# Assessment and Diagnosis of Mental Disorders in Older Adults

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# The Fuqua Center for Late-Life Depression

Established in 1999 following a gift from The J.B. Fuqua Foundation to develop a ***"Center of Excellence"*** in the treatment of late-life depression.

- Decrease stigma
- Improve access to services

# 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"

(Bryant et al, *Jrnl of Affective Disorders*, 2008; Kroenke, Spitzer, Williams, Monahan, Lowe, *Annals of Internal Med*, 2007)

# Comorbid Anxiety and Depression

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

# 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.

(Andreescu et al, *American Jrnl of Geriatric Psych*,2007, Lenze et al , *Depression and Anxiety*, 2001, Brenes et al, *American Jrnl of Geriatric Psychiatry*,2007 ; *Aging and Mental Health*, 2008)

# 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.

(APA, 1980; Dada et al , *Psychiatric Clinics of North America*, 2001; Small, *Journal of Clinical Psychiatry*, 2007)

# Medical Conditions that Cause Anxiety Symptoms

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

# Anxiety Assessment Scales

- GAD-7 rates the seven symptoms that comprise the diagnostic criteria for Generalized Anxiety Disorder (GAD)
  - 0-3 for total score of 21.
  - 5 – 9 mild, 10 -15 moderate, greater 15 severe

(Pachana et al, International Psychogeriatrics, 2007)

# Anxiety Assessment Scale

- The Hospital Anxiety and Depression Scale
  - Subscales for anxiety and depression
  - Less than 7 unlikely present, 8-10 most likely present, 11 indicated disorder
  - (Kenn, Wood, Kucj, Attis, Cunane, International Jrnl of Geriatric Psychiatry, 1987)

# Treatments

- Psychosocial Interventions
- Pharmacotherapy

# Pharmacotherapy

- **First Line**
  - Selective serotonin reuptake inhibitors (SSRIs)
    - Lexapro, Celexa, Zoloft, Paxil
  - Serotonin and norepinephrine reuptake inhibitor (SNRIs)
    - Effexor

# Pharmacotherapy

- Benzodiazepines are effective but use should be short term because of side effects such as cognitive impairment, gait instability and falls, sedation, inhibition and dependency.
  - Ativan, Serax
  - Klonopin (long acting benzo)
  - Older medications such as Valium, Librium are likely to accumulate and create toxicity

# Pharmacotherapy

- Buspar
  - Trials show fewer adverse effects, reduced chronic anxiety
  - Experience suggests inconsistent benefit

(Lauderdale, Sheikh, Clinical Geriatric Medicine, 2003)

