

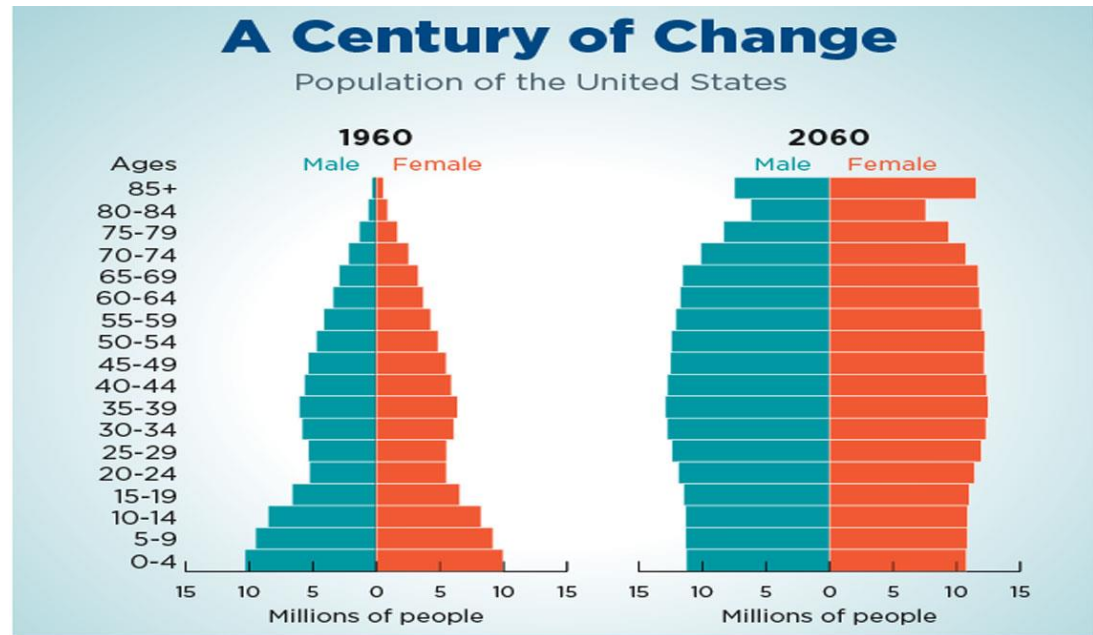
THE OLDER ADULT AND MENTAL HEALTH CONCERNS

