

Generalized Anxiety Disorder, Depression, and Compulsive Hoarding Disorder

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Objectives: Upon completion of this presentation the learner will be able to:

- **1. Define Generalized Anxiety Disorder, Depression, and Compulsive Hoarding Disorder.**
- **2. Identify 3 risk factors for each.**
- **3. List 5 behavioral and physical symptoms each for Generalized Anxiety, Depression, and Compulsive Hoarding Disorder.**
- **4. Discuss 5 treatment options for Generalized Hoarding Disorder.**
- **5. Discuss 4 treatment options for Depression.**
- **6. Discuss 6 treatment options for Compulsive Hoarding.**

Generalized Anxiety Disorder (GAD)

Everyone feels anxious from time to time, living in today's hectic world.

- Symptoms of excessive ongoing anxiety and worry that are difficult to control and interfere with day-to-day activities, may be a sign of Generalized Anxiety Disorder.**
- Generalized Anxiety Disorder can develop in a child or an adult.**
- GAD may share symptoms similar to panic disorder, obsessive-compulsive disorder and others, but each of these diagnosis are very different conditions.**
- Living with GAD is a life-long challenge.**
- GAD can improve with psychotherapy, medications, lifestyle changes, learning new coping skills, and using relaxation techniques.**

Generalized Anxiety Disorder



Causes of Generalized Anxiety Disorder

Many mental health conditions arise from a complex interaction between biological and environmental factors and may include the following:

- 1. Brain chemistry : lower serotonin levels, CABAergic, High dopamine linked to anxiety**
- 2. Genetics :**
- 3. Perceptions such as threats**
- 4. Development and personality of the individual**

(According to the Mayo Clinic, women are diagnosed with generalized anxiety disorder more often than men).

Risk Factors for Generalized Anxiety Disorder

- 1. Personality:** A temperament that is is timid, negative, or who avoids anything dangerous, may be more prone to Generalized Anxiety Disorder than other people.
- 2. Genetics:** GAD can run in families.
- 3. Experiences:** Those with a history of significant life changes, trauma or negative experiences during childhood, or those with a recent traumatic or negative event, will be more prone to GAD.

Approximately 12-25% of anxious patients also reported significant hoarding symptoms.

Diagnosis of Generalized Anxiety Disorder

- **Physical exam and health history (H and P)**
- **Blood and urine tests to rule out underlying medical conditions (such as metabolic disorder or infection)**
- **Detailed questions about family history**
- **Psychological questionnaire**
- **Criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association**

Emotional or Psychological Manifestations of GAD:

- **Inability to relax, restlessness, feeling “on edge”**
- **Difficulty concentrating**
- **Inability to let go of worry**
- **Indecisiveness and fear of making the wrong decision**
- **Difficulty handling uncertainty**
- **Perceiving safe situations and events as threatening**
- **Overthinking plans and solutions to “worst-case scenarios”**
- **Persistent worrying or anxiety out of proportion to reality**

Physical Manifestations of GAD:

- **Insomnia**
- **Fatigue**
- **Muscle tension or muscle aches**
- **Trembling, feeling twitchy**
- **Nervousness or being easily startled**
- **Sweating**
- **Nausea, diarrhea or irritable bowel syndrome (IBS)**

Physical Manifestations of GAD (cont.):

- **Generalized irritability**
- **Perfectionism**
- **Lack of confidence**
- **Strive for approval**
- **Avoidance**
- **Redo tasks because that are not perfect the first time.**

How GAD Can Become Disabling

- **GAD can impair your ability to perform tasks quickly.**
- **Excessive worrying takes time away from other activities in your life.**
- **Lack of sleep impairs both physical and mental health.**
- **GAD increases the risk of developing depression.**
- **Health issues can worsen such as: IBS, headaches, migraines, chronic pain, sleep problems, and heart health.**

Treatment for Generalized Anxiety Disorder

Lifestyle activities such as:

- **Physical exercise and daily routine**
- **Sleep must be a priority!**
- **Relaxation techniques such as: meditation, yoga, mental imagery, deep breathing**
- **Healthy eating: Mediterranean diet, vegetables, fruits, whole grains, fish**
- **Avoiding alcohol and recreational drugs; most worsen anxiety**

Treatment for Generalized Anxiety Disorder continued:

- Cognitive Behavioral Therapy (CBT): Key principles of CBT are:
 1. Awareness: recognizing negative thought patterns.
 2. Challenge: questioning the validity of these thoughts.
 3. Change: replacing harmful thoughts with beneficial ones.
- Acceptance Commitment therapy (ACT): Key principles of ACT are:
 1. Cognitive Defusion: learning to observe your thoughts without being entangled by them.
 2. Mindfulness: Being present in the moment without judgement.
 3. Evaluation: analyzing personal values and taking action based on what matters most, your values.
- Anti-depressant medication categories include: Selective serotonin reuptake inhibitors (SSRI) and Serotonin and norepinephrine reuptake inhibitors (SNRI)
- Anti-depressants such as brand names: Lexapro, Zoloft, Inderal, Xanax, Prozac, Paxil, Pexeva, Cymbalta, and Effexor
- Anti anxiety medications such as brand name Buspar
- Psychotherapy:

Treatment for Generalized Anxiety Disorder (cont.)

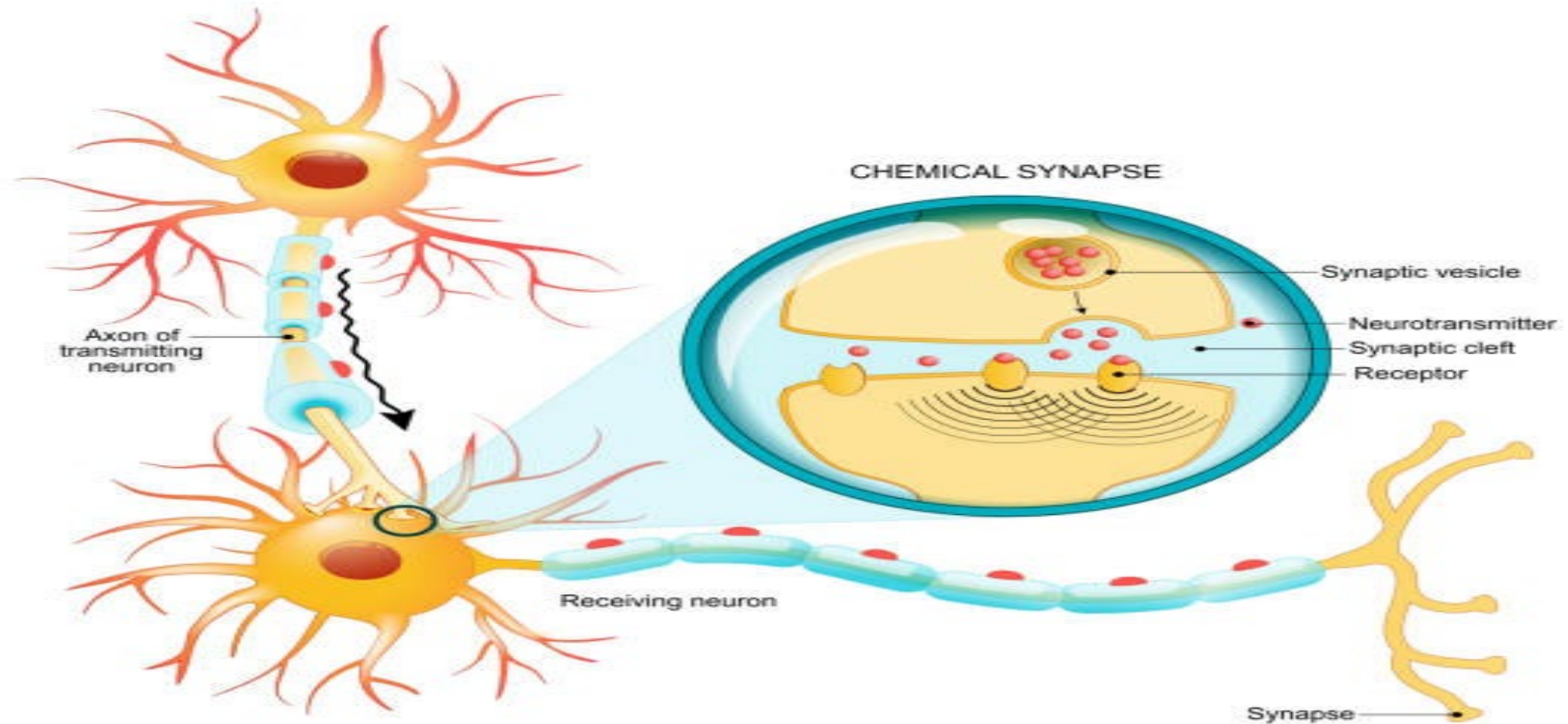
- **Benzodiazepines for fast relief of anxiety symptoms (Habit forming and cannot be used if individual has a problem with alcohol or drug use).**
- **Some anti-anxiety medications and antidepressants take several weeks to become fully effective.**
- **Lifestyle changes**
- **Meditation**
- **Learning new coping skills**
- **Relaxation techniques: yoga, meditation, deep natural breathing techniques**