# 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

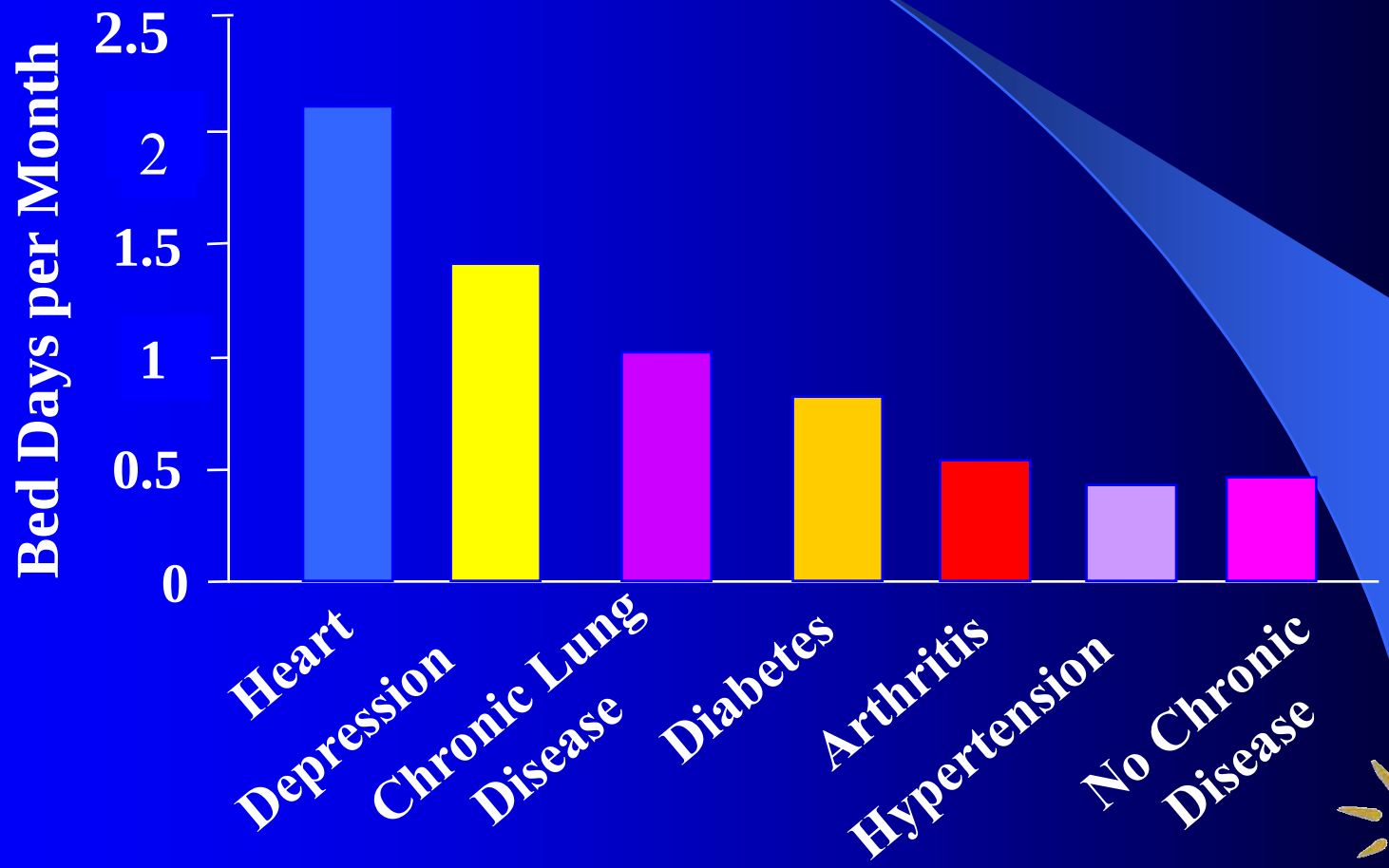
(Butler, Lewis, Sunderland, 1998)

