

## Article

# Differences between Germans in the ‘Young’, ‘Adult’, and ‘Over-40s’ Age Groups Regarding Symptoms of Depression and Anxiety and Satisfaction with Life

Felix Viktor Herbertz \* and Tanja Zimmermann 

Department of Psychosomatic Medicine and Psychotherapy, Hannover Medical School, 30625 Hannover, Germany

\* Correspondence: herbertz.felix@mh-hannover.de

**Abstract:** Depression and anxiety, the most prevalent mental disorders worldwide, are among the top four mental disorders in Germany, and both impact life satisfaction. The prevalence of depression, anxiety, and life satisfaction in different age groups has not been sufficiently examined. The present cross-sectional study of a non-clinical sample of a German-speaking population analyzes the links between age—specifically, certain life stages—as predictors for depression and anxiety symptoms and life satisfaction. Therefore, three age groups were formed from all the participants ( $N = 478$ ): ‘Young’ (18–24 years), ‘Adult’ (25–39 years), and ‘Over-40s’ (40 years and older). The German versions of the Patient Health Questionnaire (PHQ-9), the Generalized Anxiety Disorder Scale-7 (GAD-7), and the German Quality of Life Questionnaire (FLZ-A) were used for our analysis. Our statistical analysis consisted of  $\chi^2$  tests and an ANCOVA for determining the associations between categorical variables. The Over 40s age group showed statistically significantly higher life satisfaction than the ‘Adult’ age group. Comparing levels of depressive or anxiety symptoms, there were no statistically significant differences across the age groups. These findings highlight the significance of considering age as a factor in understanding mental health and well-being. Further research is warranted to investigate supplementary factors that could potentially contribute to the variations observed within the different age groups.



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**Keywords:** depression; anxiety; life satisfaction

## 1. Introduction

Globally, more than 264 million people suffered from depression between 1990 and 2015 [1], and the number of cases of anxiety disorders was nearly as high [2]. Accordingly, depression and anxiety were the most common mental disorders during this period (1990–2015) [2], and they belong to the top four mental disorders in Germany [3]. As most people experience both conditions simultaneously, both disorders should be evaluated together [4,5]. The number of cases of mental disorders in Germany has also never been higher: around 17.8 million people in Germany suffer from some type of mental disorder. The prevalence of all kinds of mental disorders in Germany rose to 27.8% [6], and the prevalence of depression in Germany, at 9.2%, is above the European average of 6.6% [7]. Moreover, the 12-month prevalence of anxiety disorders in Germany, at 15.3%, exceeds the European average of 14.0% [8,9]. In addition, the number of prescriptions for antidepressants, and therefore the drug intake of the German population for depression and anxiety, increased by 40% in the last decade [8]. Mental disorders and their symptomatology have a remarkable impact on life satisfaction, and life satisfaction can be described as an indicator of one’s overall quality of life, as it is a key component of positive mental health [9]. It is common knowledge that people with mental disorders such as anxiety or depression have a lower quality of life and are less satisfied than people without mental disorders [10–12].

Sections 1.1 and 1.2 provide an overview of the limited existing literature on age-related differences in symptoms of anxiety, depression, and life satisfaction, which prompted the formulation of our three hypotheses (presented below).

### 1.1. Generalized Anxiety and Depression Symptomatology

Concerning age groups, there is a tendency toward a higher prevalence of anxiety and depression among younger age groups [2], and especially among younger males (Thompson et al., 2021). Kessler et al. [13] conducted a face-to-face household survey on the lifetime prevalence of DSM-IV disorders, including anxiety and depressive disorders, and observed that the highest prevalence was always found in the youngest age group (18–29 years). The lifetime prevalence gradually decreased in the older age groups and was consistently lowest in the oldest age group (60 years and older) [13]. In a clinical study conducted on the American population, the youngest age group (18–39 years), which was not further subdivided, exhibited the highest levels of depression and anxiety symptoms compared to the other age groups (40–59 years; 60 years and older) [14].

