Mental health issues in the elderly

January 28th 2008
Presented by
Éric R. Thériault
etheriau@lakeheadu.ca
Outline

- Cognitive Disorders
  - Dementia
    - (294.xx) Dementia of the Alzheimer's Type (early and late onset)
    - (290.xx) Vascular Dementia
- Mood Disorders
  - (296.xx) Depressive Disorders
- Anxiety Disorders
  - (300.02) Generalized Anxiety Disorder
## Prevalence rates for psychological disorders

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>18-54 Years</th>
<th>55 + Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any anxiety disorder</td>
<td>13.1%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Any mood disorder</td>
<td>7.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Somatization</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Antisocial personality disorder</td>
<td>2.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Anorexia nervosa</td>
<td>0.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Severe cognitive disorder</td>
<td>1.2%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Any disorder</td>
<td>19.5%</td>
<td>19.8%</td>
</tr>
</tbody>
</table>
Cognitive Disorders

- Delirium
- Dementia
- Amnestic Disorders
- Cognitive Disorder Not Otherwise Specified
Dementia

Multiple cognitive deficits that include impairment in memory

- Dementia of the Alzheimer's Type
- Vascular Dementia
- Dementia Due to Other General Medical Conditions
- Substance-Induced Persisting Dementia
- Dementia Due to Multiple Etiologies
- Dementia Due to Multiple Etiologies
Dementia

- Dementia is a gradual decline of mental ability that affects your intellectual and social skills to the point where daily life becomes difficult.

- Dementia can affect your memory function and judgment, can make you feel disoriented, and may also affect your personality.
Dementia

- 8% of Canadians over 65 meet the criteria's for Dementia
- 16% to 25% for those over 85

- It is estimated that the numbers of Canadians with dementia will double by 2021 because of the aging population
- By 2031 over 750,000 Canadians are expected to be diagnosed with Dementia
Diagnosis criteria

Dementia

Multiple cognitive deficits

• Must demonstrate memory impairment
• At least one cognitive disturbance
  – Aphasia (language disturbance)
  – Apraxia (impaired motor function)
  – Agnosia (failure to recognize or identify familiar objects)
  – Disturbance(s) in executive functioning (i.e., planning organizing, etc)

Must be severe enough to cause significant impairment in functioning
(290.4x) Vascular Dementia
(formerly Multi-Infract Dementia)

- VD occurs when the cells in the brain are deprived of oxygen
- Can be caused by a stroke or artery disease
- Risk factors
  - Over the age of 65
  - Hypertension
  - Heart disease
  - Diabetes
(290.4x) Vascular Dementia

• **A** The development of multiple cognitive deficits manifested by both
  (1) memory impairment (impaired ability to learn new information or to recall previously learned information)
  (2) one (or more) of the following cognitive disturbances:
  – aphasia (language disturbance)
  – apraxia (impaired ability to carry out motor activities despite intact motor function)
  – agnosia (failure to recognize or identify objects despite intact sensory function)
  – disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)

• **B** The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.
(290.4x) Vascular Dementia

• **C** Focal neurological signs and symptoms (e.g., exaggeration of deep tendon reflexes, extensor plantar response, pseudobulbar palsy, gait abnormalities, weakness of an extremity) or laboratory evidence indicative of cerebrovascular disease (e.g., multiple infarctions involving cortex and underlying white matter) that are judged to be etiologically related to the disturbance.

• **D** The deficits do not occur exclusively during the course of a delirium.
(294.1x) Dementia of the Alzheimer's Type

• The disease was first identified by Dr. Alois Alzheimer in 1906.

• He described the two hallmarks of the disease: “Plaques” and “Tangles”
Alzheimer's

- When brain cells degenerate and die, the brain markedly shrinks in some regions.
- This shrinkage will continue over time, affecting the brain functions.
Alzheimer's

• This year an estimated 97,000 Canadians will develop Alzheimer's.

