

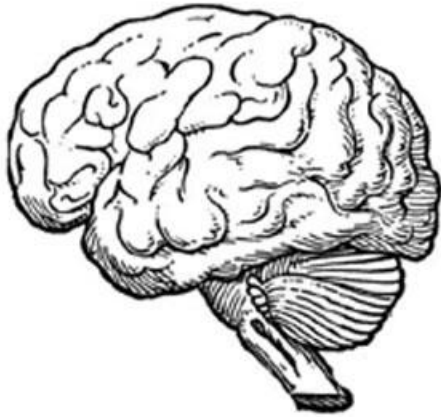
Behavioral Health in The Aging Population

Candace Ross, MSW, LCSW, MAC, CIP



Cognitive health, like physical health, is very important as we get older, so that we can stay independent and keep active

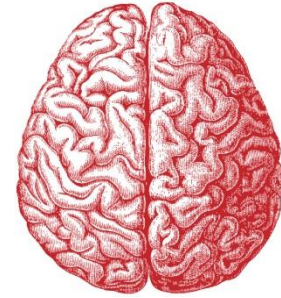




Sometimes, people assume that
if you are older and have a
behavioral health diagnosis, then
it must be a form of dementia.

This is untrue

Prevalence



An estimated 20.4 % of adults , 65+, met criteria for a mental disorder, (including dementia) during the previous year.

More than 50% of residents have some form of cognitive impairment, and many nursing home patients have personality disorders exacerbated by chronic health problems

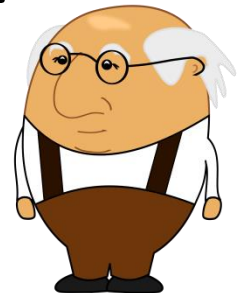
Depression



- 15 to 20% of older adults in the U.S. have experienced depression
- Even mild depression lowers immunity and may compromise a person's ability to fight infections and cancers
- For some older adults, the development of a disabling illness, loss of a spouse or loved one, retirement, moving out of the family home or other stressful event may bring about the onset of a depressive episode (grief and loss)
- Depression often missed by MDs because older adults are more likely to seek treatment for other physical ailments Depression is a major risk factor for suicide

Suicide

- In 2014, the highest suicide rate (19.3) was among people 85 years or older.
- In 2014, the highest U.S. suicide rate (14.7) was among Whites and the second highest rate (10.9) was among American Indians and Alaska Natives
- In 2014, firearms were the most common method of death by suicide, accounting for a little less than half (49.9%) of all suicide deaths.





Anxiety

- Anxiety disorders :most common mental illness in the U.S., affecting 40 million adults in the U.S. age 18 and older, or 18% of the population
- Anxiety is as common among the old as among the young (many older adults with anxiety had when they were younger)
- Generalized anxiety disorder (GAD) is the most common anxiety disorder among older adults
- Other anxiety disorders can occur as result of illness, trauma, etc

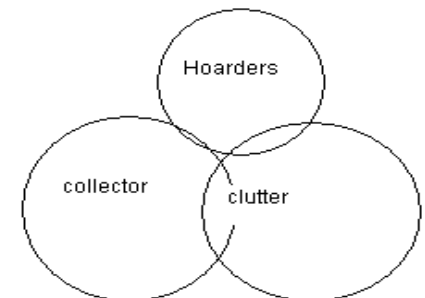
OCD, Hoarding



- OCD- anxiety fueled by obsessions and compulsions (thoughts and behaviors) to quell anxiety
- Hoarding is the persistent difficulty discarding or parting with possessions, regardless of their actual value
- The behavior usually has detrimental effects—emotional, physical, social, financial, and even legal—for a hoarder and family members

Hoarding, continued

- For those who hoard, the quantity of their collected items sets them apart from other people
- Hoarding starts out at times as collecting. But not all collectors are hoarders
- Some collectors are clutterers. All Hoarders have clutter
- Some Hoarders have collections, but not all Hoarders are collectors



Serious Mental Illness

- Of the 40 million Americans age 65 and over, about 7.5 million have a serious mental health disorder
- Defined as Schizophrenia, Bipolar, (other psychosis)
- Anosognosia: denial of having a mental illness
- In 2001, a U of Penn study of 5,000 homeless people with mental illnesses in NYC found they cost taxpayers an average of \$40,500 a year for their use of emergency rooms, psychiatric hospitals, shelters, and prisons—these have become the new state hospital





Deinstitutionalization

- Result of conditions in state hospitals, as well as funding
- Movies like “The Snake Pit” (1948) and various books exposed some of the more horrid conditions
- These concerns led ultimately to the formation of the Joint Commission on Mental Illness and Health in 1955
- “It’s as if we suddenly decided to respect the ‘right’ of Alzheimer’s patients to wander wherever they please. Sounds ridiculous, but that’s basically the situation with so many of the people we call ‘homeless.’”-Dallas Morning News, Sept. 3, 2006