These findings were further validated by a study conducted by Twenge [15], who found the reason for these age and gender differences between the different generations and showed significant generational differences in American birth cohorts [15]. The so-called generation of “Millennials” (born in the period ranging from 1982 to 1999) was more likely to express symptoms of depression than the generation of “Gen Xers” (born in the period ranging from 1961 to 1981). A possible reason for this consists in the constant changes in culture, as society has transformed considerably over the last few decades, with fundamental changes in relationships, technology, and medicine; this cultural shift has resulted in generational differences in personality traits, attitudes, and behaviors [15]. Another reason consists in the rising prevalence of digitalization and the use of social media, which may increase the prevalence of depression and anxiety [16]. This might also be one probable reason why depression or anxiety symptoms are more common among younger generations or age groups. The latest study conducted on the health of adults in Germany, involving an additional mental health module (DEGS1-MH) and a large sample size ( $N = 5303$ ), took place from 2008 to 2013, and its results demonstrated that young adults (18–34 years) are more likely to suffer from mental illnesses than older adults (65–79 years), females are more likely to suffer from mental illnesses than males, and people with lower socioeconomic status are more likely than other people to suffer from mental illnesses [17]. Considering the findings of previous studies investigating the association between anxiety and depression symptoms and life satisfaction, we formulated the following hypotheses:

**Hypothesis 1 (H1).** *The ‘Young’ age group exhibits significantly higher symptoms of anxiety compared to the ‘Adult’ and ‘Over-40s’ age groups.*

**Hypothesis 2 (H2).** *The ‘Young’ age group exhibits significantly higher symptoms of depressiveness compared to the ‘Adult’ and ‘Over-40s’ age groups.*

### 1.2. Satisfaction with Life

The effects of mental disorders and their symptoms have been previously mentioned. However, the existing literature regarding studies of the age-related differences in satisfaction with life among German citizens is limited and lacks consistency, although the importance of satisfaction with life is highly increasing in the health care system [18].

There has been significant debate about a U-shaped happiness curve, which, as proposed by Blanchflower and Oswald [19], also applies to life satisfaction. This curve suggests that life satisfaction follows a U-shaped pattern throughout one’s life, with the lowest point occurring around the age of 50. In contrast, Baird et al. [20] analyzed two nationally representative panel studies conducted on the German and British populations and discovered that life satisfaction remains relatively stable during adulthood but experiences a decline after the age of 70. Furthermore, Lang and Heckhausen [21] examined a large sample

( $N = 480$ ) of the German population with a broad age range (20–90) and reported higher life satisfaction among middle-aged people (45–65) than younger people. Daig et al. [18] then shed light on probable gender and age differences in life satisfaction and the impact of anxiety and depressive symptoms. They found gender differences; for example, women showed higher satisfaction with their family lives than men. However, life satisfaction in older people was similar for both genders compared to life satisfaction in other age groups, and they recommend reevaluation [18]. Taking into consideration the aforementioned inhomogeneous literature, we proposed the following hypothesis:

**Hypothesis 3 (H3).** *There are significant differences in life satisfaction among the 'Young', 'Adult', and 'Over-40s' age groups.*

Analogous to the described age groups, the participants of this study were divided into three age groups: the participants in the 'Young' (18–24 years) age group were born between 1995 and 2002 and can therefore be assigned to so-called Generation Z [22,23]. Typically, people at this age finish secondary education and go on to pursue higher education or an apprenticeship. In contrast, people in the 'Adult' (25–39 years of age) age group, who were born between 1979 and 1994, can be associated with "Generation Y" [24,25] and may have already arrived in the working world. The third group, 'Over-40s' (40 years or older), consists of participants who were born before 1979 and thus partly belong to "Generation X" or the generation of "Baby Boomers" [26,27]. The individuals in this age group may be the most settled, and they are probably the ones with the highest satisfaction with life compared to the others.

