

'Psychogeriatrics'

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Whats in a name?!?



Aged Persons Mental Health

History

- Relatively new specialty – 1960s/70s onwards
- ++scepticism from general psychiatry
- "should be regarded as treatment centres for the mentally ill not as depositing grounds for the senile for whom nothing can be done..."
- In UK official subspecialty recognised in 1980s

Misconceptions

- "I'm old sure what can you expect"
- "she's a bit forgetful but she is 78"
- "old people want to sleep all day"
- "she just wants to die – it happens when people get old"
- "I'd be depressed if I was in a nursing home too"

Why differentiate?

- Biological changes – neurodegenerative diseases
- Psychological changes – bereavement, loss of function, loneliness
- Sociological changes – retirement, isolation

Our role

- Diagnose and manage mental health problems in older people
- Advocate for older people and in particular older people with mental health issues

Where we work

- Person's own home
- Clinic
- Nursing Home
- Inpatients – acute mental health ward
- Inpatients – medical and surgical wards

Types of illnesses

'Functional'	Organic'
Depression	Dementia
Bipolar	Delirium
Anxiety	depression
psychosis	psychosis

Long - standing illnesses

- Depression
- Schizophrenia
- Anxiety/ panic disorders
- Bipolar affective disorders

Long-standing illnesses

- May not need Aged persons mental health input
- exacerbations in condition due to age related issues – may lead to our input.

New onset illnesses

- Late– onset depression
- Late onset anxiety disorder
- Late onset psychosis (schizophrenia)
- Late onset bipolar disorder
- Neurodegenerative diseases

late onset depression

- Often very similar in symptoms to younger presentation
- anxiety can be significant feature
- psychological factors – grief, loneliness
- biological – vascular brain disease, neurodegenerative diseases.

Prevalence of depression

- Community – 1.4–4.4% women; 0.4–2.7% men
– major depression
- Community – 9–16.6% – depressive symptoms
- Hospitalized sample– 11.5% – major depression; 23.5% depressive symptoms.
- LTC residents – 12.4% – major depression; 35% depressive symptoms

Late-onset & 'very late'- onset schizophrenia

- Late onset – occurs after age 40
- Very late onset occurs after age 60
- late onset v similar to early onset
- one year prevalence of 0.71% of schizophrenia in over 40s
- 23% will have developed it after age 40
- very late onset – F>M , sensory deficits, social isolation
- incidence of 12.6/100,000 in one year of late onset

Dementia

- Significant impairment in at least one cognitive domain that results in secondary functional impairment

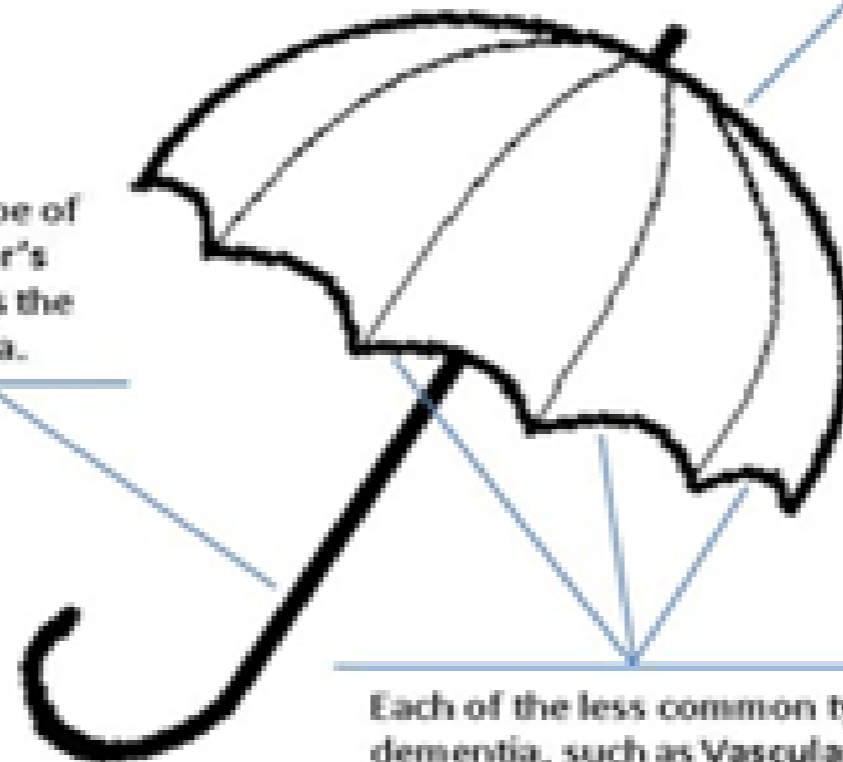
Dementia

- ← >300,000 Australians living with dementia
- ← In next 10 yrs expected to rise by a third.
- ← 2050 - close to 1,000,000.
- ← Estimated 1.2 million Australians caring for someone with dementia
- ← third greatest source of health and residential aged care spending within two decades, -around 1% of GDP
- ← Total direct health and aged care system expenditure on people with dementia was at least \$4.9 billion in 2009-10
- ← Australia faces a shortage of more than 150,000 paid and unpaid carers for people with dementia by 2029
- ← In high income countries only 20-50% of people with dementia are recognised and documented in primary care
- ← If dementia were a country, it would be the world's 18th largest economy

Dementia - causes

Dementia is an 'umbrella term' referring to many different types of dementia.

The most common type of dementia is Alzheimer's disease - illustrated as the handle of the umbrella.



Each of the less common types of dementia, such as Vascular, Lewy Body, Frontotemporal, etc. is illustrated as a separate section of the umbrella.

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'Sorry, I'm terrible with names.'

Normal vs Dementia

Possible signs of dementia	Typical age related changes
<i>Poor judgment and decision making</i>	<i>Making a bad decision once in a while</i>
Misplacing things and being unable to retrace ones steps	Losing things from time to time
<i>Losing track of date or season</i>	<i>Forgetting day/date & remembering later</i>
Inability to manage a budget	Missing a monthly payment
<i>Difficulty having a conversation</i>	<i>Forgetting a word to use occasionally</i>

Diagnosis

- Why?
 - Differentiate between cause
 - Treatment available
 - Access to services and supports
 - Advance care planning

Diagnosis

- **Who?**
 - **GP– starting point**
 - **Geriatrician / Old Age Psychiatrist / Neurologist**
 - **Memory Clinic (CADMS)**

Diagnosis

- How?
 - History from patient and next of kin
 - Physical exam and blood tests
 - Cognitive testing
 - Brain scans
 - All of above put together → probable diagnosis

Management

- Use of reminders
- Education for patient and family/friends
- Treat modifiable factors
- Alzheimer's drugs
- Driving
- Advanced care planning

Behavioural & Psychological Sequealae

Searching behaviours

Pacing

Anxiety

Loneliness

Depression

Agitation

Hallucinations

Paranoia