Serious Mentally ill in NH

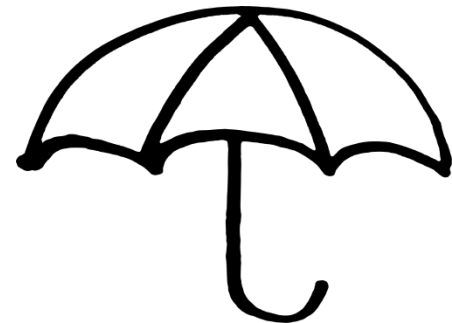
- Lack of community services for people with mental illnesses may account for the presence of many long-stay residents in nursing homes



- More than 500,000 people with mental illnesses (excluding dementia) reside in U.S. nursing homes on any given day, greatly exceeding the number in all other health care institutions combined

Dementia

- Dementia is NOT a normal part of aging
- Dementia is an umbrella term describing a variety of diseases and conditions characterized by decline in memory, negative changes in behavior, and inability to think clearly
- Current estimates suggest that 1 in 8 persons over 65 has Alzheimer's disease; a total of approximately 5.4 million older Americans
- There are NINE types of dementia

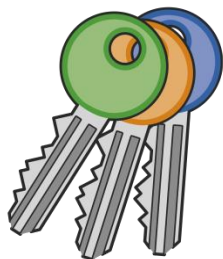


Types of Dementia (Neurocognitive Disorders)

- Alzheimer's: most common cause of dementia
- Vascular: symptoms of vascular dementia can occur either suddenly, following a stroke, or over time
- Dementia w/Lewy Bodies: shares symptoms with both Alzheimer's disease and Parkinson's disease
- Frontotemporal Dementia: occurs when nerve cells in the frontal and/or temporal lobes of the brain die
- CJD: affects about one out of every 1 million people each year
- Wernicke-Korsakoff syndrome: used to be known as "alcoholic dementia"
- HIV-related cognitive impairment
- Rarer causes of dementia include Huntington's, MS, CJD
- Mild cognitive impairment : related to brain/O₂ , illnesses

WHAT IS THE DIFFERENCE BETWEEN ALZHEIMER'S AND TYPICAL AGE-RELATED CHANGES?

| Signs of Alzheimer's/dementia | Typical age-related changes |
|--|---|
| Poor judgment and decision-making | Making a bad decision once in a while |
| Inability to manage a budget | Missing a monthly payment |
| Losing track of the date or the season | Forgetting which day it is and remembering it later |
| Difficulty having a conversation | Sometimes forgetting which word to use |
| Misplacing things and being unable to retrace steps to find them | Losing things from time to time |



BH Problems with Dementia

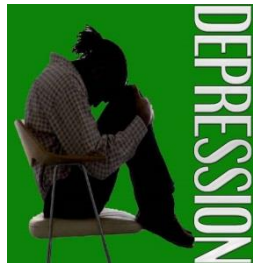
- People with dementia often suffer from depression, paranoia and anxiety.
- Memory training strategies often help to optimize remaining cognitive abilities
- Other types of behavioral problems: wandering, agitation, calling 911 (paranoia), loss of “filter” (swearing, yelling)
- “Sundowning”: exhibiting increase in certain behaviors in the late afternoon or early evening (e.g., “I want to go home”)
- Possible causes: biological (eg being in pain), psychological (eg perceiving a threat) or social (eg being bored).



More about Dementia/Alzheimer's

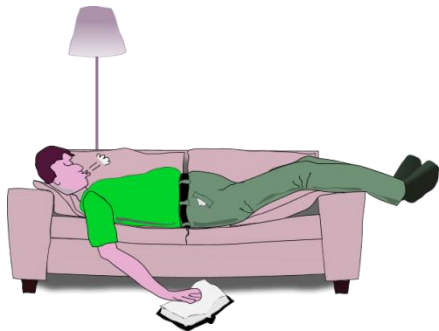


- Current estimates suggest that 1 in 8 persons over 65 has Alzheimer's disease (a total of approximately 5.4 million older Americans)
- We often assume that people with Dementia or Alzheimer's had normal functioning prior to their development of Alzheimer's.
- Rates are increased of developing dementia with depression, anxiety, alcohol abuse, and other problems.
- A recent study (Barnes, et al., 2011) notes that up to 50% of Alzheimer's cases worldwide are attributable to 7 potentially modifiable risk factors