# 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**

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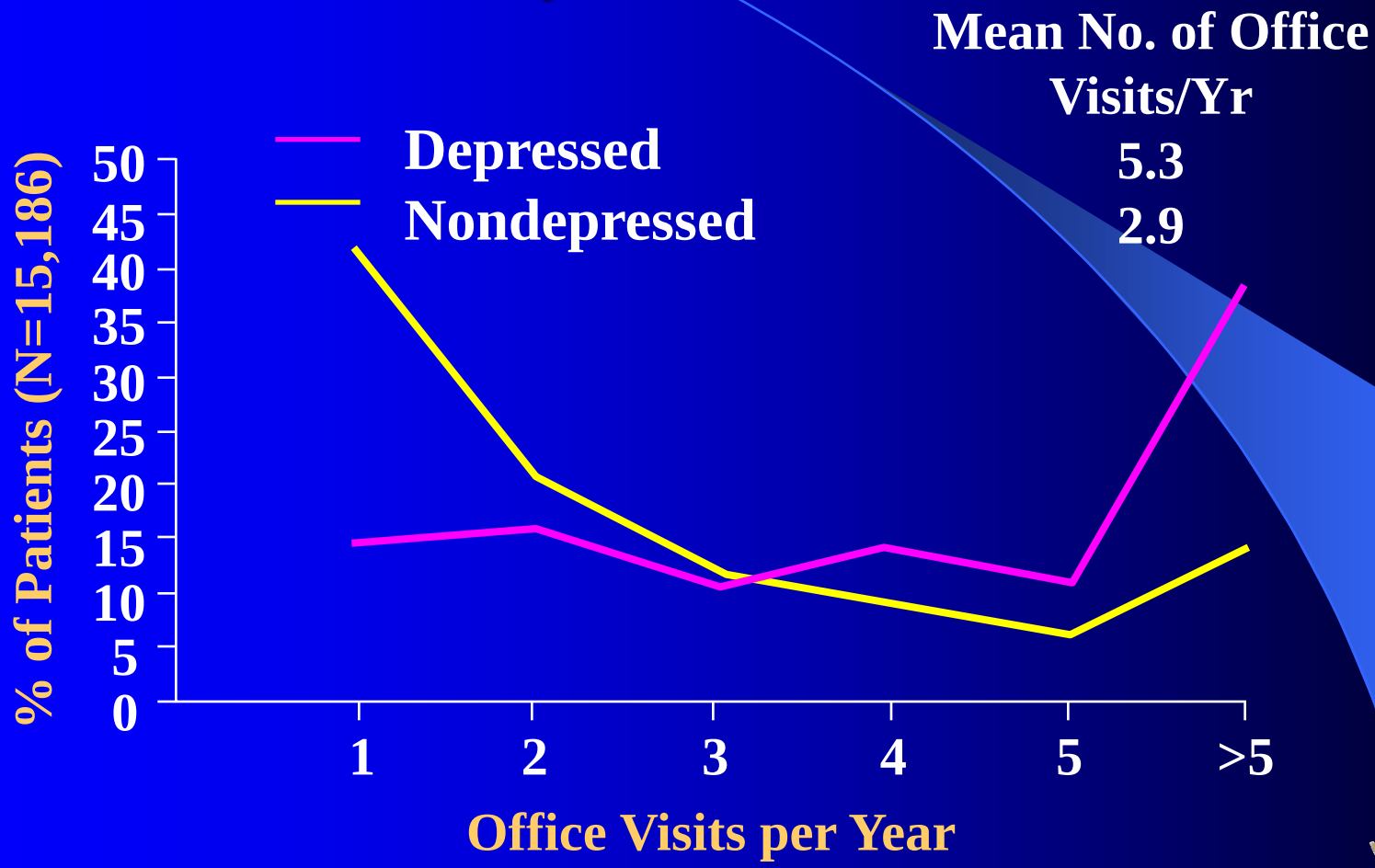
# Utilization of Primary Care Services




Luber MP et al. Recognition, treatment, comorbidity and resource utilization of depressed patients in a general medical practice. Presented at the Annual Meeting of the Society of General Internal Medicine, 1996

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# Older Adult Mental Health Delivery

- <10% of older adults with depression are diagnosed in primary care setting
- < 25% of patients with moderate to severe dementia were identified by general practitioners as having dementia

Gallo JJ, Ryan SD, Ford D. *Arch Fam Med*; Callahan CM et al. *Ann Intern Med*. 1995

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# 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