### 1.3. Study Objectives

The present study aimed to shed more light on depression, anxiety, and satisfaction with life among three different age groups of a non-clinical sample of the German-speaking population. Therefore, the aim was to examine whether we would uncover findings similar to those mentioned in the existing literature. Hence, three groups of the German population ('Young', 'Adult', and 'Over-40s') were examined with regard to symptoms of depression, anxiety, and satisfaction with life. However, to the authors' knowledge, there are no published papers that combine three different age groups of a non-clinical sample of the German-speaking population with the above-mentioned instruments. Answering this research question will help clarify the range of mental health issues in the modern era and broaden the perspective on age-related differences in symptoms of anxiety, depression, and satisfaction with life. This knowledge can be helpful in all areas of mental health, and if any explicit age group or a certain point in life can be defined as having a higher risk of symptoms of anxiety and depression or lower satisfaction with life, interventions can be provided by psychological professionals and public health practitioners to create more treatment options for the possible age group and perhaps improve their satisfaction with life.

## 2. Materials and Methods

### 2.1. Data Sampling

Data in this cross-sectional study were captured via an online survey that was disseminated among a sample of the German-speaking population. The data were collected through the online platform Unipark, requiring participants to have access to the internet and an internet-enabled device. To take part in the study, participants had to speak and understand German fluently and had to be of legal age (over 18 years old). Recruitment took place with the help of social media platforms (e.g., Facebook groups). Participants were informed in written form about the study and gave their written consent before the online questionnaire was accessible. The study participants were then asked to answer validated measures of anxiety, depressiveness, and satisfaction with life, as well as questions regarding standard demographics. The study participants were divided into three

groups: The participants in the ‘Young’ (18–24 years of age) age group were born between 1995 and 2002 and can therefore be assigned to the so-called “Generation Z” [22,23]. The ‘Adult’ age group (25–39 years of age) consists of people born between 1979 and 1994 (i.e., those associated with “Generation Y”) [24,25]. The participants in the ‘Over-40s’ age group (40 years or older) were born before 1979 and thus partly belong to “Generation X” or the generation of “Baby boomers” [26,27]. The study was approved on the 8 April 2019 by the Ethical Committee of the Hannover Medical School (8408\_BO\_K\_2019).

## 2.2. Participants

Of the 1592 participants who started the survey, 30.3% ( $N = 478$ ) finished the survey, and their responses were thus included in our analysis. Overall, 97.5% of the participants held German citizenship. The study sample also contained one participant each from Holland, Latvia, Saudi Arabia, Ukraine, Austria, Bosnia and Herzegovina, and Sweden; three participants from Syria; and two participants from France. The average age of the sample was 32.44 ( $SD = 12.60$ ), and the sample consisted of 69.2% women and 30.5% men. One person (0.2%) used the available “other” category to denote their sex. The participants were assigned to three age groups: ‘Young’ (18–24 years,  $n = 157$ ), ‘Adult’ (25–39 years,  $n = 223$ ), and ‘Over-40s’ (40 and older,  $n = 98$ ; see Table 1).

