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Anxiety and its impact on quality of life among urban elderly population in India: An exploratory study

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ABSTRACT

Background: Persistent suffering in anxiety can cause various health problems in old age and impairment of quality of life (QOL).

Objectives: The objectives of this study are to assess the pattern of covert and overt anxiety among elderly population, to study the nature of relationship between the pattern of anxiety and domains of World Health Organization-QOL (WHO-QOL) among elderly population, to study the gender difference on the pattern of anxiety and WHO-QOL among elderly population.

Materials and Methods: An exploratory cross-sectional survey under a health camp approach was conducted by using two types of questionnaire, i.e., Institute for Personality and Ability Testing self-analysis questionnaire and WHOQOL-BREF.

Results: The gender wise comparative profile of covert and overt anxiety with total, standard, and sten score shows that covert anxiety is higher in male in different background characteristics, except male group educated between 5th and 12th standard showing higher overt anxiety, whereas female group shows higher overt anxiety in different background characteristics. Spearman's rank correlation shows that overt anxiety has an inverse relation with domain-1 in both sexes, a negative relationship is found between domain-2 of WHO-QOL and the covert and overt anxiety among female, a significant negative relationship in domain-3 of WHO-QOL with covert and overt anxiety among male, and also a significant negative association between the domain-4 of WHO-QOL and overt anxiety in female.

Conclusion: The functional ability of both male and female elderly on various domains is related and influenced by the pattern of anxiety.

Keywords: Domains, Elderly population, India, Institute for Personality and Ability Testing, Overt anxiety, Survey, World Health Organization quality of life-BREF

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INTRODUCTION

Epidemiological evidence suggests that anxiety is a common major health problem in later part of life. It can substantially impair the quality of

life (QOL)[1] and it has also been associated with an increased risk of mortality[2,3] and disability[4] It has been identified as a risk factor for greater disability among older adults in general and has been associated with less successful geriatric rehabilitation services.[5] Several biological, psychological, and social risk factors for anxiety disorders have been identified for older adults. Biological risk factors include chronic health conditions and functional limitations. Psychological risk factors include external locus of control, poor coping strategies, neuroticism, and psychopathology.[6] Social risk factors include low frequency of contact,[7] smaller network,[8] lack of social support,[7,8] and lower education level.[8] The high co- morbidity of anxiety with medical illnesses is multidimensional. Anxiety is complex and may be a reaction to a medical illness, may be expressed as somatic symptoms, or may be a side effect of medications. Studies have found an association between anxiety and medical illnesses such as diabetes,[9] dementia,[10] coronary heart disease,[11-13] cancer,[14-16] chronic obstructive pulmonary disease,[17,18] postural disturbance and vestibular disease,[19] chronic pain, and Parkinson's disease.[20,21] The consequences of anxiety in later part of life are potentially serious. In a prospective investigation, anxiety did not generally remit spontaneously over 2–3 years.[22] Hypertension, hypoglycemia, and coronary heart disease can be worsened through chronic stress and anxiety.[23]

The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gave high priority to research related to developmental and humanitarian aspects of aging. The phenomenon of population aging is becoming a major concern for the policy makers all over the world, for both developed and developing countries, during the last two decades.[24]

In India, the problems and issues of its gray population have not been given serious consideration and only a few studies on them have been attempted in our country. With the rapid changes in the social scenario and the emerging prevalence of nuclear family setups in the recent years, the elderly people are likely to be exposed to emotional, physical, and financial insecurity in the years to come.[24]

A recent review by Wolitzky-Taylor *et al*.[24] reported the prevalence of anxiety disorders in older adults, ranging from 3.2% to 14.2%.[17] In India, the elderly population (aged 60 years and above) are more than 103 million, i.e. 8.6% of the total population of India. A recent study says that it will reach 12.2% by 2026. For a developing country, this population may pose mounting pressures on various socioeconomic fronts including pension outlays, health-care expenditures, fiscal discipline, and savings levels. Again, this segment of population faces multiple medical and psychological problems.[25]

The present survey was conducted with the aim to study the anxiety level and its impact to QOL among urban elderly population. The objectives of the present study are to assess the pattern of covert and overt anxiety among elderly population, to study the nature of relationship between the pattern of anxiety and domains of World Health Organization-QOL (WHO-QOL) among elderly population, and to study the gender difference on the pattern of anxiety and WHO-QOL among elderly population.

