Geriatric Psychiatry: A review

Cletus Carvalho MD
Medical Director, Adult Inpatient Psychiatry
Psychiatry Residency Program Director
Assistant Professor
Department of Psychiatry, University of Kentucky

Geriatric Psychiatry

- *Geros* – old age
- *Iatros* – physical
- Aims of specialty
  - Address psychological issues in the elderly
  - Promote longevity
  - Mental adaptation
- 25% have psychiatric symptoms
  - Commonest are:
    - Depressive disorders
    - Cognitive disorders
    - Phobias
    - Alcohol use disorders
    - Suicide
    - Drug induced psychiatric disorders

Psychiatric examination

- Same format as in younger patients
- Interview patient alone
  - Privacy, SI & paranoia
- Get the family & caretaker story also
- Comorbid cognitive issues will require:
  - Explanation of the reason & process of interview
  - Confirm details with family/caretaker
- Ask patients to bring their medications in

Question

- Geriatric patients' attitude towards young physicians is more likely to result in them treating the physician as:

A. Child figure
B. Parent figure
C. With a superiority complex
D. With an inferiority complex

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Psychiatric examination

- Medical history is important because:
  - Multiple, chronic illnesses
  - Psychiatric symptoms may precede manifestation of medical syndrome
  - Geriatric patients are major consumers of OTC medications

Psychiatric examination

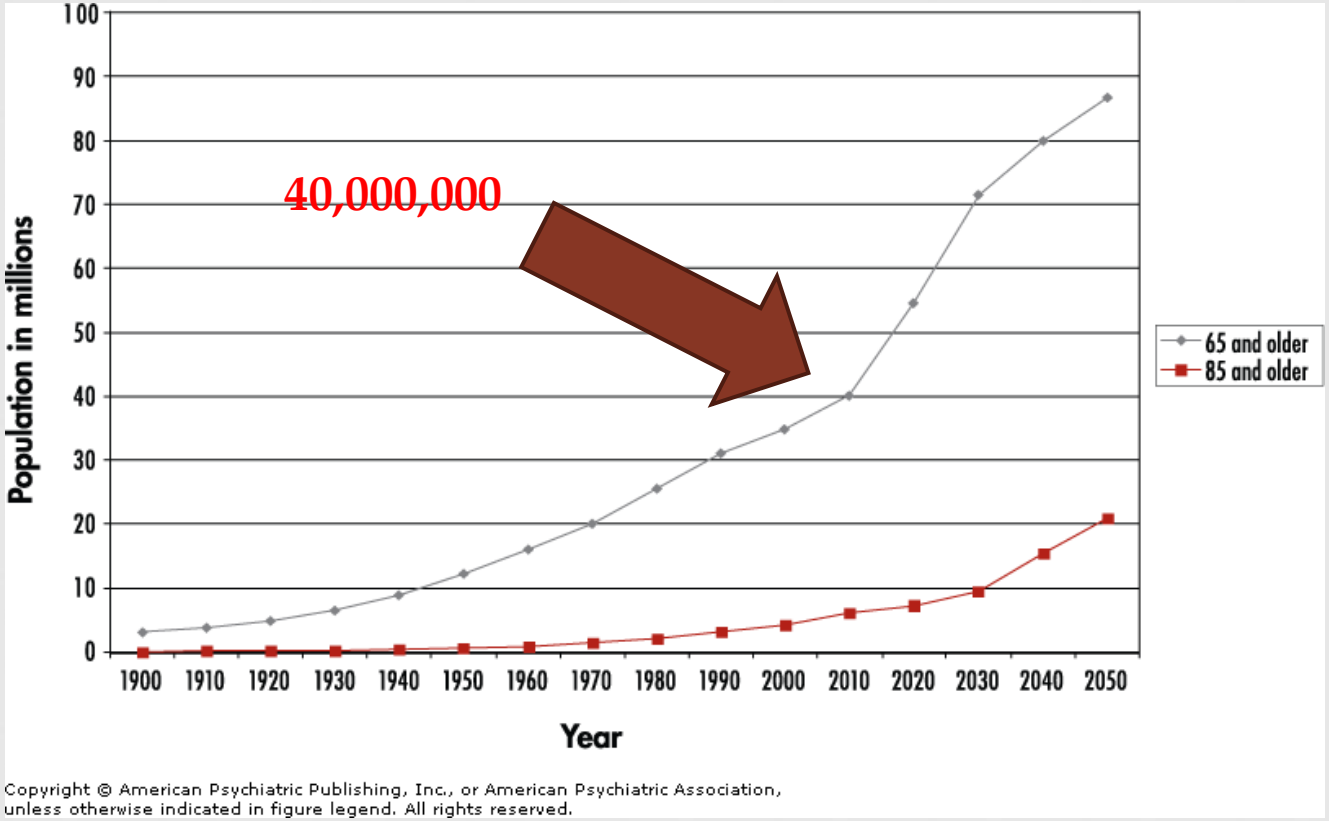
- Cognition & sensorium
  - Observe: Assess attention & concentration
  - "I'd like to ask you some questions to assess your thinking, concentration & memory"
  - "Let me start by asking you to repeat the following three objects back to me"
  - Immediate recall
  - Orientation to time, place, person & circumstance
  - Presidents
  - Serial 7's, Serial 3's, Object or word recall
  - Name 3 objects: tests naming, not object recall
  - Intersecting pentagons
  - Reading and writing
  - 3 object recall in 5 min