**Table 1.** Demographic characteristics of the total sample ( $N = 478$ ) and by age group.

	Total ( $N = 478$ )	Young ( $n = 157$ )	Adult ( $n = 223$ )	Over-40s ( $n = 98$ )	$p^a$
Age ( $M$ , $SD$ , range)	32.44 (12.60, 18–79)	23.11 (1.27, 18–24)	28.80 (3.80, 25–39)	55.64 (5.42, 41–79)	-
Sex ( $n$ , %)					
Female	331 (69.2%)	105 (66.9%)	161 (72.2%)	65 (66.3%)	0.459 <sup>b</sup>
Male	146 (30.5%)	51 (32.5%)	62 (27.8%)	33 (33.7%)	
Other	1 (0.2%)	1 (0.6%)	0 (0%)	0 (0.0%)	
Years of education ( $n$ , %)					<0.001 <sup>b</sup>
≤9 years	9 (1.9%)	0 (0%)	2 (0.9%)	7 (7.4%)	
10 years	30 (6.3%)	3 (1.9%)	3 (1.3%)	24 (25.3%)	
>10 years	436 (91.2%)	154 (98.1%)	218 (97.8%)	64 (65.4%)	
Other	3 (0.6%)	0 (0.0%)	0 (0%)	3 (3.1%)	
Work status ( $n$ , %)					<0.001 <sup>b</sup>
Employed full-time	114 (23.8%)	13 (8.3%)	48 (21.5%)	53 (54.1%)	
Employed part-time	47 (9.8)	4 (2.5%)	19 (8.5%)	24 (24.5%)	
Student/in training	288 (60.3%)	138 (87.9%)	150 (67.3%)	0 (0%)	
Retired	8 (1.7%)	0 (0%)	0 (0%)	8 (8.2%)	
Homemaker	7 (1.5%)	0 (0%)	0 (0%)	7 (7.1%)	
Unemployed	6 (1.3%)	0 (0%)	4 (1.8%)	2 (2.0%)	
Sick leave	4 (0.8%)	1 (0.6%)	0 (0%)	3 (3.1%)	
Parental leave	3 (0.6%)	1 (0.6%)	2 (0.9%)	0 (0%)	
Unable to work	1 (0.2%)	0 (0%)	0 (0%)	1 (1.0%)	
Relationship status ( $n$ , %)					<0.001 <sup>b</sup>

**Table 1.** Cont.

	Total (N = 478)	Young (n = 157)	Adult (n = 223)	Over-40s (n = 98)	p <sup>a</sup>
In a relationship	323 (67.6%)	84 (53.5%)	157 (70.4%)	82 (83.7%)	
Not in a relationship	155 (32.4%)	73 (46.5%)	66 (29.6%)	16 (16.3%)	
Children (yes)	129 (27.0%)	3 (1.9%)	42 (18.8%)	84 (85.7%)	<0.001 <sup>b</sup>

<sup>a</sup> p of the age group comparison: Young (18–24 years); Adult (25–39 years), and Over-40s (40 and older). <sup>b</sup>  $\chi^2$  test, M = mean; SD = standard deviation.

### 3. Measures

#### 3.1. The German Version of the Patient Health Questionnaire (PHQ-9)

The PHQ-9 is part of the PHQ and can be used as a single module to assess symptoms of depressiveness. The depression scale consists of nine items, which include the diagnostic criteria for major depression regarding the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) [28]. All items are answered retroactively for a period of two weeks and quantified on a four-level response scale ranging from 0 (not at all) to 3 (nearly every day), providing a 0 to 27 severity score [29]. Scores of 5, 10, 15, and 20 represent the cutoff points for mild, moderate, moderately severe, and severe depression, respectively. The German PHQ-9 reported good internal consistency (Cronbach's  $\alpha = 0.89$ ) and also test-retest reliability (intraclass correlation  $r = 0.81\text{--}0.96$ ) [30]. In the present study, Cronbach's  $\alpha$  was 0.79.

#### 3.2. The German Version of the Generalized Anxiety Disorder Scale-7 (GAD-7)

This seven-item anxiety scale includes the most important criteria of generalized anxiety disorder regarding the DSM-IV and ICD-10 classification [31]. All items refer, retrospectively, to the last two weeks and are measured on a four-level response scale ranging from 0 (not at all) to 3 (nearly every day). Scores of 5, 10, and 15 represent the cutoff points for mild, moderate, and severe anxiety, respectively. The testing and evaluation are standardized and considered to be objective, and the accuracy of the GAD-7 is considered to be high. Thus, the GAD-7 can be utilized for diagnosis, screening, and measurement [31]. The German version of the GAD-7 showed excellent internal consistency (Cronbach  $\alpha = 0.92$ ) and good test-retest reliability (intraclass correlation  $r = 0.83$ ) in a study by Spitzer et al. [31]. In the present study, Cronbach's  $\alpha$  was 0.84.