MATERIALS AND METHODS

Adopting camp approach, a cross-sectional survey was conducted in an urban population of Greater Noida, Gautam Buddha Nagar, Uttar Pradesh (UP), India. The Postgraduate Psychiatry Department of Bakson Homoeopathic Medical College and Hospital, Greater Noida, organized three camps in different places, namely at Rail Vihar Apartment, IRWO Palm Court, Alpha-1, Greater Noida, on 2nd and 3rd May 2015; OPDs of the Medical University and Associated Hospital, Kasna, Greater Noida, on 7th May, 2015, and OPDs of the Bakson Homoeopathic Medical and Hospital, Knowledge Park, Phase-1, Greater Noida, from 1st to 8th May, 2015. Written informed consent from different organizations of Greater Noida, namely, Varishtha Nagarik Samaj, Welcome Age Society, Bhartiya Yog Sansthan, Rail Vihar Residential Society, and Medical University and Associated Hospital, Greater Noida, was obtained prior to enrollment. A total of 98 elderly people, aged 60 years and above, participated in this survey. This study was conducted by a team of internship under graduation and post graduation students of Bakson Homoeopathic Medical College and Hospital, Greater Noida, U.P. who were trained for a week before the survey program, to take written consent from each elderly individual and give them basic instructions how to fill up the survey questionnaires. A group of experts (psychiatrist, homoeopath, psychotherapist,

and yoga expert) were involved in these camps to provide basic advice to elderly people, guide them wherever required, and make them aware about the scope of different medical disciplines for maintaining and promoting mental health as well as QOL.

Assessment Tools

After taking informed written consent as mentioned above from different senior citizens' organizations/societies and from individual participants, the data were collected on a predesigned proforma: The QOL questionnaire "BREF" of WHO[26] and Self-Analysis Anxiety Rating Scale of the Institute for Personality and Ability Testing, USA (English version).[27]

World Health Organization quality of life BREF scale. The WHOQOL-BREF[26] instrument comprises 26 items, which measure the following broad domains: Domain-1 (physical health), Domain-2 (psychological health), Domain-3 (social health), and Domain-4 (environment health) Table 1.

Institute for Personality and Ability Testing anxiety scale Institute for personality and ability testing anxiety scale[27] is a brief, valid, and no stressful questionnaire scale measuring anxiety levels in adults and young adults. It gives an accurate appraisal of free anxiety level, supplementing clinical diagnosis and facilitating all kinds of research or mass screening operations, where very little diagnostic or assessment time could be spent with the examinee.[28] It reflects the covert anxiety score (where anxiety is felt by person internally and hidden from the perception of others), the overt anxiety score (where the manifestation of anxiety can be seen by others) and the sten score. It indicates an individual's approximate position (as a range of values) with respect to the population of values and, therefore, to other people in that population. The individual sten scores are defined by reference to a standard normal distribution.

Statistical Methods

The covert and overt anxiety in different domains of WHO-QOL was analyzed by using SPSS VERSION 19.0. Nonparametric statistics, i.e. Spearman's rank correlation was used to compare and ascertain the correlation between variables, namely WHO-QOL and covert and overt anxiety in males and females separately.

Sample Characteristics

Being an exploratory study, the survey under health camp approach covered a sample of 98 individuals aged 60 years and above, of both sexes, different religions, education background, marital status, and medical conditions. The sample consisted of 25 females (25.5%) and 73 males (74.5%). Fifty individuals were in the age group of 60-69 (51%), 39 in the age group of 70-79 (39.8%), and nine in the age group of 80+ (9.2%). They belonged to various religions, namely Hindu 90 (91.8%); Muslim and Jain one each (each 1%); and Christian and Sikh three each (each 3.1%). As regards to educational background, seven were illiterate (7.1), four were literate up to 4th standard (4.1%), 21 were literate from 5th to 12th standard (21.4%), and 66 were educated above 12 + standard (67.3%). Seventy-eight persons were married (79.6%), 15 were divorcee/widowed (15.3%), and five were living separately (5.1%) [Table 2].