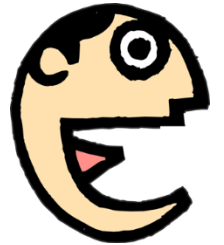
The Seven Factors

- Diabetes
- Midlife hypertension
- Midlife obesity
- Smoking
- Depression
- Cognitive inactivity
- Physical inactivity



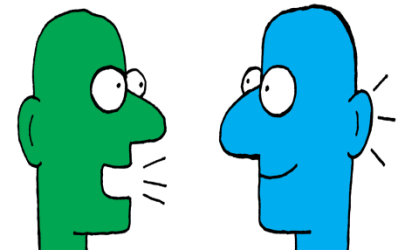
Change in communication style

- This is one of the first, and key features of Dementia
- Using familiar words repeatedly
- Inventing new words to describe familiar objects
- Easily losing his or her train of thought
- Reverting back to a native language
- Having difficulty organizing words logically
- Speaking less often



How to effectively communicate with someone with Dementia

- Be patient and supportive.
- Let the person know you're listening and trying to understand.
- Show the person that you care about what he or she is saying and be careful not to interrupt.
- Offer comfort and reassurance.
- If he or she is having trouble communicating, let the person know that it's okay. Encourage the person to continue to explain his or her thoughts.
- Avoid criticizing or correcting.



How to effectively communicate with someone with Dementia, cont'd

- Don't tell the person what he or she is saying is incorrect
- Avoid arguing
- If the person says something you don't agree with, let it be
- Offer a guess
- If you don't understand what is being said, ask the person to point or gesture
- Limit distractions (TV, radio, loud community room)



More on communicating



- Identify yourself
- Use person's name
- Approach the person from the front and say who you are.
- Keep good eye contact; if the person is seated or reclined, go down to that level
- Use short, simple words and sentences
- Speak slowly and distinctively
- The person may need extra time to process what you said
- Provide the solution rather than the question. For example, say "The bathroom is right here," instead of asking, "Do you need to use the bathroom?"

Even more on communicating

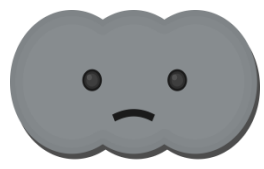
- Avoid metaphors, similes. Be concrete
- Turn negatives into positives.(Instead of saying, "Don't eat that ," say, "Here is your lunch.")
- Write things down for them
- Avoid talking down to the person or talking as if he or she isn't there
- Use positive, friendly facial expressions and nonverbal communication (people with dementia are sensitive to emotions)



Specific problems in dementia

- Depression/emotional withdrawal
- Agitation
- Catastrophic reactions
- “Sundowning”
- Wandering
- Repetition/Interrupting
- Hallucinations/Delusions (Psychosis)
- Rummaging/Hiding Withdrawal
- Demanding /Insulting
- Inappropriate Sexual behavior





Depression and Withdrawal



Communicate these behaviors to clinical team member

- Provide listening, eliciting, and support
- Reassure person s/he will be cared for
- Encourage person to participate in activities; but don't force it
- If a person is expressing suicidality, let clinical staff know
- Refer person to social worker, psychologist, clergy

Agitation, Catastrophizing

- Always have physical/psych causes R/O
- Look at precedent/antecedent behaviors
- Never approach from behind
- Remove person from stressful situation
- Avoid arguments or rationalizing
- Redirect to calming topic, activity, or object
- Change activities to those that s/he can succeed at
- Avoid restraints
- Don't ask "why?"



“Sundowning”

- Remember he/she doesn't have control over this
- Rule out physical/psych/RX
- Consider safety (nightlights, locks, signs, shoes)
- Plan daily activities during day, not late afternoon
- Engage him/her in some quiet activity
- Don't ask “why?”



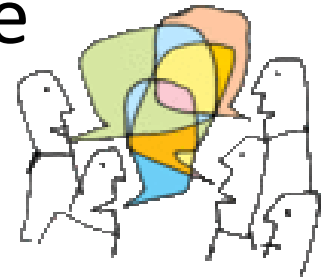
Wandering

- Always have physical/psych causes R/O
- Secure area
- Consider safety (nightlights, locks, signs, shoes)
- Understand: he/she is trying to find something?
- Do they need something (to eat, to void, etc)?
- Provide walks and physical activity as tolerated
- Engage him/her in useful activities
- Keep person in your view