What is Depression?

- **Depression is a common problem among older adults.**
- **Depression is a serious mood disorder.**
- **Depression can affect the way you feel, act and think.**
- **Clinical Depression is not a normal part of aging.**
- **Studies show that most older adults feel satisfied with their lives, despite having illnesses or physical problems.**
- **If you experienced depression as a younger person, you may be more likely to have depression as an older adult.**
- **For most people depression gets better with treatment.**

Seniors Experiencing Depression

Neuron communication



Seniors Experiencing Depression

Neurotransmitters and Mental Health

Serotonin

- Affects mood, behavior, sleep, and memory.
Low levels may cause depression

Dopamine

- Releases when engaging in enjoyable activities.
Too high levels may cause impulsiveness and aggression.

Endorphins

- Induce a feeling of pleasure. They are associated with happiness and are released during joyful activities

Seniors Experiencing Depression



Types of Depression that Older Adults May Experience:

- **1. Major Depressive Disorder:** includes symptoms lasting at least two weeks that interfere with a person's ability to perform daily tasks such as feeding themselves, bathing, oral hygiene).
- **2. Persistent Depressive Disorder:** Dysthymia is a depressed mood that lasts more than two years. The individual may still be able to perform daily tasks (unlike someone with Major Depressive Disorder).
- **3. Substance or Medication Induced Depressive Disorder:** Depression related to the use of some medications, substances such as alcohol, marijuana or opiates.
- **4. Depressive Disorder Due to Medical Condition:** Depression related to illness, such as heart disease or multiple sclerosis.

Types of Depression that Older Adults May Experience (cont.):

- 5. Psychotic Depression: Causes the person to experience psychotic symptoms plus the sadness and hopelessness of depression.**
- 6. Postmenopausal Depression: Occurs after menopause with symptoms of moodiness, anxiety, and depression due to hormonal changes.**
- 6. Seasonal Affective Disorder-SAD, is a mood disorder characterized by depression, and occurs the same time each year and is related to less sunlight. Light therapy may improve symptoms.**

Risk Factors for Depression

- **Changes in the brain with aging**
- **Major life events: (ie.: loss of loved one or medical diagnosis)**
- **Stress (eg: caregivers)**
- **Genetics: family history**
- **Sleep problems**
- **Social Isolation and loneliness**
- **Lack of exercise or physical inactivity**
- **Functional limitations that make ADL's difficult**
- **Addiction and/or alcoholism**
- **Others may become depressed for no clear reason**

Signs and Symptoms of Depression

- Persistent sad, anxious, or empty mood.
- Feelings of hopelessness, guilt, worthlessness, or helplessness.
- Irritability, restlessness, or having trouble sitting still.
- Loss of interest in pleasurable activities
- Decreased energy or fatigue.
- Moving or talking more slowly
- Difficulty concentrating, remembering, or making decisions.
- Difficulty sleeping, waking up too early in the morning, or oversleeping
- Eating more or less than usual, usually with unplanned weight gain or loss.
- Thoughts of death or suicide, or suicide attempts.
- Different cultures may express depressive symptoms variably

Diagnosis and Treatment for Depression

- **History and physical exam, lab work**
- **Psychological evaluation**
- **Psychotherapy or counseling, Cognitive-Behavioral Therapy (CBT) uses Awareness, challenge, and Change.**
- **Acceptance Behavioral Therapy(ACT): Uses Cognitive Defusion, Mindfulness, and Evaluation.**
- **Antidepressant medications: Selective Serotonin Reuptake Inhibitors (SSRI) are often prescribed.**
- **Combination of therapy with medications**
- **Exercise, stress reduction such as yoga**
- **Electroconvulsive Therapy (ECT) in which electrodes are placed on the head and mild electric current applied. Safe, often used as a last resort.**
- **EMDR: Eye Movement Desensitization and Reprocessing Therapy: Helps patients who are dealing with stressful and traumatic memories that lead to depression.**
- **Interpersonal Therapy (IPT): is a time-limited psychotherapy for treating depression. The therapy focuses on improving problematic interpersonal relationships or circumstances that are directly related to current depressive episode.**

How Do Antidepressants Work?