Neuropsychology

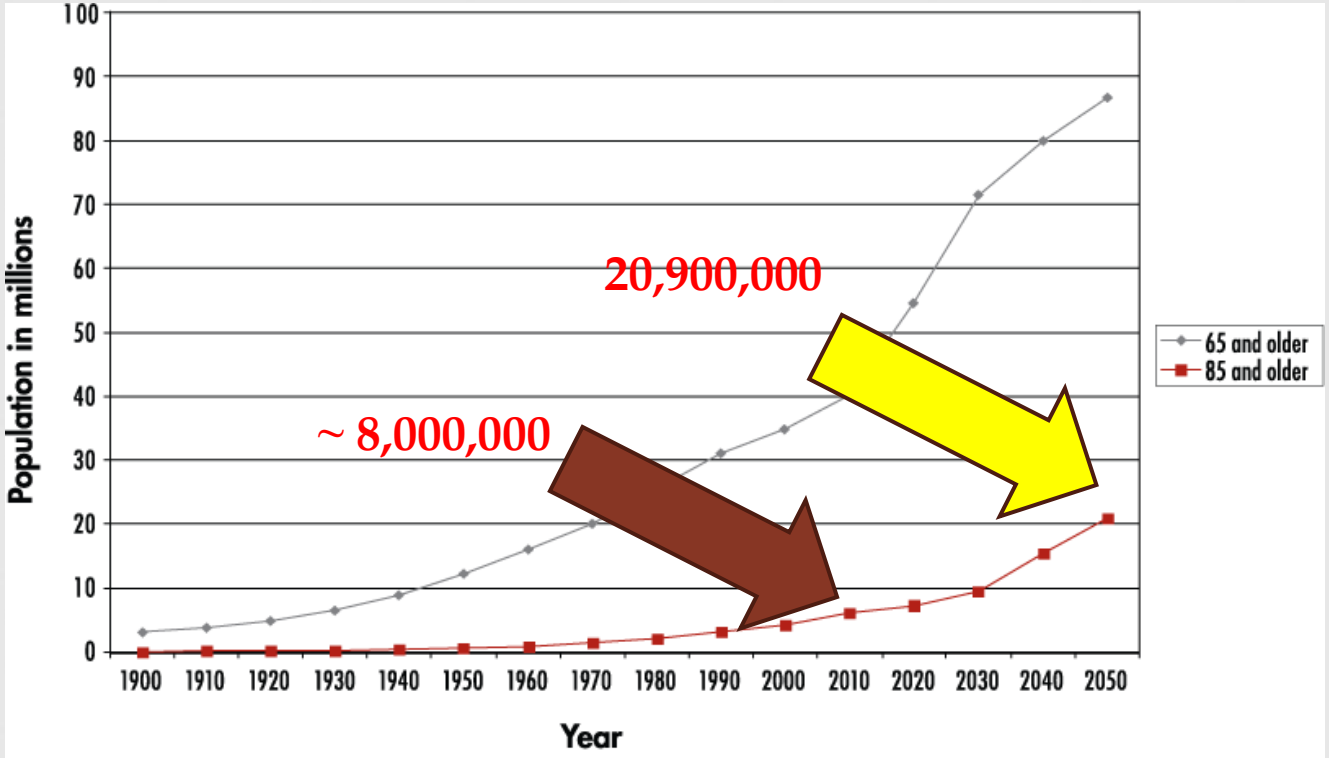
- Mini Mental State Examination
  - Detects cognitive abnormalities
  - Monitors the course of cognitive problems
  - Monitors treatment response
  - DOES NOT make a cognitive disorder diagnosis
- Weschler Adult Intelligence Scale – Revised (WAIS-R)
  - Verbal IQ + Performance IQ = Full scale IQ
  - Performance IQ is more affected in dementia
- Bender Gestalt
  - Visuospatial test
- Halstead-Reitan Battery
  - Comprehensive neuropsychologic testing
- Geriatric Depression Scale
  - Eliminates recording of somatic or psychosomatic complaints

