Mental Illness in the Elderly - Dementia?

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All older adults develop dementia eventually?

1. True
2. False
Older adults don’t have schizophrenia...

1. True
2. False
Thyroid disease can appear as a symptom of mental illness?

1. True
2. False
Statistics

- Lengthening of average life span
  - 47 years in 1900, 75 years in mid-1990s

- Almost 20% of the greater than fifty age group experience specific mental disorders not part of normal aging

- Unrecognized or untreated mental illness can be severely impairing or even fatal
Culture of the Older Adult

- WWI, WWII
- Depression years
- No technology
- No abuse prevention
- Family dynamics
- Prejudices
Mental Illness in the older adult

- Illnesses starting at an early age
  - Schizophrenia
  - Bipolar disorder
  - Personality disorders
  - Depressive disorders
Mental Illness in the older adult

- Specific to Older Adults - Usually
  - Dementia
  - Delirium
  - Geriatric Depression
Why Are Older Adults So Challenging?

- They don't like psychiatrists
- They don't communicate well
  - Memory impairment
  - Aphasia
  - Unaware of emotional health
- They have long histories to review
What makes them so Challenging?

- Biologic Issues
  - Slowed down metabolism
    - Laboratory abnormalities
  - Multiple medications-
    - Drug/drug interactions
  - Sensory deficits
    - Visual loss
    - Hearing impairment
What makes older adults different?

- Phase of life Issues-
  - Reminiscing
  - Grieving
  - Putting in order
  - Accepting fate
  - Increased spirituality
What Makes Older Adults Unique?

- Multiple Losses
  - Family and Friends
  - Independence/
  - Autonomy
  - Possessions
  - Bodily functions
  - Privacy
Definition of Dementia

• Slow, gradual loss of mental abilities
  – Changes in --
    – Memory
  – Personality
  – Behavior
  – Thinking Abilities
Definition of Dementia

- Alzheimer’s disease is a type of dementia
- There are many types of dementia caused by different conditions
- Dementia is not a normal part of aging
Memory Complaints

- 50-80% of older adults complain of memory problems

- These complaints are usually a product of depression
Memory and Aging

- Greater loss
  - recall > recognition capabilities

- Slowing in:
  - information processing
  - selective attention
  - problem-solving ability

- Vocabulary: increases until the mid 70s, after which it decreases
Alzheimer’s Disease

- Strikes 8-15% of people over the age of 65, 43% of those over 85 years
- Gradual, yet relentless, attack on memory
- Other cognitive deficits
  - language
  - object recognition
  - executive functioning
- Personality change
Alzheimer’s Disease

- Behavioral symptoms impose strain on caregivers
- Direct and Indirect costs estimated at $203 billion each year
Who is at risk?

- People over the age of 65
- Men > Women
- Less educated > More educated
Causes of dementia

• Irreversible conditions
  – stroke
  – Parkinson’s disease
  – Alzheimer’s disease
  – AIDS
  – rare viruses
  – certain inherited diseases
Causes of dementia

• Reversible causes
  – thyroid problems
  – alcoholism
  – poor nutrition
  – emotional problems
  – reactions to medications
  – other problems - head injury, certain infections, increased pressure on brain, tumors, syphilis
What are signs of dementia?

- **Forgetfulness** - person may not remember
  - names
  - dates
  - events
  - directions
  - appointments
  - location of household objects
What are signs of dementia?

- **Confusion**
  - may not be able to follow directions
  - may not be able to learn new skills
  - judgment and reasoning may be poor
What are signs of dementia?

• May no longer be able to:
  – dress
  – prepare food
  – wash or bathe
  – manage money
  – communicate
What are signs of dementia?

- withdrawal
- low energy
- hostile feelings
- loss of interest
- mistrust of others

- Misinterpreting -
  - actions or words of others
  - who people are
  - environment
What are signs of dementia?