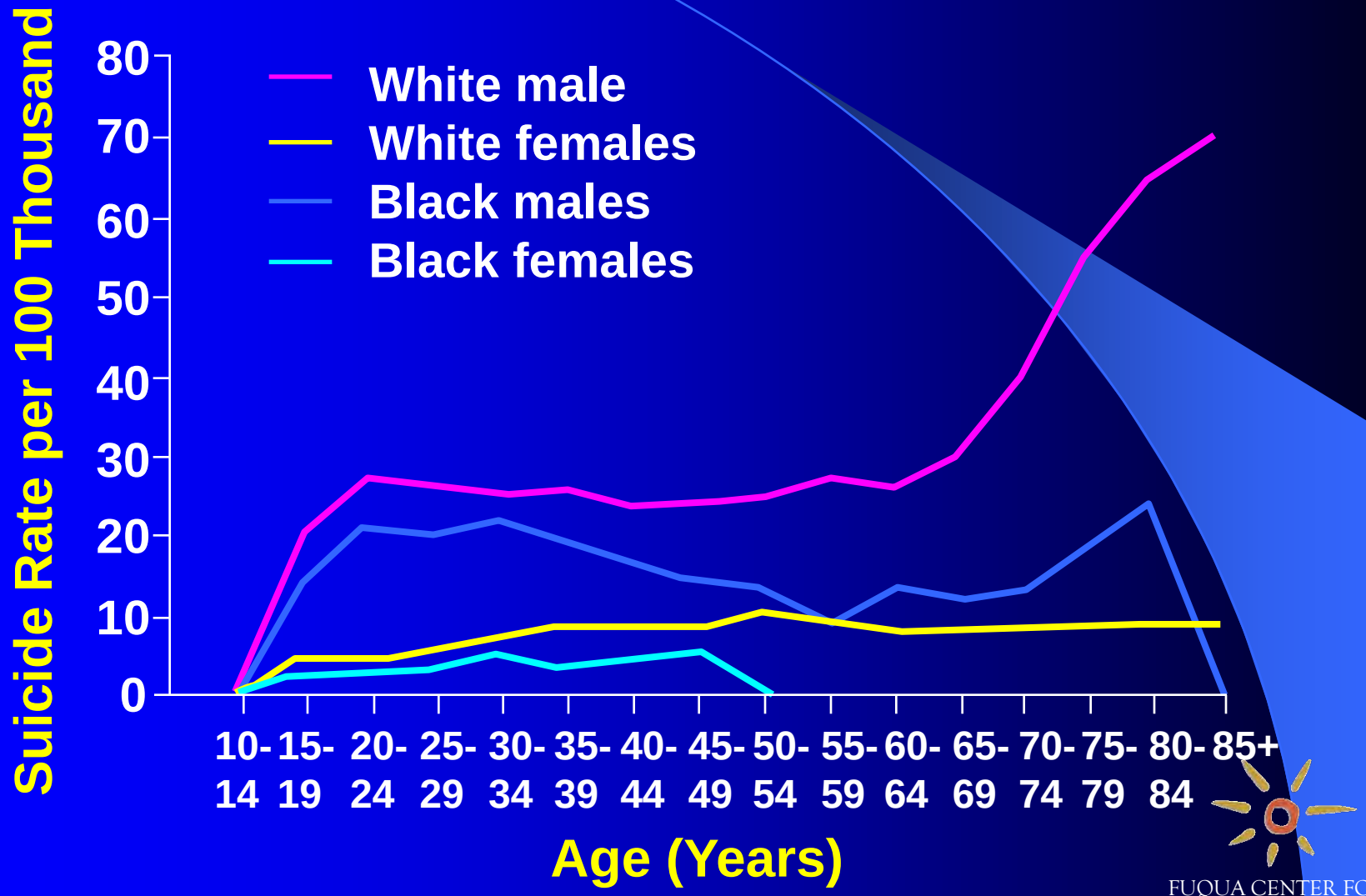
# Depression in Older Adults

- 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




National Center for Health Statistics

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# 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 sxs not meeting other criteria
- Dysthymia
  - Depressed mood for more days than not for 2 years
    - and two or more symptoms of Depression

# Mood Disorder

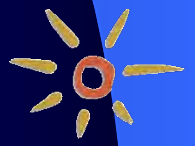
- Bipolar Disorder
  - Times of depressed mood and times of mania with span of time in between when euthymic
  - Antidepressant may cause person with Bipolar disorder to become manic
  - Older adults with Bipolar have more depressive episodes

# 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



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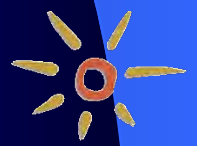
# Benefits of Treatment

- 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 base line

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



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# Improve Detection

- Implement Depression Screening Tools
  - PHQ -9
  - Geriatric Depression Scale (30 and 15 item tools)
  - Beck Depression Inventory ( includes suicide ideation question)
  - Cornell Depression in Dementia Scale
- Mini Mental Status Exam or Mini Cog

# 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

# Mild Depression
## Expert Consensus Guidelines

**Preferred Treatment**

- Antidepressant medication and psychotherapy
- SSRI, Venlafaxine XR

**Alternate Treatment**

- Antidepressant alone or psychotherapy alone
- Bupropion, Mirtazapine

Adapted from Alexopolus et al, 2001, A Postgraduate Medicine Special Report. Minneapolis, MN