Epidemiology

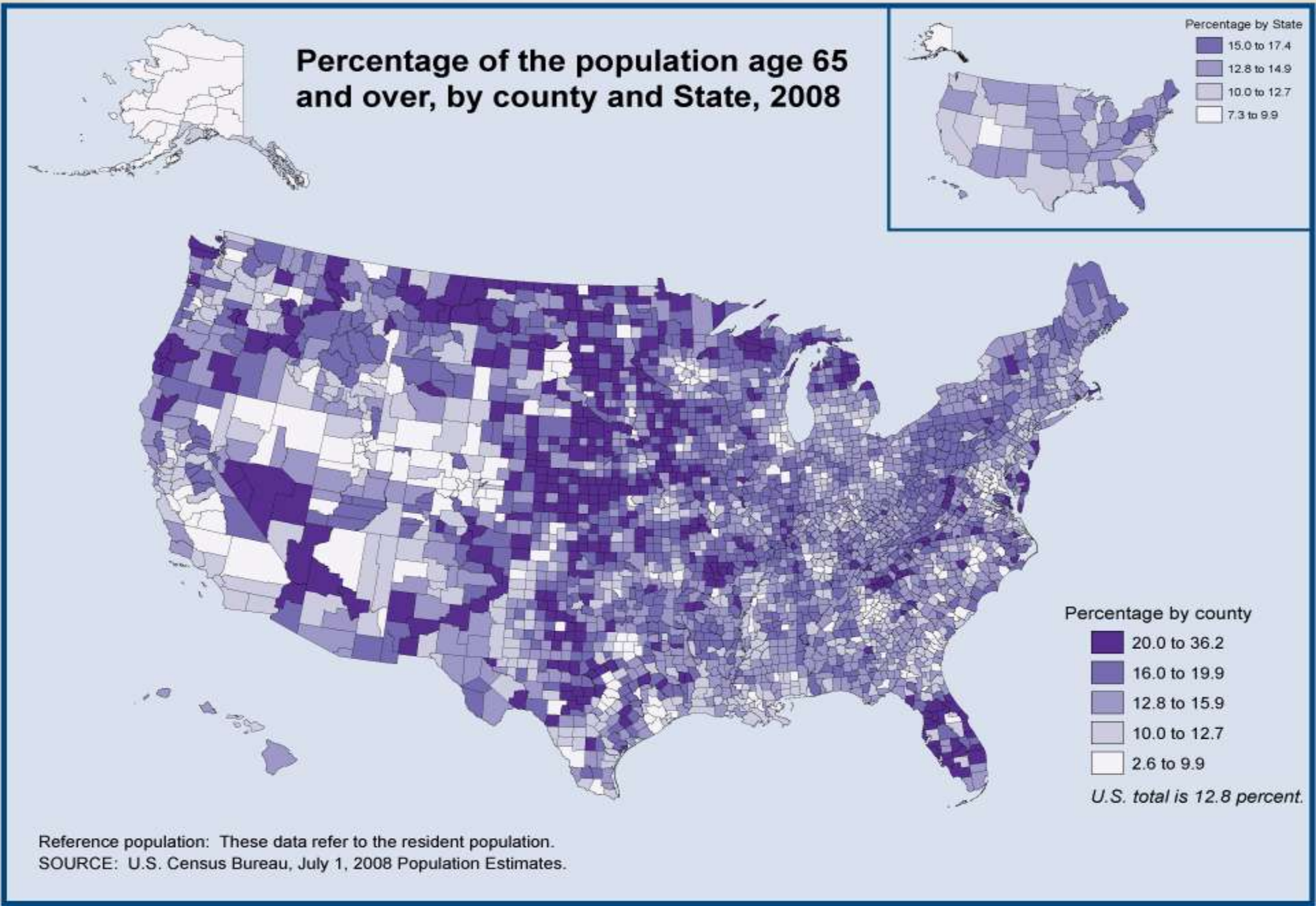
Epidemiology



Epidemiology



Indicator 1 – Number of Older Americans



Epidemiology

- Predominantly female and white
  - 58% of the population ages 65 and older
- Life expectancy
  - 1900 - 48.3 years for females and 46.3 years for males
  - 2004 - 80.4 years for females and 75.2 years for males.
  - 65-year-old average of 18.7 more years,
  - 75-year-old could expect to live 11.9 additional years

Epidemiology

- Higher percentage of elderly women with increased life expectancy
  - Cigarette smoking more in men
  - More physical demands from work in men
  - Women have a genetic advantage
  - But…more women are entering the workforce and more are smoking

Psychiatric illness

Disorder	Lifetime prevalence	12 month prevalence
Alcohol use disorder	16.1%	1.5%
MDD	8.2%	2.7%
Panic d/o	2.8%	0.8%
Social anxiety	3.0%	1.6%
GAD	2.6%	1%
Specific Phobia		7.5%
MDD in nursing homes	14.4%	(non-NESARC data)

NESARC-National epidemiologic study on alcohol and related conditions

Cognitive illness

Author	Location	N	Age	Cognitive illness
Manley et al	NYC	1315	65+	2.1-6.2% MCI
Callahan et al	Primary care in Indiana	3594	60+	15.7%
Regier et al	ECA	5702	65+	4.9% (2.9% ages 65–74; 6.8% ages 75–84; 15.8% ages 85+)
Evans et al	East Boston	467	65+	10.3% probable Alzheimer's
Rovener et al	Maryland	50	Mean age = 83	5.2% probable dementia 56% primary degenerative 18% multi-infarct 4% Parkinson's dementia

Over age 85

- 3 year incidence of depression 4.1%
- Incidence of schizophrenia 3 per 100,000 persons of new cases per year
- Incidence of dementia 118 per 100,000 persons for new cases per year
- Incidence of Alzheimer's disease 8.4%

Psychiatric disorders

Dementing disorders

- Risk factors
  - Age
    - 5% of patients over 65 years
    - 20% of patients over age 80 years
  - Family history
  - Female sex
  - Depression
  - Substance use
  - CVAs
- 10-15% have a reversible cause
  - Benzodiazepines & other medications
  - Hypothyroidism
  - Dementia syndrome of depression (Pseudodementia)

