ASSESSMENT AND DIAGNOSIS OF MENTAL DISORDERS IN OLDER ADULTS

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Mr. J.B. Fuqua’s charge:
Improve older adults access to services and decrease the stigma associated with depression.
And, treat persons who can’t afford to get treatment
Mental Disorder

A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (ie. painful symptom) or disability (ie. impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability or with an important loss of freedom

American Psychiatric Association, 2000, p.xxxi
Prevalence of Mental Disorders in General Population in Any One Year

- Anxiety 18.1%
- Major Depressive Disorder 6.7%
- Substance Use Disorder 3.8%
- Bipolar Disorder 2.6%
- Eating Disorder 2.1%
- Schizophrenia 1.1%
- Any mental disorder 26.2%
Most Common Disorders in Older Adults

In order of prevalence:

- Anxiety
- Severe cognitive impairment
- Mood disorders

Am Assoc of Geriatric Psychiatry, 2011

- Growing number of older adults with Psychotic Disorders
Prevalence of Mental Disorders in Older Adults

- Nearly 20 percent of those who are 55 years and older experience mental disorders that are not part of normal aging.

- Studies report, however, that mental disorders in older adults are underreported.

Am Assoc of Geriatric Psychiatry, 2011
Prevalence of Anxiety Disorders

- Community dwelling older adults
  - Disorders: 1.2 - 15 %
  - Symptoms: 15 – 52.3%

- Primary care patients: 14.5 – 19.5%

“Literature is inconsistent regarding characteristics of anxiety in older adults and the extent to which comorbid psychiatric and medical illnesses account for observed frequency of anxiety symptoms”

Comorbid Conditions

- Depression
- Cognitive disorders
- Physical health problems
- Pain
- Personal and environmental stressors

Differentiation is key because treatment is guided by underlying causes.
Comorbid Anxiety and Depression

- 23% - 47.5% of older adults who meet criteria for major depression also meet criteria for an anxiety disorder

(Beekman et al, American Journal of Psychiatry, 2000)
Comorbid Anxiety and Depression

- Comorbid anxiety and depression patients have poorer treatment responses, more severe somatic complaints, poorer social function, reduced quality of life, greater cognitive impairment, greater suicidal ideation and poorer medical outcomes.

Anxiety and Cognitive Impairment

- 46% of persons with mild cognitive impairment experience symptoms of anxiety
- 83% of those with anxiety and mild cognitive impairment develop Alzheimer’s disease during three year followup

(Palmer et al, Neurology, 2007)
Anxiety Symptoms in Older Adults

- Cognitive: Worry, Apprehension, Rumination, Anticipating something bad will happen such as falling, dying, family members will become ill or injured
- Vigilance and scanning: Hyperattentiveness, on edge, impatience, irritability, difficulty concentrating, insomnia, fatigue
Anxiety Symptoms

- Motor tension: shakiness, jitteriness, jumpiness, trembling, tension, muscle aches, restlessness........

- Autonomic arousal and somatic: anorexia, diarrhea, dizziness, dry mouth, dyspnea, headache, nausea, palpitations, hot and cold spells, etc.

Medical Conditions that Cause Anxiety Symptoms

- Metabolic
- Cardiovascular
- Endocrine
- Respiratory
- Neurologic
- Other: constipation, pain
Assessment

- Medical History
  - Current and past medical disorders
  - Drug, alcohol, caffeine
  - Prescribed and over-the-counter medications – changes in use
  - Recent changes in health conditions and treatment
Assessment

- Psychiatric history and assessment
  - Past history — “nervous breakdowns”
  - R/O mood disorders, psychosis, delirium and dementia
  - Consider changes that may represent subsyndromal conditions

- Collateral history
  - Substantiation of symptom onset, range, duration, intensity by family and friends
  - Personality, coping and life history
  - Recent events
**Assessment**

- **Laboratory and Tests**
  - Complete blood count, electrolytes, glucose, hepatic and renal function tests, thyroid function tests, vitamin B12 and folate levels, urinalysis and toxicology
  - EKG, Chest Xray
  - Brain imaging and neuropsychological testing if cognitive impairment suspected
GAD 7 Generalized Anxiety Screening

- Over the last 2 weeks, how often have you been bothered by the following problems?
  0 - not at all, 1 - several days, 2 - over half the days
  3 - nearly every day
- Feeling nervous, anxious, or on edge
- Not being able to stop or control worrying
- Worrying too much about everything
- Trouble relaxing
- Being so restless that it’s hard to sit still
- Becoming easily annoyed or irritable
- Feeling afraid as if something awful might happen
Anxiety Screening

- Add up the total score
  - 0-3 for total score of 21.

- GAD-7 rates the seven symptoms that comprise the diagnostic criteria for Generalized Anxiety Disorder (GAD)
  - 5 – 9 mild, 10 -15 moderate, greater 15 severe

- How difficult have any of these problems made it for you to go to work, take care of home or get along with other people?