#### 3.3. The German Quality of Life Questionnaire (FLZ-A)

Module A is part of the well-established instrument FLZ and can be used to measure subjective general life satisfaction [32]. The eight items pertain to one's health, job, income, leisure time, family, relationship status, friends, and housing situation. All items are related to the previous four weeks and evaluated on a five-level response scale in terms of importance (1 = not important; 5 = extremely important), satisfaction (1 = dissatisfied; 5 = very satisfied), and life satisfaction in general. A total value above 59 indicates high life satisfaction, and a total value lower than 59 indicates low life satisfaction [33]. A recent study showed good internal consistencies for weighted (Cronbach's  $\alpha = 0.83$ ) and not-weighted life satisfaction (Cronbach's  $\alpha = 0.82$ ) [34]. In the present study, Cronbach's  $\alpha$  was 0.69.

#### 3.4. Statistical Analyses

Associations between categorical variables were calculated using  $\chi^2$  tests. The hypotheses were tested using analysis of covariance (ANCOVA) models that enabled controlling for the confounding variables under examination and the methodological requirements (e.g., normal distribution). This was necessary because the age groups differed significantly across gender, education level, work status, relationship status, and children. All statis-

tical analyses were performed using SPSS 27, and all tests were based on a significance level of 0.05 (unless stated otherwise). No missing values had to be imputed due to the forced-choice format of the online survey.

#### 4. Results

##### 4.1. Depressive Symptoms across Age Groups

A one-way between-subject analysis of covariance was carried out to compare the age groups in terms of depressive symptoms. Checks were conducted to confirm the homogeneity of regression and linear relationships between covariates (gender, education, work status, relationship status, children) and the dependent variable. The ANCOVA ( $F(2, 464) = 0.242, p = 0.785$ ) did not show statistically significant differences between the age groups regarding the participants' levels of depressive symptoms (see Table 2). Therefore, Hypothesis 1 (H1) could not be confirmed.

**Table 2.** Means and standard deviations for depression, anxiety, and satisfaction with life for the total sample ( $N = 478$ ) and the age groups.

	Total ( $N = 478$ )	Young ( $n = 156$ )	Adult ( $n = 223$ )	Over 40s ( $n = 98$ )
Depression PHQ-9 ( $M, SD$ )	5.32 (3.82)	5.41 (3.83)	5.47 (3.89)	4.85 (3.70)
Anxiety GAD-7 ( $M, SD$ )	4.43 (3.78)	4.76 (3.94)	4.56 (3.92)	3.59 (3.06)
Life Satisfaction FLZ-A ( $M, SD$ )	58.18 (29.31)	60.03 (26.64)	54.34 (29.89)	63.83 (31.51)

Abbreviations: PHQ-9 = Patient Health Questionnaire-9; GAD-7 = Generalized Anxiety Disorder Scale-7; FLZ-A = Quality of Life Questionnaire;  $M$  = mean;  $SD$  = standard deviation.

##### 4.2. Anxiety Symptoms across Age Groups

A one-way between-subject analysis of covariance was carried out to compare the age groups in terms of anxiety symptoms. Checks were conducted to confirm the homogeneity of regression and linear relationships between covariates (gender, education, work status, relationship status, children) and the dependent variable. The ANCOVA ( $F(2, 464) = 0.580, p = 0.560$ ) did not show statistically significant differences between the age groups regarding the participants' levels of anxiety symptoms (see Table 2). Consequently, Hypothesis 2 (H2) could not be validated.

##### 4.3. Satisfaction with Life across Age Groups

A one-way between-subject analysis of covariance was carried out to compare the age groups in terms of satisfaction with life. Checks were conducted to confirm the homogeneity of regression and linear relationships between covariates (gender, education, work status, relationship status, children) and the dependent variable. The ANCOVA ( $F(2, 464) = 4.371, p = 0.013$ ) showed statistically significant differences between the age groups regarding life satisfaction (see Table 2), with us observing higher life satisfaction in the 'Over-40s' age group compared to the adults. Hence, Hypothesis 3 (H3) was confirmed.