• Difficult behaviors
  – wandering
  – resisting help
  – agitation
  – incontinence
  – inappropriate sexual behaviors
  – suspiciousness or paranoia
Evaluation of Dementia

- Family background
- Medical history
- Lab tests
- Psychiatric evaluation
- Oral and written tests
Treatments

• Treat underlying condition
  – medication
  – change in prescription
  – professional counselling
  – nutritional program
  – treatment of alcoholism or drug dependence
  – better social networking
  – surgery
Treatments

• For irreversible dementia
  – medications - sleep, depression, agitation
  – daily lists
  – orderly arrangement of surroundings
  – daily exercise and proper diet
  – recreational therapy
Treatments

• Treat the symptoms
  – Psychosis - paranoia
  – Depression with or without anxiety
  – Restlessness
  – Mood lability

• Delay the decline
Delay the decline

- Slow the curve of decline
- Change time course
- Prolong needed time for nursing home placement
- The earlier the start of treatment, the better
- Improvement in Memory usually not seen
- May be improvement in self care abilities and behavioral disturbances
Medications specific to Dementia

• Aricept
• Exelon
• Namenda

• Companies trying various applications/forms
  • Pill
  • Dissolving tablet
  • Patch
  • Long acting
Care for the Caregiver

- Support groups
- Mental health care
- Adult day care programs
- Home health agencies
- Long-term care facilities
- Respite
- Hospice personnel
What can you do?

- Recognize the illness
- Get to medical help as needed
- Acknowledge the needs of the person (privacy, respect)
- Be patient
- Simplify requests
- Do not overreact or confront
Medical Illnesses that mimic psychiatric conditions
Acute Mental Status Change

• Disturbance of consciousness
  – reduced awareness of environment
  – reduced ability to focus
  – reduced ability to sustain or shift attention
Definition of Delirium

• Change in cognition
  – memory deficit (mostly recent)
  – disorientation (mostly to time or place)
  – language disturbance (impaired naming, possibly aphasia)
  – development of perceptual disturbances (mostly visual)
Definition of Delirium

• Disturbance develops over a short period of time
  – usually hours to days

• Presentation fluctuates during the course of the day
Associated Features

• Disturbance of sleep
  – daytime sleepiness, night time agitation, poor sleep continuity

• Disturbance of psychomotor activity
  – hyperactive - agitated, psychotic
  – hypoactive - lethargic, confused
  – mixed
Associated Features

- Emotional disturbances
  - anxiety, fear, depression, irritability, anger, euphoria, apathy
  - affective lability - rapid shifts, unpredictable
Associated Features

• Nonspecific neurological abnormalities (depending on etiology)
  – Ex. Nystagmus and ataxia from medication intoxication
  – Cerebellar signs, myoclonus, generalized hyperreflexia may be seen from lithium toxicity
  – background slowing on EEG
Differential Diagnosis

• Dementia vs. Delirium or
  – delirium superimposed on dementia
• differences noted in disturbed consciousness or arousal
• differences noted in fluctuating course
• need for collateral information
Underlying Condition Assoc. with Delirium

- Metabolic
  - renal or hepatic failure
  - anemia
  - hypoxia
  - hypoglycemia
  - thiamine deficiency
  - Endocrinopathy
  - fluid or electrolyte imbalance
Underlying Condition Associated with Delirium

• Cardiopulmonary disorder
  – myocardial infarction
  – congestive heart failure
  – cardiac arrhythmia
  – shock
  – respiratory failure
Underlying Condition Associated with Delirium

• Systemic illness
  – substance intoxication or withdrawal
  – infection
  – neoplasm
  – sensory deprivation
  – temperature dysregulation
  – postoperative state
Medical Conditions

- Hypothyroidism - depression
- Hyperthyroidism - mania
- Hyperglycemia - mania, agitation
- Metabolic disturbances - psychosis, agitation (delirium)
Primary psychiatric condition?

- Alcohol withdrawal - anxiety attacks
- Alcohol, drug intoxication - psychosis
- Head injury - dementia, psychosis
Service Delivery

- Treatment of mental illness in the community can prevent institutionalization

- Untreated mental illness can turn a minor medical problem into a life-threatening and costly condition
Delirium occurs only in older adults.

1. True
2. False
Dementia and Depression have similar symptoms

1. True
2. False
Suggestions

• Training
  • Mental health education to non-mental health care givers

• Collaboration between agencies

• Advocate for parity of services

• More money for group homes/assisted living
In conclusion ~ Mental Illness in the Elderly

- Very complicated
- Confounding diagnosis
- Multiple medical problems
- Physiologic changes
- Stage of Life differences
- Very gratifying
Thank you for your attention …

we can make a difference.