- There are five major classes of antidepressants:
 - 1. Selective serotonin reuptake inhibitors (SSRIs)
 - 2. Serotonin and norepinephrine reuptake inhibitors (SNRIs)
 - 3. Tricyclic antidepressants (TCAs)
 - 4. Monoamine oxidase inhibitors (MAOIs)
 - 5. Atypical antidepressants
- Each of these Classes of antidepressants work in different ways.
- But the one thing all of these antidepressant medications have in common is that they increase the availability of monoamine neurotransmitters in the brain.
- Monoamine neurotransmitters such as serotonin, dopamine, and norepinephrine help regulate mood, emotions, and behavior.

NEUROTRANSMITTERS

STRUCTURE KEY

- Carbon atom
- Hydrogen atom
- Oxygen atom
- Nitrogen atom
- Rest of molecule

Acetylcholine

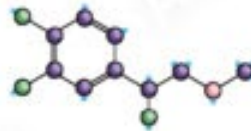
Learning neurotransmitter



Acetylcholine intervenes in numerous physiological functions, such as regulating cardiac contractions and blood pressure, intestinal peristalsis, glandular secretion.

Adrenaline

Fight or flight neurotransmitter



Produced in stressful or exciting situations, increases heart rate & blood flow, leading to a physical boost & heightened awareness.

Dopamine

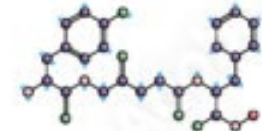
Pleasure Neurotransmitter



Dopamine is a type of neurotransmitter and hormone. It plays a role in many important body functions, including movement, memory and pleasurable reward and motivation.

Endorphins

Euphoria neurotransmitter



They're released during pleasurable activities such as exercise, massage, eating and sex too. Endorphins help relieve pain, reduce stress and improve your sense of well-being.

Gaba (gamma amino-butyric acid)

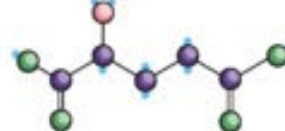
Calming Neurotransmitter



a neurotransmitter, a chemical messenger in your brain. It slows down your brain by blocking specific signals in your central nervous system (your brain and spinal cord).

Glutamate

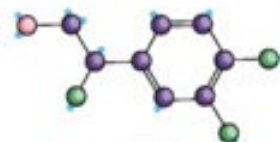
Memory Neurotransmitter



Glutamate is the most abundant excitatory neurotransmitter released by nerve cells in your brain. It plays a major role in learning and memory.

Noradrenaline

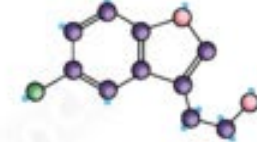
Concentration Neurotransmitter



Norepinephrine supports the fight-or-flight response by increasing your heart rate, breaking down fat, and increasing glucose levels.

Serotonin

Mood Neurotransmitter



Serotonin plays a key role in such body functions as mood, sleep, digestion, nausea, wound healing, bone health, blood clotting and sexual desire.

NEUROTRANSMITTERS

ADRENALINE fight or flight

produced in stressful situations. Increases heart rate and blood flow, leading to physical boost and heightened awareness.

GABA calming

Calms firing nerves in the central nervous system. High levels improve focus, low levels cause anxiety. Also contributes to motor control and vision.

NORADRENALINE concentration

affects attention and responding actions in the brain. Contracts blood vessels, increasing blood flow.

ACETYLCHOLINE learning

Involved in thought, learning and memory. Activates muscle action in the body. Also associated with attention and awakening.

DOPAMINE pleasure

feelings of pleasure, also addiction, movement and motivation. People repeat behaviors that lead to dopamine release.