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# Severe Depression
## Expert Consensus Guidelines

**Preferred Treatment**

- Antidepressant medication and psychotherapy OR antidepressant medication alone
- SSRI, Venlafaxine XR

**Alternate Treatment**

- Electroconvulsive Therapy
- Tricyclic antidepressants, Mirtazapine, Bupropion

Adapted from Alexopolus et al, 2001, A Postgraduate Medicine Special Report. Minneapolis, MN

# Pharmacotherapy

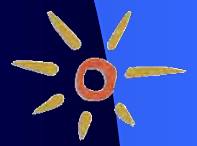
## Older Medications

### Tricyclics

- Nortriptyline (Pamelor)
- Amitriptyline (Elavil)
- Desipramine (Norpramin)
- Imipramine (Tofranil)

### MAOIs

- Isocarboxazid (Marplan)
- Phenalzine (Nardil)
- Tranylcypromine (Parnate)
- Selegiline (EMSAME) patch



# Pharmacotherapy

## Antidepressants more frequently used in older adults

**SSRIs**

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluvoxamine (Luvox)

**SNRIs**

Venlafaxine (Effexor XR)

- Duloxetine (Cymbalta)
- Pristiq

Others

- Mirtazapine (Remeron)
- Bupropion (SR) (Wellbutrin XL/ SR)
- Trazodone (Desyrel)

# Serotonin and Psychiatric Symptoms

- Mood
- Anxiety: OCD, GAD, PTSD, Social Phobia & Panic Disorder
- Impulsivity
- Aggression
- Eating Disorders: Bulimia, Anorexia

# Medication Basics for Patients

- non addictive
- take 4 - 6 weeks to work (8 – 10 in older adults) once at therapeutic dosage
- may cause stomach upset but will go away in 7 - 10 days
- may cause some jitteriness but will usually go away
- may experience flu like symptoms when stop suddenly
- if on an antidepressant does not mean depression is adequately treated
- make other doctors aware that medication has been beneficial

# Clinical Treatment Models which Effectively Treat Depression

- Key Components: Screening , patient education, close monitoring, therapy offered (CBT or PST)
- IMPACT

  Unutzer et al, Med Care 2001: 39 (8):785-99
- PROSPECT
  - Bruce et al, JAMA 2004: 291(9), 1081-1091

# Psychosis in Older Adults

- Hallucinations are false sensory perceptions affecting any of the five senses
- Delusions are false beliefs

# Disorders Associated With Psychosis

- Schizophrenia
  - Delusions, hallucinations, disorganized thinking, disorganized behavior, and affect flattening, poverty of speech, or apathy
  - Early Onset , Late Onset and Very Late Onset
- Delusional Disorder
  - Increases in middle to old age

# Disorders Associated with Psychosis

- Mood Disorder with Psychotic Features
  - In depression or bipolar disorder
  - “Mood congruent”
- Delirium
  - Acute onset and fluctuating levels of consciousness and hallucinations or illusions
- ,

# Disorders Associated with Psychosis

- Psychosis related to medical illness/disorders:
  - Endocrine, seizures, lupus, dementias
- Psychosis related to substance abuse or polypharmacy
- Charles Bonnet
  - Low vision, visual hallucinations and no psychiatric disorder or brain disease

# Risk Factors

- Increased age
- Sensory deficits
- Social isolation
- Lack of intimate contacts
- Paranoid personality traits
- Adverse life events

# Assessment of Psychosis

- Establish trust – Assess for insight into illness – Reliable informant – Observe behavior (onset and duration of behavior) – Past personal or family history – Screen for dementia/ cognitive impairment – Screen for depression – Delirium ? – Medical conditions?

# Treatment of Psychosis

- Antipsychotic Medications
  - First line
    - Abilify, Clozaril, Risperdal, Zyprexa, Seroquel, Geodon
  - Older antipsychotics
    - Haldol, Prolixin

# “What A Difference a Friend Makes”

United States Substance Abuse and Mental Health Services Administration, 2007

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