Dementing disorders

- Dementia affects
  - Cognition
  - Memory
  - Language
  - Visuospatial functioning
  - Behavior
    - Agitation, restlessness, wandering, rage, violence, shouting, social/sexual disinhibition, impulsiveness
  - Sleep
  - Neuropsychiatric symptoms
    - Depression
    - Mania
    - Delusions and Hallucinations seen in 75% of dementia patients

Dementing disorders

- Cortical dementias (Aphasia, agnosia, apraxia, memory loss, executive functioning)
  - Alzheimer's disease
  - Creutzfeld-Jakob disease
  - Pick's disease
- Subcortical dementias (gait apraxia, movement disorders, psychomotor retardation, apathy, memory loss less prominent in the beginning)
  - Huntington's disease
  - Parkinson's disease
  - Normal pressure hydrocephalus
  - Wilson's disease
- Mixed dementias
  - Vascular dementia
  - Dementia of Lewy Body type
  - HIV & other infectious causes

Alzheimer's disease

- 50-60% of dementia cases
- 5% cases >65 yrs & 15-20% cases >85 yrs
- 50% cases in nursing homes
- Insidious onset and progressive course
- Mean survival of 8 years (Range: 1-20 years)
- Course: Memory→Language→Visuospatial changes
- Plaques – amyloid deposits
- Tangles – tau protein deposits
- Loss of cholinergic neurons
- Pharmacology
  - Aricept, Exelon, Reminyl, Namenda
  - Slow memory loss, delay placement, treat neuropsychiatric symptoms, reduce caregiver burden
- Nonpharmacologic behavioral management

Vascular dementia

- Second most common type
- Abrupt onset with stepwise deterioration…or not!
- Few large lesions or numerous smaller lesions
- Treatment:
  - Acetylcholinestrase inhibitors
  - Treat secondary neuropsychiatric syndromes
  - Manage hypertension, DM, smoking, arrhythmia
  - Nonpharmacologic behavioral management

Depressive disorders

- 15% in community have depressive symptoms
- 15% in nursing homes have depressive symptoms
- Risk factors
  - Female
  - Widowed
  - Chronic medical illness
- More likely to report somatic symptoms

Bipolar disorder

- Relapse remitting history
- Lifetime relapse risk
- If the first episode occurs after age 65 years
  - Suspect an organic cause
  - Suspect a medication induced cause
- Lithium
  - Decreased GFR increases toxicity risk
  - More likely to have neurologic side effects

Schizophrenia

- Lifetime relapse risk
- Patients more likely to be in the residual phase
  - 20% with no active symptoms
  - 80% have a variable presentation
  - 30% in residual phase
- Late onset if onset is after age 45
  - More in women
  - Co-occurring dementia likely

Delusional disorder

- Delusions which are chronic and non-bizzare
- Onset at 40-55 years
- Persecutory delusions are most common
  - Accompanying behavior problems
- Precipitating or exaggerating features
  - Death of spouse
  - Job loss
  - Entering retirement
  - Social isolation
  - Financial issues
  - Debilitating illness
  - Deafness
  - Visual impairment
- Rule out other psychiatric illness
  - Alzheimer's disease
  - Depression
  - Substance use

Anxiety disorders

- Onset in elderly is rare
- Phobias are commonest
- Panic disorder
- Agoraphobia
- Generalized anxiety disorder
- Obsessive compulsive disorder
- PTSD
- Social phobia
- Specific phobia
- Secondary to medical illness or substances