RESULTS

Table 3 shows the sex wise comparative profile of covert and overt anxiety by selected characteristic

Table 1: Detailed characteristics of different domains of WHO QOL BREF

Domain	Facets incorporated within domains
1. Physical health	Activities of daily living
	Dependence on medicinal substances and medical aids
	Energy and fatigue
	Mobility
	Pain and discomfort
	Sleep and rest
	Work capacity
2. Psychological	Bodily image and appearance
	Negative feelings
	Positive feelings
	Self-esteem
	Spirituality/religion/personal beliefs
	Thinking, learning, memory, and concentration
3. Social relationships	Personal relationships
	Social support
	Sexual activity
4. Environment	Financial resources
	Freedom, physical safety, and security
	Health and social care: accessibility and quality
	Home environment
	Opportunities for acquiring new information and skills
	Participation in and opportunities for recreation/ leisure activities
	Physical environment (pollution/noise/traffic/climate)
	Transport

Table 2: Characteristic distribution of the study sample

Variable	Number of participants (%)
Age (year)	
60-69	50 (51.0)
70-79	39 (39.8)
≥80	09 (09.2)
Sex	
Male	73 (74.5)
Female	25 (25.5)
Education	
Illiterate	7 (7.1)
Literate up to 4 standard	4 (4.1)
Studied 5-12 standard	21 (21.4)
Studied 12+ standard	66 (67.3)
Marital status	
Currently married	78 (79.6)
Widowed/divorce	15 (15.3)
Separated	5 (5.1)
Religion	
Hindu	90 (91.8)
Muslim	1 (1.0)
Christian	3 (3.1)
Sikh	3 (3.1)
Jain	1 (1.0)

of respondents. It is observed that the mean score of covert anxiety is slightly greater in male group (16.0) than female group (15.4), whereas the mean score of overt anxiety is one point greater in females (17.6) than males (16.4) in the age group of 60-69 years; in relation to education, male respondents those who have passed class 12th standard or more educated, their mean score of covert anxiety is same as female around 16.0, but mean score of overt anxiety (15.7) is smaller than female group (18.8). Male group educated from 5th standard up to 12th standard shows same covert anxiety as female around 15.0, but shows greater overt anxiety score (18.2) than female respondents (17.6).

In case of married person, where the person living with spouse, mean score of overt anxiety (16.0) among elderly males is smaller than female group (18.0) whereas there is a greater covert anxiety in males (16.2) than females (15.9) among those who are living with spouse. In divorced/widowed persons, in the context of covert anxiety, the mean score of female (14.9) is slightly greater than male group (14.7) and again in overt anxiety, the mean score of female group (18.8) is greater than male group (17.2). The comparison between other groups is not considered as the sample size is inadequate in female group.

Table 4 shows nonparametric statistics; Spearman's rank correlation was used to compare and ascertain the correlation between variables, namely covert and overt anxiety and WHO-QOL in males and females separately. The outcome is given below.

In elderly population, there is a significant negative relation between physical health domain (domain-1) of WHO-QOL and overt anxiety in both females ($r = -0.45$, $P = 0.025$) and males (-0.24, $P = 0.041$). Overt anxiety is showing an inverse association with QOL indicators contained in physical health domain (domain-1). Hence, those having lesser overt anxiety have better quality of physical health domain under WHO-QOL. There is no association between covert anxiety and physical health domain (domain-1) in both sexes.

A significant negative relationship is found between WHO-QOL of psychological domain (domain -2) and the covert ($r = -0.624$, $P = 0.001$) and overt ($r = -0.533$, $P = 0.006$) anxiety among elderly female population. Hence, those having lesser covert and overt anxiety have better quality of psychological health domain (domain-2) under WHO-QOL among female population. There is no significant relationship found in elderly male population in between psychological health domain, WHO-QOL, and covert and overt anxiety.

There is a significant negative relationship in between social relation domain (domain-3) of WHO-QOL and covert ($P = -0.288$, $r = 0.013$) and overt ($r = -0.039$, $r = 0.002$) anxiety among elderly male population. Hence, those having lesser covert and overt anxiety among males have better quality of social relationship domain (domain-3) under QOL. However, in females, there is no significant relationship between social relationship domain of WHO-QOL and covert and overt anxiety.

