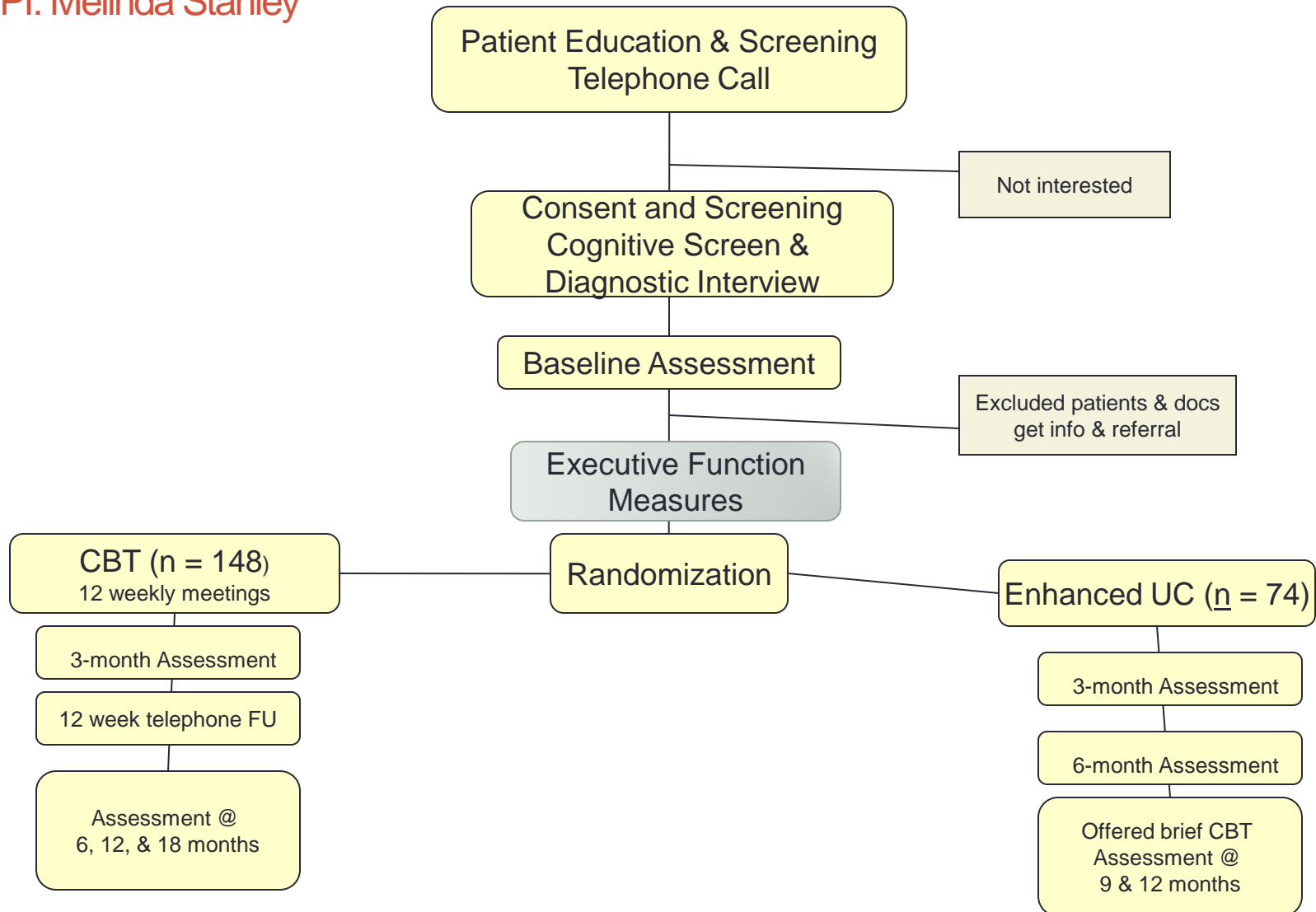
- Enhance treatment outcomes
 - Attention to patient preferences in content and delivery
 - Increase duration of treatment (6 mo), but shorter sessions
- Enhance translational value
 - Train non-expert counselors to provide CBT
 - Involve the primary care providers in recruitment and communicate by use 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



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)

Mean Age	69 (7) years
Mean Education	16 (3) years
Gender	68% female
Race	73% Caucasian 2% African Am 2% Multiracial
Ethnicity	10% Hispanic

Cognitive Measures

	T-Score (SD)
Trails A	47.3 (12.4)
Trails B	48.2 (14.6)
FAS	46.3 (9.1)
WCST Total Errors	47.0 (14.8)
WCST Perservative Errors	52.0 (19.8)

Anxiety, Worry & Cognitive Measures

Correlations between Anxiety Measures and Cognitive Measures (n = 62)

Age/Education Adjusted T-Scores	SIGH-A	PSWQ-A	STAI
Trails A	-.07	-.07	-.14
Trails B	-.07	-.01	-.07
FAS	-.15	-.21	-.19
WCST: Total Errors	-.24	-.25 (.05)	-.36 (.05)
WCST: Perservative Errors	-.26 (.05)	-.25 (.05)	-.30 (.02)

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