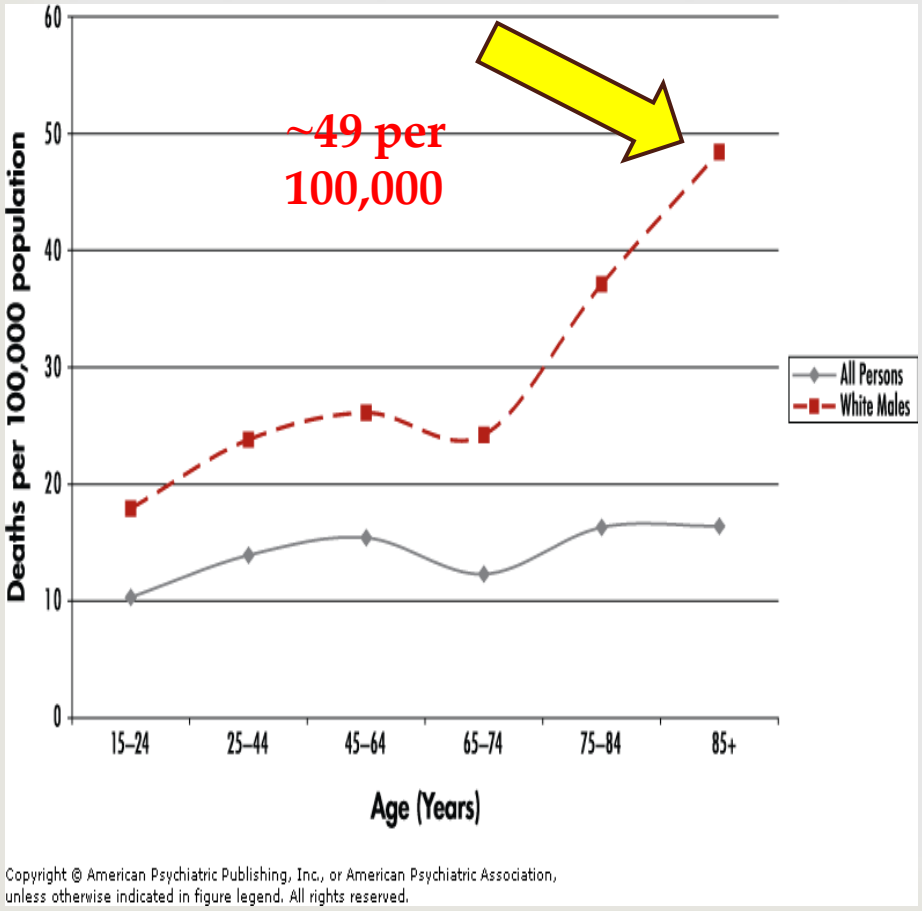
Alcohol & substance use

- Either in remission
- Or with ongoing use
  - Legal issues
  - Liver/medical illness
  - Failed relationships
  - Dementia
  - 20% of NH pts – etoh
  - Etoh w/d - delirium
- Benzodiazepines &
- Opioid dependence
- Addiction vs. dependence
- Nicotine & caffeine also seen
- Other substances
  - 35% use OTC analgesics
  - 30% use laxatives

Suicide risk

- >65 years white males – highest risk group for suicide
  - 5 times higher than general population
  - In 1/3 loneliness is the precipitating factor
  - In 10% of suicide completers triggers are:
    - Financial issues
    - Comorbid medical illness
    - Depression
  - High rates in widowed, divorced or separated patients
  - Asking about SI doesn't increase risk
  - Style is important for valid truthful answers

Suicide



>75 years	15-24 years
50.0 per 100,000	22.0 per 100,000
Women 15.8 per 100,000	4.9 per 100,000

Elder abuse

- Occurs in 10% of patients over age 65 years
- Can be verbal, physical, emotional and sexual
- Acts of omission (neglect) also possible
  - Withholding
    - Food
    - Clothes
    - Medicine
    - Other necessities
- Perpetrator
  - Financially dependent on victim
  - Victim also closely dependent on perpetrator
  - Both may under-report