GLUTAMATE memory

Most common neurotransmitter. Involved in learning and memory, regulates development and creation of nerve contacts.

SEROTONIN mood

contributes to well-being and happiness. Helps sleep cycle and digestive system regulation. Affected by exercise and light exposure.

ENDORPHINS euphoria

Released during exercise, excitement and sex, producing well-being and euphoria, reducing pain

Can Depression be Prevented?

- **Many causes of depression cannot be prevented. However, healthy lifestyles can have a long-term benefits for mental health.**
- **Physical Activity raises Serotonin and Dopamine levels in the brain. (happy chemicals).**
- **Eating a healthy, balanced diet such as the DASH diet-low sodium diet, has been known to reduce the risk of depression.**
- **7-9 hours of sleep per night.**
- **Social connections**
- **Participate in activities you enjoy!**
- **Let friends, family and your doctor know if you are experiencing symptoms of depression.**

Importance of Exercise as We Age



Importance of Social Engagement as We Age



Compulsive Hoarding Disorder

- **Hoarding Disorder is a mental health condition characterized by saving items that appear to be of little or no worth, and the inability to let go of things.**
- **This compulsion then leads to overrun of their living spaces.**
- **On top of emotional and mental health concerns, hoarding disorder presents a physical danger to the person struggling with the condition and the people they share a home with.**
- **Quality of life is affected with the Compulsive Hoarding illness.**
- **A Compulsive Hoarding Disorder diagnosis often means that there is significant psychopathology in the individual's background.**
- **Hoarding is twice as common as OCD, and four times as common as bipolar and schizophrenic disorders. Hoarding is often seen with other mental conditions such as depression, obsessive-compulsive disorder (OCD), alcohol dependence, dementia and anxiety.**



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Seniors with Compulsive Hoarding Disorder



Hoarder or Collector?

- **Hoarder:** The accumulation of “stuff” begins to interfere with everyday life. As possessions build up, the health, safety and wellbeing of the hoarder may be at risk.
- Hoarding Disorder is impulsive, lacks organization, and items are rarely given up.
- Hoarders often feel shame for the clutter in their homes.
- People over the age of 60 with other mental health challenges such as depression and anxiety, are more likely to develop Compulsive Hoarding Disorder.
- Hoarders save random items, like napkins, magazines, newspapers, containers
- Collectors may save the items because they believe they will need them in the future or have value in the future.
- Collectors may save items because of important emotional significance
- Collectors acquire items and organize them in an intentional way
- Collectors often want to acquire specific items that are sold later for monetary value.

Negative Consequences of Compulsive Hoarding Disorder

- Increased risk of falls and fires in the home
- Poor health due to lack of hygiene, difficulty preparing food and getting sleep.
- Social isolation, loneliness, family conflict and estrangement
- Conflict with local authorities.
- Difficulty keeping a job
- Housing difficulties such as having utilities cut off, the home forcibly cleaned or condemned, or eviction.
- Vermin and other rodents in the home can lead to health risks.

Risk Factors for Compulsive Hoarding Disorder(CHD)

- **Personality:** Indecisiveness or perfectionism
- **Heredity:** If you have a family member with the CHD you are more likely to develop it yourself.
- **Children growing up in very cluttered homes are at risk for CHD.**
- **Stressful life events:** Triggers such as the death of a loved one, eviction, or divorce may trigger hoarding behavior to increase their sense of safety
- **Other mental health diagnosis:** According to APA , 75% of people with CHD also have mood or anxiety disorders
- **Other mental health conditions that risk CHD:** PTSD, OCD, ADHA (attention deficit hyperactivity disorder)

Diagnosis and Treatment Options for CHD

- **History and Physical and Psychological evaluation**
- **Therapist meets with individual to discuss symptoms such as:**
 - **Difficulty throwing away useless items.**
 - **Accumulating items until they fill up living space**
 - **Becoming anxious, distressed, and depressed at the thought of giving up items**
 - **Exhibiting compulsive behavior to buy, steal, or scavenge possessions**
 - **Having delusional thoughts when it comes to evaluating hoarding habits**
- **A diagnosis for CHD involves a professional assessment based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).**

Treatment for Compulsive Hoarding Disorder

Cognitive Behavioral Therapy (CBT): focuses on dealing with the thoughts and emotions that lead to the hoarding behavior. Uses Awareness, Challenge, change as key principles.