#### 5. Discussion

The present study involved conducted a cross-sectional online survey of a non-clinical sample of the German-speaking population to investigate the influence of age on symptoms of depression and anxiety and life satisfaction. Our analysis of data from a diverse sample ( $N = 478$ ) of different age groups ('Young', 'Adult', and 'Over-40s') did not find statistically significant differences between the individual age groups regarding symptoms of depression or anxiety, as all individuals expressed clinically unremarkable levels of anxiety and depressive symptoms. Thus, Hypothesis 1 (H1) and Hypothesis 2 (H2) could not be validated. Concerning life satisfaction, the 'Over-40s' age group showed statisti-

cally significant higher life satisfaction compared to the age group ‘Adult’. This result is consistent with a study by Heckhausen and Lang [21] and confirms Hypothesis 3 (H3). The results of other studies have shown associations between anxiety and depression with age [17,18] or generations [15], as well as age and gender differences in life satisfaction [18], which could not be confirmed following our analysis.

Possible explanations for the fact that comparable levels of depressive and anxiety symptoms were found in all age groups and that life satisfaction was highest in the ‘Over-40s’ age group could include the following: First, the link to access the online survey was published on various social media platforms. Individuals who participated voluntarily and were randomly selected from the general German population might be less likely to report depressive symptoms such as suicidal thoughts, hopelessness, and difficulty concentrating or anxiety symptoms such as nervous or anxious feelings [35]. Although this observation was derived from a clinical sample, there exists evidence indicating a certain degree of conceptual overlap between anxiety and depression in both clinical and non-clinical samples [36].

This assumption would also explain the low completion rate of 30.3%, as participants might not have felt comfortable answering personal questions about their mental health. This phenomenon is also known as the social desirability effect or social desirability bias, as participants tend to respond in a manner that is generally accepted by society [37].

Second, there is an association between depression and multimorbidity in the elderly that leads to implications for the assessment of depressive disorders, because symptoms of depression are more common in multimorbid patients [38]. However, it is doubtful whether multimorbid individuals were even able to participate in the online survey due to the aforementioned accessibility aspects.

Third, to take part in the online survey, participants were required to have access to a technical device such as a personal computer, tablet, or mobile phone and an internet connection. However, barriers to information and communication technology for individuals increase with age due to physiological changes in the body (e.g., loss of hearing and vision) [39]. All of this leads to a decreased use of information and communication technology among older individuals [40]. This is more common in online surveys than in surveys with an interviewer [41] and might be a probable reason why the ‘Adult’ age group had the least amount of participants ( $n = 96$ ) among all age groups. However, this age group is highly interesting with respect to our data analysis because the ‘Over-40s’ age group showed higher life satisfaction compared to the ‘Adult’ age group.

One probable reason for this might be linked to the finding that older adults show a tendency to report fewer complaints about mental health issues than younger people [42]. Thus, anxiety and depressive disorders are more likely to be underdiagnosed and undertreated, as older adults tend to downplay mental health symptoms and focus on their physical symptoms [43,44]. In addition, the already above-mentioned effect of social desirability in self-reports increases with age, so people tend to exaggerate their well-being or downplay their potential psychological symptoms the older they get [45]. Furthermore, it is known that older people with below average resources still report normal satisfaction [9].

In contrast to what has already been discussed, life satisfaction can also be associated with positive aspects of aging like achieving personal goals, having commitments like an identified purpose [46], or being employed full-time after years of training [47]. Participants in the ‘Over-40s’ age group reported more full-time employment than the other age groups, which were often still in education and training. This result is consistent with other studies that have found that mental well-being, including life satisfaction, increases with age [48,49] or is higher among middle-aged people (45–65 years) [21]. Additionally, satisfaction with life seems to stabilize during the process of growing up [50]. This might be linked to the fact that participants in the younger age groups may have not achieved as many personal goals as the elderly and are in the interim phase between finishing education and their first full-time job.