There is also a significant negative association between the environment domain (domain-4), WHO-QOL, and overt anxiety ($r = -0.496$, $P = 0.012$) in elderly female population. It means that those having lesser overt anxiety have better environment domain (domain-4) QOL among elderly female population. There is no significant relationship between covert anxiety and WHO-QOL

Table 3: Gender wise comparative profile in relation to covert (A score) and overt (B score) anxiety with total, standard Sten score (T score)

Background characteristics	Female									Male								
	Covert A score			Overt B score		A+B T score		Standard sten score		Covert A score			Overt B score		A+B T score		Standard Sten score	
	n	Mean	SD	Mean	SD	Mean	SD	Mean	SD	*n*	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age																		
60-69	14	15.4	5.8	17.6	5.9	32.9	10.4	6.4	1.5	36	16.0	5.6	16.4	5.4	32.4	10.0	6.4	1.6
70-79	9	15.2	4.0	19.1	4.5	34.3	7.6	6.7	1.1	30	16.3	5.0	16.8	5.8	33.1	9.1	6.7	1.5
80+	2	19.5	2.1	24.5	4.9	44.0	2.8	8.0	0.0	7	17.6	4.8	14.6	3.8	32.1	9.0	6.0	1.6
Education																		
Illiterate	3	17.3	2.1	22.0	6.6	39.3	5.0	7.3	1.2	4	19.0	2.2	19.5	2.1	38.5	4.2	7.5	0.6
Literate up to 4 standard	2	12.0	4.2	17.0	0.0	29.0	4.2	6.0	1.4	2	17.5	4.9	15.5	2.1	33.0	7.1	6.5	0.7
Class 5-12 standard	8	15.3	5.2	17.6	7.1	32.9	11.4	6.3	1.7	13	15.1	4.3	18.2	5.8	33.2	7.8	6.5	1.6
12+ standard	12	16.1	5.6	18.8	4.7	34.9	9.4	6.8	1.3	54	16.3	5.6	15.7	5.4	32.0	10.0	6.4	1.6
Marital status																		
Married	15	15.9	5.8	18.0	5.7	33.9	10.5	6.5	1.6	63	16.2	5.3	16.0	5.1	32.0	9.3	6.4	1.5
Single																		
Divorced/ widowed	9	14.9	3.9	18.8	4.8	33.7	7.2	6.7	1.1	6	14.7	5.8	17.2	8.5	33.5	11.5	6.3	1.8
Live separately	1	18.0		28.0		46.0		8.0		4	19.5	2.6	21.0	1.8	40.5	1.0	8.0	0.0
Religion																		
Hindu	23	15.7	5.2	19.1	5.5	34.9	9.5	6.7	1.4	67	16.1	5.2	16.3	5.5	32.3	9.5	6.4	1.6
Muslim	0									1	16.0		17.0		33.0		7.0	
Christian	2	14.5	3.5	13.5	0.7	28.0	4.2	5.5	0.7	1	12.0		17.0		29.0		6.0	
Sikh	0									3	21.7	5.7	18.0	6.0	39.7	11.6	7.7	2.1
Jain	0									1	18.0		16.0		34.0		7.0	
Total	25	15.6	5.0	18.7	5.5	34.3	9.3	6.6	1.4	73	16.3	5.2	16.4	5.4	32.6	9.4	6.5	1.5

SD: Standard deviation

Table 4: Spearman's correlation matrix between World Health Organization- quality of life, covert and overt anxiety

WHO-QOL	Female				Male			
	Covert		Overt		Covert		Overt	
	r	*P*	*r*	*P*	*r*	*P*	*r*	*P*
Domain-1a	−0.292	0.156	−0.449*	0.024	−0.116	0.33	−0.254*	0.03
Domain-1b	−0.272	0.189	−0.448*	0.025	−0.080	0.501	−0.240*	0.041
Domain-1c	−0.272	0.189	−0.448*	0.025	−0.080	0.501	−0.240*	0.041
Domain-2a	−0.624**	0.001	−0.549**	0.004	−0.141	0.233	−0.091	0.444
Domain-2b	−0.681**	0	−0.533**	0.006	−c0.130	0.273	−0.088	0.46
Domain-2c	−0.681**	0	−0.533**	0.006	−0.130	0.273	−0.088	0.46
Domain-3a	−0.195	0.349	−0.379	0.062	−0.294*	0.012	−0.339**	0.003
Domain-3b	−0.195	0.349	−0.379	0.062	−0.288*	0.013	−0.353**	0.002
Domain-3c	−0.195	0.349	−0.379	0.062	−0.288*	0.013	−0.353**	0.002
Domain-4a	−0.405*	0.045	−0.535**	0.006	−0.157	0.186	−0.206	0.081
Domain-4b	−0.382	0.06	−0.520**	0.008	−0.141	0.236	−0.182	0.123
Domain-4c	−0.380	0.061	−0.496*	0.012	−0.140	0.237	−0.176	0.137

**Correlation is significant at the 0.01 level, *Correlation is significant at the 0.05 level. WHO-QOL: World Health Organization-quality of life [a: Raw score, b: Transformed score 4-20, c: Transformed score 0-100]

of domain-4 in elderly female population. There is no specific association between the environment domain of WHO-QOL and covert and overt anxiety in elderly male population.