- With CBT, the individual learns to identify thoughts, beliefs and situations that trigger saving or accumulating items. CBT steps in as your personal trainer for mental fitness, challenging unhelpful thoughts and get active against the mood monsters.
- Gradually the individual learns to resist the urge to purchase or save additional items.
- **Motivational Interviewing (MI):** Involves exploring uncertainties a person may have about their hoarding behavior. Goals and values are discussed while examining their current circumstances.
- MI taps into person's natural motivation to change. The person is taught to place more importance on changing a certain behavior. Builds their confidence.
- **Acceptance Commitment Therapy (ACT):** Instead of challenging thoughts directly like CBT, it teaches people to accept them as they are. Uses Cognitive Difusion, Mindfulness, and Evaluation as key principles.

Treatment for Compulsive Hoarding Disorder (cont.)

- 3. Group therapy**
- 4. Family therapy**
- 5. Harm Reduction for Hoarding Disorder Therapy: Harm Reduction focuses on decreasing the effects of high risk behavior. It does not require someone to stop their behavior before they receive care. It meets them where they are.**
- 6. Medications: FDA has not approved any official medications for CHD. They can treat a co-existing underlying condition with medications.**

CBT and ACT Therapy Groups for Seniors



Helping a Compulsive Hoarder to Downsize

- **Open communication**
- **The owner of the items must actively participate in downsizing.**
- **Encourage the person to focus on task.**
- **Express concern, compassion, and empathy.**
- **Encourage the person to seek professional help.**
- **Education of the individual, give them resources.**
- **Manage your own patience.**

Hoarding ASSESSMENT



DATE: _____

№	ACTIVITIES	<input checked="" type="checkbox"/>
1	Cannot open doors or can barely open them	<input type="checkbox"/>
2	There's structural damage	<input type="checkbox"/>
3	Smoke alarms are defective	<input type="checkbox"/>
4	There are exposed sharp items on the floor or sleeping surfaces	<input type="checkbox"/>
5	Living room floor has clutter	<input type="checkbox"/>
6	Dining room floor has clutter	<input type="checkbox"/>
7	Kitchen has clutter	<input type="checkbox"/>
8	Bedroom #1 has clutter	<input type="checkbox"/>
9	Bedroom #2 has clutter	<input type="checkbox"/>
10	Bedroom #3 has clutter	<input type="checkbox"/>
11	Bedroom #4 has clutter	<input type="checkbox"/>
12	Can't open windows up from the inside	<input type="checkbox"/>
13	Bathroom is unsanitary and unusable	<input type="checkbox"/>
14	Kitchen is unusable and unsanitary	<input type="checkbox"/>
15	Stairs are unsafe	<input type="checkbox"/>
16	Kitchen and/or bathroom has no running water	<input type="checkbox"/>
17	Hoarding of urine, feces, or food waste	<input type="checkbox"/>
18	Visible fire hazards	<input type="checkbox"/>
19	Rodent or insect infestation or dead animals	<input type="checkbox"/>
20	Garbage is piling up and collection is discontinued	<input type="checkbox"/>



NEW ENGLAND
HOME BUYERS

Resources

- **International OCD Foundation (IOCDF):** Provides resources including therapists, clinics, support groups in your area for individuals with hoarding disorder.
- **The National Alliance on Mental Illness (NAMI):** provides links to networks of hoarding cleanup services and mental health professionals who specialize in the Hoarding disorder.
- **Hoarding Cleanup** offers professional cleaning services for people with a hoarding disorder. Also free anonymous support groups for people with a hoarding disorder and their families.
- **National Institute of Aging (NIH).** NIH Publication NO.20-AG-8133, June 2021.
- **National Institute of Mental Health** 866-615-6464 toll free. nimhinfo@nih.gov
- **American Psychological Association (APA)** 800-374-2721 toll free. WWW.apa.org
- **American Association for Geriatric Psychiatry** 703-718-6026 WWW.aagpline.org/index.php
- **Depression and Bipolar Support Alliance**, 800-826-3632, WWWdbsalliance.org
- **Mental Health America** 800—969-6642, WWWmentalhealthamerica.net
- **National Coalition on Mental Health and Aging**, 309-531-2816, Admin@ncmha.org

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