In summary, this study offers guidance to researchers, psychological professionals, and public health practitioners interested in mental health and, in particular, life satisfaction, depression, and anxiety. This study aimed to draw attention to anxiety and depressive disorders with alarmingly high prevalence and satisfaction with life. The COVID-19 pandemic raised global awareness about mental health disorders, as the prevalence of anxiety and depressive disorders has increased by approximately 25% since the beginning of the pandemic [51]. Therefore, further research should examine a larger, representative population-based sample of the German population, with multiple age groups being divided into smaller intervals to investigate supplementary factors that could potentially contribute to the observed variations within different age groups. In addition, future studies with a longer observation period may discover potential set points in life or initial levels of depression and anxiety and satisfaction with life that may change over a lifetime.

### 5.1. Limitations and Future Directions

Due to this study's design, several limitations arose, and they need to be discussed. All of our findings depend on self-report data, and the online survey design was cross-sectional. This can lead to several issues that are generally known in psychological research, such as response bias and common method variance [52]. Secondly, the sample showed limitations regarding its size and composition: The third age group ('Over-40s') had the lowest sample size ( $n = 98$ ), which could be due to the accessibility of the survey. Participation in the study required technical devices and access to the internet. However, internet use decreases with age [40], and this effect is more common in online surveys than in face-to-face surveys [41]. Thus, the results for the third age group ('Over-40s') should be interpreted carefully. Also, the composition of the work status is limited as it does not show representativeness: the total sample consists of 60.3% individuals in training, and these types of individuals made up the majority of the 'Young' (87.9%) and 'Adults' (67.3%) groups. In addition, we did not determine the number of participants who were already diagnosed with anxiety or depression or the number of participants taking drug medication like antidepressants. Finally, the age group thresholds were applied to compare the three different age groups. To facilitate age group comparisons across normative populations, future studies should form more age groups with a larger sample.

### 5.2. Strengths

The results expand the knowledge of mental health topics among different age groups of the German population. To the authors' knowledge, there are no other published studies that examine the German population by comparing age groups according to symptoms of anxiety and depression, as well as satisfaction with life. This study serves as a valuable foundation for future research to examine additional factors that may potentially contribute to the observed variations among different age groups. Subsequent investigations could focus on analyzing the correlations between these factors and the prevalence of symptoms of depression and anxiety and life satisfaction among individuals at specific age points. By doing this, we could gain a deeper understanding of why certain age groups may experience higher symptomatology or diminished life satisfaction levels.

### 5.3. Clinical Implications

The present study of a sample of the German population adds to the existing literature on the correlation between age and symptoms of anxiety and depressiveness and life satisfaction. Thus, creating more sensitivity for younger people, who probably have lower life satisfaction than their older counterparts, is one possible implication. Additionally, psychological professionals can regularly screen younger individuals for life satisfaction to initiate interventions when necessary.

## 6. Conclusions

The results of this study indicate statistically significant differences between the age groups regarding satisfaction with life, as we observed higher life satisfaction in the 'Over-40s' age group compared to the 'Adult' age group. Concerning symptoms of anxiety and depression, this study did not find a significant connection between depressive or anxiety symptoms and age. Thus, the individuals in the 'Young', 'Adult', and 'Over-40s' age groups demonstrate a comparable degree of clinically unremarkable symptoms of anxiety, as well as clinically unremarkable symptoms of depressiveness. Therefore, future studies involving analyzing larger samples to create multiple age groups with smaller intervals are needed to confirm these results or explore other factors that may contribute to the observed differences among various age groups. The availability of future data could provide significant advantages for psychological professionals, enabling them to develop a heightened awareness of the status of patients belonging to specific age groups and intervene promptly when necessary.

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**Informed Consent Statement:** Informed consent was obtained from all subjects involved in this study.

**Data Availability Statement:** The dataset generated during the current study can be downloaded via the following link: <https://figshare.com/s/3a64b58b84a553ab83cb> (accessed on 6 April 2022).

**Conflicts of Interest:** The authors declare no conflict of interest.

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