Shawna Yates, DO

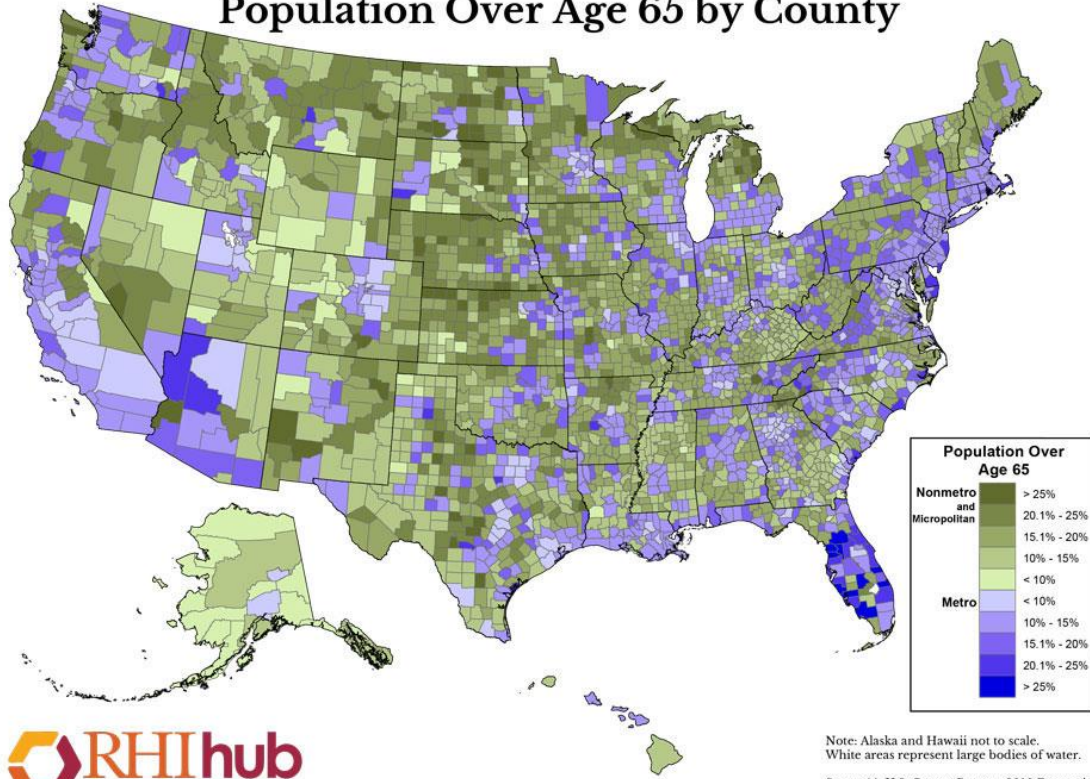
SWMTCHC

AGING IN THE USA

- In 1900 it was 4%
- In 2019 it was 16%
- Btw 2006 and 2030, the 65+ group will nearly double from 37 to 71.5 million



Population Over Age 65 by County



Note: Alaska and Hawaii not to scale.
White areas represent large bodies of water.

Source(s): U.S. Census Bureau, 2010 Decennial
Census, Summary File 1

MONTANA

6th oldest state

19.7% > 65

WHAT DEFINES THE OLDER ADULT:

- **Chronologic age:** Chronologic age is based solely on the passage of time. It is a person's age in years. Chronologic age has limited significance in terms of health. Nonetheless, the likelihood of developing a health problem increases as people age, and it is health problems, rather than normal aging, that are the primary cause of functional loss during old age. Because chronologic age helps predict many health problems, it has some legal and financial uses.
- **Biologic age:** Biologic age refers to changes in the body that commonly occur as people age. Because these changes affect some people sooner than others, some people are biologically old at 65, and others not until a decade or more later. However, most noticeable differences in apparent age among people of similar chronologic age are caused by lifestyle, habit, and subtle effects of disease rather than by differences in actual aging.
- **Psychologic age:** Psychologic age is based on how people act and feel. For example, an 80-year-old who works, plans, looks forward to future events, and participates in many activities is considered psychologically young.

Read it twice



THINKING HUMANITY

*“Everyone you meet is fighting a battle
you know nothing about.*

Be kind. Always.”

PREDOMINANT MENTAL HEALTH CONCERNS IN AGING

It is thought that 20% of older adults experience some type of mental health concern

- Anxiety
- Depression
- Mood Disorders
- Cognitive Impairment
- Schizophrenia
- Substance use disorders leading to a number of co-occurring mental health concerns

WARNING SIGNS OF MENTAL ILLNESS IN THE OLDER ADULT

Memory Issues

Changes in Personal Care

Social Withdrawal

Changes in mood or personality

HEALTHCARE UTILIZATION



ELDERS LIVING IN HOMELESSNESS

EMERGING PUBLIC HEALTH CRISIS

Birth Cohort phenomenon (post-War baby boom (1955-1965)) –
Chronically Homeless

Forecast in NYC: 2600 individuals in 2017 to 6900 in 2030 over the
age of 65 and living in homelessness

Supplemental Poverty Measure (SPM) found 45% of adults age 65
and older were "economically vulnerable"

Seniors living on SSI are continually burdened by High Health Care
Costs; High Housing Cost Burden; ADL challenges