DISCUSSION

It was recognized by the WHO that health is not merely the absence of disease but the "state of complete physical, mental, and social well-being," and the international efforts over the past three decades have led to the development of multiple scales combining objective and subjective elements to measure functional capacity, broader health status, psychological well-being, social support, and the broader concept of QOL of population,[29,30] Hence, WHO-QOL is an important health index for the elderly in every country, playing a key role in assessing interventions and establishing essential medical and social care needs for the aging population.

The present study finds that the covert and overt anxiety has an inverse association with various domains of QOL. By nonparametric statistics, i.e. Spearman's rank correlation, we find that out of 98 samples of elderly population, there is a significant negative outcome in Domain-1 of WHO-QOL[26] with overt anxiety in both sexes, in Domain-2 of WHO-QOL[26] with both covert and overt anxiety in females, in Domain-3 of WHO-QOL[26] with both covert and overt anxiety in males, and in domain-4 WHO-QOL[26] with overt anxiety in females. The study result positively concludes that the functional ability of both male and female elderly population on various domains of WHO-QOL is related and influenced by covert and overt anxiety. Hence, for the reduction and controlling of covert and overt anxiety of elderly citizens as well as maintaining healthy and balanced QOL, adequate mental health care by intervention of various health disciplines is mandatory.

The present study also validates the earlier findings of the survey conducted in rural Bangladesh[30] and a rural and urban comparative study of Vietnam[31] The inverse relationship between socioeconomic status and QOL[26] is well known and has been confirmed in recent studies among elderly populations of Vietnam and Indonesia as well as Bangladesh.[32,33] The search for culturally compatible instruments that maintain links with international understandings of QOL[26] while acknowledging local social cultural realities, places researches in difficult positions of deciding whether to adapt existing scales or develop independent instrument, with experience from Bangladesh, India, Lebanon, Taiwan, and Thailand, presenting a range of approaches and solutions.[30,34-39] Functional disorders increased with increasing age; women were more likely to report functional problems,[40,41] Another study showed that the low physical health scores were associated with a low frequency of meeting with relatives (which is common in urban nuclear society) and with living far from relatives, higher education, and in female sex.[42] The study has shown a supportive result through a with a limited sample size and in a short survey period, which is required to be replicated using a larger sample size and may be substituted by institutional approach. The findings of the present study may play a vital role in planning and strengthening interventional health care program for elderly population of the country by various health disciplines, individually or in an integrated method. On that basis, a pilot study can be formulated in the near future.

CONCLUSION

The functional ability of both male and female elderly population on various domains of WHO-QOL is related and influenced by covert and overt anxiety. The present study also observed the gender differences, i.e., physical and environment domains of WHO-QOL are affected in an inverse relationship with overt anxiety, and the psychological domain is inversely influenced by both the covert and overt anxiety in female elderly population in comparison to their male counterpart whereas the physical domain WHO-QOL is inversely influenced by overt anxiety and social relationship domain of WHO-QOL is influenced by both the covert and overt anxiety in elderly male population. This implies that at the time of designing of intervention program with elderly population, the findings of the present study may play a vital role in strengthening the same.

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Conflicts of Interest

There are no conflicts of interest.

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चिंता और भारत में शहरी वृद्ध जनसंख्या पर उसके प्रभावः एक व्याख्यात्मक अध्ययन

पृष्ठभूमिः लगातार बेचैनी से पीड़ित लोगों को बुढ़ापे में कई तरह की स्वास्थ्य समस्याएं हो सकती हैं और उनके जीवन की गुणवत्ता भी प्रभावित हो सकती है।

उद्देश्यः इस अध्ययन के उद्देश्य हैंः (1) वृद्ध जनसंख्या में चिंता प्रतिरूप का आंकलन करना, (2) विश्व स्वास्थ्य संगठन के क्षेत्र क्यूओएल ;डब्ल्यूएचओ क्यूओएलद्ध और वृद्ध जनसंख्या में चिंता की पद्धति के बीच संबंधों का अध्ययन करना (3) वृद्ध जनसंख्या जीवन की गुणवत्ता पर बेचैनी का लिंगानुसार अध्ययन।