Geriatric psychopharmacology

- Pre-Rx medical eval
- May need EKG
- Home meds' listing
- May need TID or BID dosing
- HS dosing for sedatives
- Liquid preparation for dysphagia or noncompliance

- >65 years use the most amount of medications
- 25% scripts are for:
  - Psychotropics
  - Cardiovascular meds
  - Diuretics
- 40% of all hypnotics consumption
- Check OTC use
  - 70% in elderly
  - 10% in younger pts

Geriatric psychopharmacology

- Decreased absorption
  - ↓↓ gastric acid
  - ↓↓ Lean mass
- Decreased excretion
  - ↓↓ Renal clearance
  - ↓↓ Hepatic metabolism
  - ↓↓ Cardiac output
- ↑↑ Fat – lipid soluble drugs more widely distributed with prolonged drug effects
- Use lowest effective dose

Geriatric psychopharmacology

- Tricyclic antidepressants
  - Nortriptyline and desipramine
    - Commonly used
    - Lower anticholinergic effects
    - Lower sedation
    - Decreased orthostatic hypotension with nortriptyline
    - Therapeutic blood levels
      - Nortriptyline: 60-150 ng/mL
      - Desipramine: >115 ng/mL
    - Low doses can cause therapeutic levels
    - Type Ia antiarrhythmic effects
      - Get pre-rx EKG
      - Don't use in RBBB or LBBB
      - Careful s/p MI

Geriatric psychopharmacology

- SSRIs
  - Same dose as in young adults
  - Side effects
    - Insomnia, akathisia, nausea, anorexia, pseudoparkinsonism & SIADH
  - Can cause CYP2D6 inhibition increasing levels of:
    - Desipramine, antipsychotics, beta-blockers, verapamil and type Ia antiarrhythmics
  - Some can cause 3A4 inhibition increasing levels of:
    - Xanax, Halcion, Carbamazepine, Quinidine and Erythromycin
  - Luvox + Theophylline
    - 3 fold increase in Theophylline levels via CYP 1D12 inhibition

Geriatric psychopharmacology

- MAOIs
  - Orthostatic hypotension and fall risk
  - Weight gain, anergia, insomnia, somnolence, neuropathy
- Effexor, Wellbutrin, Serzone
  - Safe in elderly; similar as young adult dosing
- Augmentation therapies
  - Lithium augmentation
  - Combination treatments usually poorly tolerated
- ECT

Geriatric psychopharmacology

- Antimanic agents
  - Lithium, depakote, carbamazepine
  - Atypical antipsychotics
  - Lamotrigine for bipolar depression
- Anxiolytics
  - >65 years represent 12% of the population
  - But represent 15% of anxiolytics' users
  - 5 times higher use than the general population

Geriatric psychopharmacology

- Atypical antipsychotics
  - May need lower doses
  - Increased EPS risk
  - More likely to have unusual side effects
    - Stop speaking or ambulating or swallowing
  - Neurologic side effects
    - Akathisia, parkinsonism, autonomic s/e, fall risk

Psychotherapies

- Main issues addressed:
  - Loss
  - Role adjustment
  - Accepting mortality
- Supportive psychotherapy
  - Frail, nursing home patients
  - Ventilation
  - Advice
  - Accept decreased functional capacity
  - Accept increased dependency

Psychotherapies

- Life review/reminiscence therapy
  - Reflect & reminisce on the past
  - Progressive return of memories
  - Biography write up
  - Look through
    - Scrapbooks
    - Memoribilia
    - Family reunions
  - May significantly distract patient

Psychotherapies

- CBT
  - Similar technique as in younger adults
  - Conduct at a slower pace
  - More active role by therapist
  - Notes and tapes for hearing loss
  - Slow termination upon completion of treatment
- Psychodynamic
  - Brief course for:
    - Adjustment disorder
    - Grief reaction
    - New-onset anxiety disorder
  - Insight oriented format

Grow old along with me!
The best is yet to be. . .
—*Robert Browning*