Housing is First

TRICK IS DECIPHERING IF IT IS DEMENTIA OR DEPRESSION OR BOTH

Dementia

Memory loss

Difficulty performing everyday tasks

Problems with language

Problems with space and time

Impaired Judgement

Loss of initiative

Depressed or anxious mood

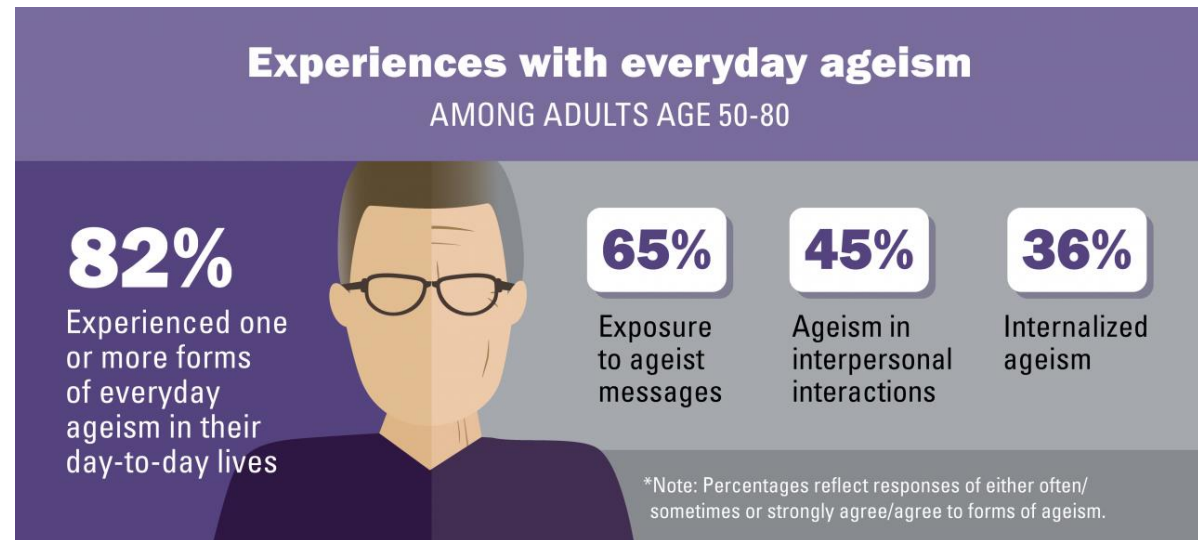
Depression

- Sadness and feeling despair
- Unexplained aches and pains
- Loss of interest in socializing
- Weight loss or loss of appetite
- Fixation on Death
- Memory problems
- Increased use of alcohol or other drugs

FACTORS IMPACTING MENTAL HEALTH OF THE OLDER ADULT

- Long-term physical health concerns
- Social Isolation
- Experiencing ageism
- Bereavement
- Retirement
- Financial Burden

Barrier to care and stigma of mental illness



ANXIETY AND DEPRESSION



Anxiety

- Poorly studied in seniors
- Prevalence rates from 3% to 23%
- PTSD - studies of Holocaust survivors revealed 46% met criteria

Depression

- 6% Prevalence (2 million people)
- 68% of those >65 know little about Depression
- 38% of those >65 believe it is a true diagnosis
- 58% of those >65 believe it is nml part of aging to get depressed



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DIE BY SUICIDE

17.1 per 100,000

12% of the population but
nearly 17% of the deaths
by suicide

Suicide is underreported
among older adults

Passive self-harm
(Refusing food,
medications, liquids)

Suicide attempts are
usually more lethal when
compared to other groups

Twice as likely to use
firearms

Men more often than
women

Highest death rate in the
over 85 group

TREATMENT

Anxiety

- Promotion of socialization
- Therapy Modalities
- SSRI's (Fluoxetine, Sertraline, venlafaxine)
- Buspirone
- Benzodiazepines