Panic Disorder

- Sudden onset of intense fear or terror, with feelings of impending doom or even death.
- Experience shortness of breath, dizziness, faintness, palpitations, tachycardia, trembling, choking, nausea, numbness and tingling, derealization, fear of dying, fear of going crazy
Therapies

- Cognitive Behavioral Therapy
- Relaxation Training
- Supportive therapy – moderate effectiveness
Depression
William Styron, *Darkness Visible: A Memoir of Madness*

Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self — to the mediating intellect— as to verge close to being beyond description. It thus remains nearly incomprehensible to those who have not experienced it in its extreme mood, although the gloom, “the blues” which people go through occasionally and associate with the general hassle of everyday existence are of such prevalence that they do give many individuals a hint of the illness in its catastrophic form.
Prevalence of Depression in Older Adults

- In community dwelling, 8 – 20% of older adults experience symptoms of depression
- In primary care setting, up to 37% exhibit symptoms of depression 
  (Hoyert, Kochanke, and Murphy, 1999)
- In nursing homes, it is about 25% experience depression
- In nursing homes, 2/3 suffer from mental disorders 
  (Butler, Lewis, Sunderland, 1998)
Depression in Co - occurring Illnesses

- 40 - 60% of persons who have had heart attack
  3 - 4x greater risk of death after heart attack
- 18-20% of persons with cardiovascular disease
- 10 - 27 % of stroke survivors
- 25% of persons with cancer
- 25% of diabetics - 70% of those experiencing diabetic complications
Days in Bed Over Prior Month

Wells KB, Bumam MA. Psychiatr Med 1991;9:503-519
Symptoms of Depression

- Depression, sadness
- and/or loss of interest or pleasure in almost all activities
  - Loss of appetite or overeating
  - Problems with sleep (waking early and unable to go back to sleep)
  - Agitation, irritability
  - Fatigue
  - Feelings of worthlessness or guilt
  - Difficulty thinking or making decisions
  - Recurrent thoughts of death or suicide
Depression in Older Adults

- Anxiety
- Somatic (Physical) Complaints
- Change in Cognition
Older Adult Suicide Rate

- The rate of suicide is highest among older adults compared to any other age group — and the suicide rate for persons 85 years and older is the highest of all — twice the overall national rate.
Rate of Suicide by Age

Suicide Rate per 100 Thousand

- White male
- White females
- Black males
- Black females

Age (Years)


14 19 24 29 34 39 44 49 54 59 64 69 74 79 84

National Center for Health Statistics
Mood Disorders

- **Major Depression**
  - For two week period
    - Sad, down mood or lost of interest in pleasurable activities and 5 or more symptoms of depression

- **Minor Depression**
  - 2 - 4 symptoms

- **Subsyndromal Depression**
  - Depressive sxss not meeting other criteria

- **Dysthymia**
  - Depressed mood for more days than not for 2 years
    - and two or more symptoms of Depression
Mood Disorder

- Bipolar Disorder
  - Times of depressed mood and times of mania with span of time in between when euthymic
  - Antidepressant may cause person with Bipolar disorder to become manic
  - Older adults with Bipolar have more depressive episodes
Bereavement vs Depression

- normal response to loss
- purposeful, prepares for the future
- allows new bonds to form
- self-esteem intact

- often without trigger
- trapped in the past
- ambivalence complicates separation
- self-esteem lost

Simons, Rubenstein, Franks, 1985
Benefits of Treatment

- Primary care studies have consistently shown that treatment of depression in the medically ill is cost effective.
  - However, evidence-based models of care are not implemented in general practice.
- Goal of treatment should be to treat back to baseline.

Wang et al. *Archives of Gen Psychiatry* 2006; 163; 1345
Medical Evaluation

- Medical History
- Psychosocial History (drug, etoh, marriages, work hx)
- Family Medical/ Psychiatric History
- Labs (CBC, Chem 7, B12 and Folate, TSH, vitamin D)
- CT scan (when there are concerns regarding memory or psychosis)
Etiology of Depression Symptoms

- Medical Illnesses
  - Hypothyroidism, B12/ Folate deficiency
- Medications
- Pain
- Sleep Deprivation
- Grief
- Psychosocial Stressors

Caution: Just because the patient has one of these illnesses it doesn’t mean they don’t also have depression
Clinical Treatment Models which Effectively Treat Depression

- Key Components: Screening, patient education, close monitoring, therapy offered (CBT or PST)
- IMPACT
- PROSPECT
  - Bruce et al, JAMA 2004: 291(9), 1081-1091
Therapy / Psychosocial Interventions

- CBT
  - Behavioral Therapy – Changing behaviors
  - Cognitive Therapy – changing “negative automatic thoughts”
- Problem Solving Therapy (PST)
- Supportive Therapy - GROUPS
- Exercise
- Structure and social interaction
“What A Difference a Friend Makes”

United States Substance Abuse and Mental Health Services Administration, 2007