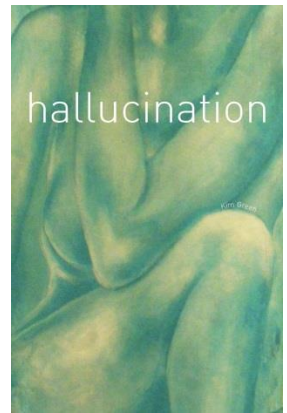
Repetition/Interrupting

- Use communication 101 (reflective listening, asking follow up questions, have ind. Repeat what you just said)
- If ind. Is questioning, write down answer for them
- Provide reassurance and if needed, facts
- Remove any cues that prompt repetitive questions
- Don't inhibit spontaneous reminiscing
- Respond to emotions underlying the question
- Redirect to calming topic, activity, or object



Hallucinations/Delusions (Psychosis)

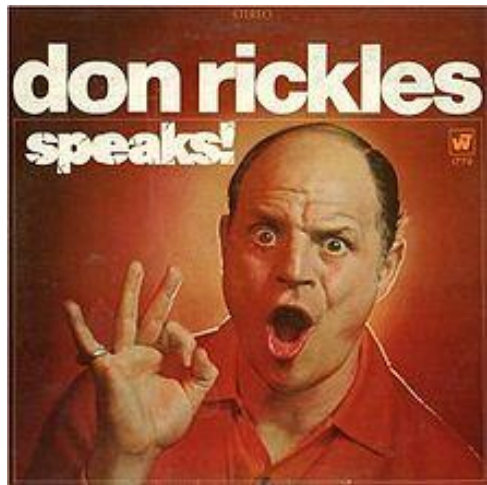
- Always have physical/psych causes R/O
- Have vision, hearing, glasses, hearing aids checked
- Check for falls (bumps, etc)
- Avoid arguments or rationalizing
- Redirect to calming topic, activity, or object
- Respond to underlying feelings-use customer service skills
- Don't take it personally



Rummaging, Hiding, Hoarding

- Mark all personal items
- Provide a drawer or small area to rummage
- Do not scold
- Redirect, distract the person
- Learn hiding places, check regularly
- Provide a hiding place just for them
- Provide small amount of \$ for those used to it
- Provide a fake/"dummy" key
- Be calm, flexible, have sense of humor





Demanding /Insulting

Remain calm; don't take personally

Remember-this is not purposeful

Take some (quiet) deep breaths

before responding

- Look for more acceptable ways for ind. To express self. (puzzle, etc)
- Calmly set limits
- Don't argue/debate
- Ignore insults—don't reinforce with attention
- If insults are profane, upset others, remove person

Inappropriate Sexual behavior

- Behavior=symptom of disease
- Remain calm. Do not scold, overact, shame, blame
- Remove person from the public situation
- Provide robe, blanket, clothes (if undressing)
- Dress individual comfortable and so they cannot disrobe easily
- Provide appropriate (pats on back etc) touching, comforting
- Provide a “busy apron” with tactile, stimulating objects attached
- Avoid restraints; as a professional, maintain sense of humor

Would you like slides?

- If you would like a copy of the slides, please email
- candaceros@gmail.com

- Thank you for your time!



More Info, references

Alzheimer's Association, 2012

Am J Psychiatry 2000;157:172-8

APA, 1998

APA, 2005

Barnes, et al., 2011

Blow S. She's ill and alone, but someone's daughter. Dallas Morning News, Sept. 3, 2006

Cassiday, K, 2015, (<http://www.adaa.org/living-with-anxiety/older-adults>)

Howard R, et al. Late-onset schizophrenia and vry-late-onset schizophrenia-like psychosis: an international consensus. Am J Psychiatry 2000;157:172-8

Farmer, F Will There Really Be A Morning (1971)

C.A. Fullerton et al., "Trends in Mental Health Admissions to Nursing Homes: 1999–2005," Psychiatric Services JCMH , Action for Mental Health (1961)

Jeste, D. V., Alexopoulos, G. S., Bartels, S. J.... Lebowitz, B. D. (1999). Consensus statement on the upcoming crisis in geriatric mental health: research agenda for the next two decades. Archives of General Psychiatry, 56, 848-853.).

Karel, Gatz & Smyer, 2012

NIMH

Rocheffort DA (Spring 1984). "Origins of the "Third psychiatric revolution": the Community Mental Health Centers Act of 1963". J Health Polit Policy Law 9 (1): 1–30. doi:10.1215/03616878-9-1-1. PMID 6736594)

Ross, C., 2012, "Hoarding and Its Impact on pennsylvania"

<http://www.adaa.org/living-with-anxiety/older-adults>

<https://afsp.org/about-suicide/suicide-statistics/>

<https://www.alzheimers.org.uk/typesofdementia>

<http://www.alz.org/10-signs-symptoms-alzheimers-dementia.asp>

<http://www.alz.org/care/dementia-communication-tips.asp#ixzz4KEtFZ4LQ>

<https://www.nia.nih.gov>