Depression

- Full Assessment including assessing Suicide Risk
- Therapy Modalities
- SSRI's (Citalopram, sertraline, venlafaxine, mirtazepine)
- Check Sodium 4 weeks in
- Start low and go slow



COGNITIVE IMPAIRMENT

Alzheimer Disease

- Amyloid plaques and tau tangles - 1 in 9 U.S. American over the age of 65

Frontotemporal Dementia

- Rare, affects people between age 45–60; onset of personality changes, apathy, impulsivity, severe agitation

Lewy Body Dementia

- Abnormal deposits of alpha-synuclein protein (Lewy bodies), visual hallucinations and poor regulation of autonomic nervous system

Vascular Dementia

- Microstrokes, reduced blood supply therefore oxygen to the brain tissue

Korsakoff Dementia

- Alcohol related damage to the brain (Thiamine Deficiency); problems learning new information, confabulating then not recalling the conversation a minute later

MEDICAL EVALUATION

- Geriatric Assessment (Falls, nutrition, hearing, depression, Cog-eval, Med review, Social Support, Functional Status, Vision, Behaviors and SDH)
- Goals of Care
- Dementia:: B12, TSH, Folate, CT of Head vs MRI, ammonia
- Genetic testing not recommended
- Safety Issues
- Caregivers/Social Support

"The disease
might hide the
person underneath,
but there's still
a person in there
who needs your
love and attention."

-- Jamie Calandriello

The MIGHTY logo, featuring the word "MIGHTY" in a bold, red, sans-serif font. Above the letter "I" is a small red icon of a person with arms raised in a "V" shape. The logo is set against a light blue background with a subtle, repeating pattern of the word "MIGHTY" in a lighter shade.

TREATMENT FOR DEMENTIA

- Polypharmacy: anticholinergics, opioids, benzodiazepines,
- Nutrition
- Exercise
- Safety Issues



Clinical dementia rating (CDR): 0, 0.5, 1, 2, 3

Impairment	None (0)	Questionable (0.5)	Mild (1)	Moderate (2)	Severe (3)
Memory	No memory loss or slight inconstant forgetfulness	Consistent slight forgetfulness; partial recollection of events	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
Orientation	Fully oriented	Fully oriented or slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented in time, often to place	Oriented to person only
Judgment and problem	Solves everyday problems and handles business and financial affairs well; judgment good in relation to past performance	Slight impairment to solving problems, similarities, differences	Moderate difficulty in handling problems, similarities, differences; social judgment usually maintained	Severely impaired in handling problems, similarities, differences; social judgment usually impaired	Unable to make judgments or solve problems
Community affairs	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside of home; appears well enough to be taken to functions outside of family home	No pretense of independent function outside of home; appears too ill to be taken to functions outside a family home
Home and hobbies	Life at home, hobbies, intellectual interests well maintained	Life at home, hobbies, intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
Personal care	Fully capable of self care	Fully capable of self care	Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence

Score only as decline from previous usual level due to cognitive loss, not impaired due to other factors.

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NEUROPSYCHIATRIC SYMPTOMS OF DEMENTIA

Agitation

Delusions

Hallucinations

Paranoia

Wandering

Depression

Apathy

Sleep disturbance

Anxiety

Somatic Symptoms

- Distraction and Redirection
- Quick Geriatric Assessment
- Structured Routines – Behavior interventions
- One-on-one Supervision/Socialization
- Music Therapy/Pet Therapy/Aromatherapy
- Pain management
- SSRI's/Antipsychotics/Anticonvulsants
- Dextromethorphan-quinidine
- Methylphenidate

WELLNESS IN AGING



Promoted by a sense of belonging and life purpose

Social interdependence

Physical Activity and Independence

Great Nutrition

Having Faith/Belief

Education on Aging

Sensitive Healthcare

Adequate Services and Systems of Care

PLEASE ASK QUESTIONS!