सामग्री और पद्धतिः एक स्वास्थ्य शिविर के अंतर्गत एक अंर्तवर्गीय सर्वे का आयोजन किया गया, और इसमें दो प्रकार की प्रश्नावलियों का प्रयोग किया गया इंस्टीट्युट फॉर पर्सनेलिटी एंड एबिलिटी टेस्टिंग सेल्फ एनालिसिस प्रश्नावली और डब्ल्यूएचओ क्यूओएल.बीआरईएफ

परिणामः कुल, मानक और स्टेन अंक के संग आंतरिक व बाह्य बेचैनी का लिंगानुसार तुलनात्मक प्रोफाइल यह दिखाता है कि आंतरिक बेचैनी पुरूषों में अधिक होती है। केवल 5वीं और 12वीं कक्षाओं तक पढ़े हुए पुरूषों में बाह्य बेचैनी अधिक रही जबकि यही बाहरी बेचैनी विभिन्न पृष्ठभूमि वाली महिलाओं में ज्यादा पायी गयी। स्पियरमैन रैंक के संबंधो के अनुसार डब्लूएचओ क्यूओएल क्षेत्र–1 में दोनो लिंगो में आंतरिक बेचैनी का नकारात्मक संबंध देखने को मिला। जबकि डब्ल्यूएचओ क्यूओएल क्षेत्र–2 में महिलाओं में दोनो बाह्य व आंतरिक बेचैनी का नकारात्मक संबंध पाया गया। डब्ल्यूएचओ क्यूओएल क्षेत्र–3 में पुरूषों में आंतरिक व बाह्य बेचैनी का नकारात्मक संबंध देखने को मिला जबकि डब्ल्यूएचओ क्यूओएल क्षेत्र–4 में महिलाओं में आतंरिक बेचैनी का नकारात्मक संबंध पाया गया।

निष्कर्षः विभिन्न क्षेत्रों पर पुरूषों व महिलाओं की कार्य करने की क्षमता बेचैनी की तर्ज से संबंधित एवं प्रभावित होती है।

Ansiedad y su impacto en la calidad de vida de la población urbana de edad avanzada en la India: estudio exploratorio

RESUMEN

Fundamento: La persistencia de la ansiedad puede causar diferentes problemas de salud en la tercera edad, así como una alteración de la calidad de vida (CdV).

Objetivos: Los objetivos de este estudio son: evaluar el patrón de la ansiedad encubierta y la manifiesta en la población de edad avanzada; estudiar la naturaleza de la relación entre el patrón de edad y los dominios de la WHO-QOL (siglas inglesas de la CdV de la Organización Mundial de la Salud) en la población de edad avanzada; estudiar la diferencia de género en el patrón de la ansiedad y la WHO-QOL en la población de edad avanzada.

Materials y métodos: Se ha realizado un estudio exploratorio transversal mediante un enfoque de campo de salud aplicando dos tipos de cuestionarios, es decir, el cuestionario del autoanálisis del *Institute for Personality and Ability Testing* (Instituto para el examen de la personalidad y de las capacidades) y el WHOQOL-BREF (cuestionario de la CdV-OMS).

Resultados: El perfil comparativo sabia de género de la ansiedad encubierta y abierta con Total, estándar, y la puntuación sten muestra que la ansiedad encubierta es mayor en los hombres en diferentes características de los antecedentes, exceptuando el grupo masculino formado entre el estándar 5º y 12º que muestra una ansiedad manifiesta superior, mientras que el grupo de mujeres presenta una ansiedad manifiesta superior en las diferentes características básicas. La correlación de rangos de Spearman muestra que la ansiedad manifiesta evidencia una relación inversa con el dominio 1 en ambos sexos; se observa una relación negativa entre el dominio 2 de la WHO-QOL y la ansiedad encubierta y manifiesta en las mujeres, una relación negativa significativa en el dominio 3 de la WHO-QOL en la ansiedad encubierta y manifiesta en los hombres, así como una asociación negativa significativa entre el dominio 4 de la WHO-QOL y la ansiedad manifiesta en mujeres.

Conclusiones: La capacidad funcional de los hombres y mujeres de edad avanzada en varios dominios está relacionada con el patrón de ansiedad y se ve influenciada por el mismo.