• This year an estimated 300,000 Canadians over 65 will have Alzheimer's
Alzheimer’s

• Risk factors
  – Age
  – Genetics
  – Diabetes
  – Down Syndrome
  – Mild Cognitive Impairment
  – Head Injury
  – Education
  – Aluminum
  – Gender
  – Inflammation
  – Vascular Diseases
Dementia of the Alzheimer's Type

• **A** The development of multiple cognitive deficits manifested by both
  
  (1) memory impairment (impaired ability to learn new information or to recall previously learned information)
  
  (2) one (or more) of the following cognitive disturbances:
  
  – aphasia (language disturbance)
  – apraxia (impaired ability to carry out motor activities despite intact motor function)
  – agnosia (failure to recognize or identify objects despite intact sensory function)
  – disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)

• **B** The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.
(294.1x) Dementia of the Alzheimer's Type

- **C** The course is characterized by gradual onset and continuing cognitive decline.
- **D** The cognitive deficits in Criteria A1 and A2 are not due to any of the following:
  1. other central nervous system conditions that cause progressive deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, Huntington's disease, subdural hematoma, normal-pressure hydrocephalus, brain tumor)
  2. systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis, HIV infection)
  3. substance-induced conditions
- **E** The deficits do not occur exclusively during the course of a delirium.
- **F** The disturbance is not better accounted for by another Axis I disorder (e.g., Major Depressive Disorder, Schizophrenia).
Mood Disorders

• Depressive Disorders
  – (296.xx) Major Depressive Disorder
  – (300.3) Dysthymic Disorder
  – (311) Depressive Disorder NOS

• Bipolar Disorders
  – (296.xx) Bipolar I Disorder
  – (296.89) Bipolar II Disorder
  – (301.13) Cyclothymic Disorder
  – (296.83) Bipolar Disorder NOS
  – (293.83) Mood Disorder due to...
  – (296.90) Mood Disorder NOS
Depressive Disorders

• Depression is a medical condition characterized by long-lasting feelings of intense sadness and hopelessness coupled with additional mental and physical changes.
• About one in five women and one in ten men will suffer from depression at some point in life.
Depressive Disorders

- Depression in older people increase the risk of mortality from physical illness.
- Some researchers predict that 18% to 20% of Canadian nursing home residents may experience major depression episodes.
- Depression can be difficult to diagnose because symptoms are often similar to those of dementia and physical illness.
- Some suggest that depression is expressed differently in older individuals. Such as a more frequent appearance of anhedonia than dysphoria (depression without sadness).
Major Depressive Disorder

- **A.** Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

  **Note:** Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

  (1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood.

  (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

  (3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains.

  (4) insomnia or hypersomnia nearly every day

  (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

  (6) fatigue or loss of energy nearly every day

  (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

  (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

  (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
• **B.** The symptoms do not meet criteria for a Mixed Episode.

• **C.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

• **D.** The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

• **E.** The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.
Anxiety Disorders

- (300.01) Panic Disorder Without Agoraphobia
- (300.21) Panic Disorder With Agoraphobia
- (300.22) Agoraphobia Without History of Panic Disorder
- (300.29) Specific Phobia
- (300.23) Social Phobia
- (300.3) Obsessive-Compulsive Disorder
- (309.81) Posttraumatic Stress Disorder
- (308.3) Acute Stress Disorder
- (300.02) Generalized Anxiety Disorder
- (293.84) Anxiety Disorder Due to a General Medical Condition
- Substance-Induced Anxiety Disorder
- (300.00) Anxiety Disorder Not Otherwise Specified
Anxiety Disorders

• Generalized anxiety disorder (GAD) affects about 4% of the population every year. GAD is twice as common in women as in men. GAD usually appears in childhood or adolescence.
• It was believed that anxiety would decline with age.
• Anxiety is virtually as common for the young and old (13.1% vs. 11.4%).
• Like depression, anxiety can be difficult to diagnose because symptoms are often similar to those of dementia and physical illness.
(300.02) Generalized Anxiety Disorder

- **A.** Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- **B.** The person finds it difficult to control the worry.
- **C.** The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). **Note:** Only one item is required in children.
  1. restlessness or feeling keyed up or on edge
  2. being easily fatigued
  3. difficulty concentrating or mind going blank
  4. irritability
  5. muscle tension
  6. sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
• **D.** The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a Panic Attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive-Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety and worry do not occur exclusively during Posttraumatic Stress Disorder.

• **E.** The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

• **F.** The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.
Mental illness in the elderly remains a poorly understood area, and researchers are just beginning to focus on psychological disorders in this segment of the population.