



It's Okay to Not be Okay

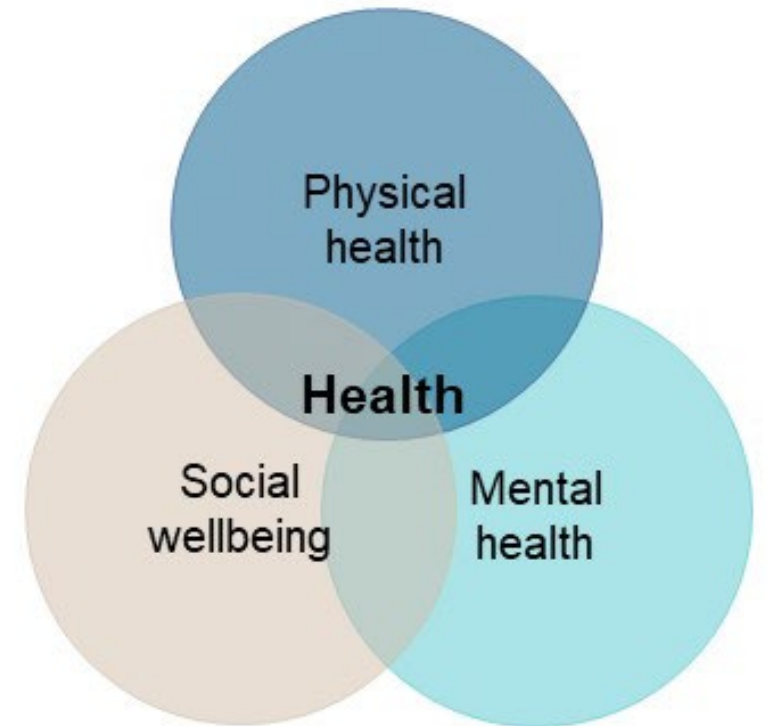
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Mental Health

- WHO – Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community
- It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in



Mental disorders in older adults

According to WHO, approx. 15% of adults aged 60 and over suffer from a mental disorder, with depression affecting 7% of the world's older population

Depression is often missed or inadequately managed in older adults, sometimes because of the belief that depression is an inevitable process of aging or because treatment may be risky or ineffective.

Why is it important to take care of our mental health as we age?

- As people age, they may experience certain life changes that impact their mental health, such as coping with a serious illness or losing a loved one
- Although many people will adjust to these life changes, some may experience feelings of grief, social isolation, or loneliness
- When these feelings persist, they can lead to mental illnesses, such as depression and anxiety
- Recognizing the signs and seeing a health care provider are the first steps to getting treatment.

What are symptoms of mental disorders in older adults?

Noticeable changes in mood, energy level, or appetite

Feeling flat or having trouble feeling positive emotions

Difficulty sleeping or sleeping too much

Difficulty concentrating, feeling restless, or on edge

Increased worry or feeling stressed

Anger, irritability, or aggressiveness

Ongoing headaches, digestive issues, or pain

Misuse of alcohol or drugs

Sadness or hopelessness

Thoughts of death or suicide or suicide attempts

Engaging in high-risk activities

Obsessive thinking or compulsive behavior

Thoughts or behaviors that interfere with work, family, or social life

Engaging in thinking or behavior that is concerning to others

Seeing, hearing, and feeling things that other people do not see, hear, or feel

MENTAL HEALTH DISORDERS

- MAJOR DEPRESSIVE DISORDERS
- ANXIETY DISORDERS
 - Panic disorder
 - Specific phobia
 - Generalized Anxiety Disorder (GAD)
- SCHIZOPHRENIA AND PSYCHOTIC DISORDERS

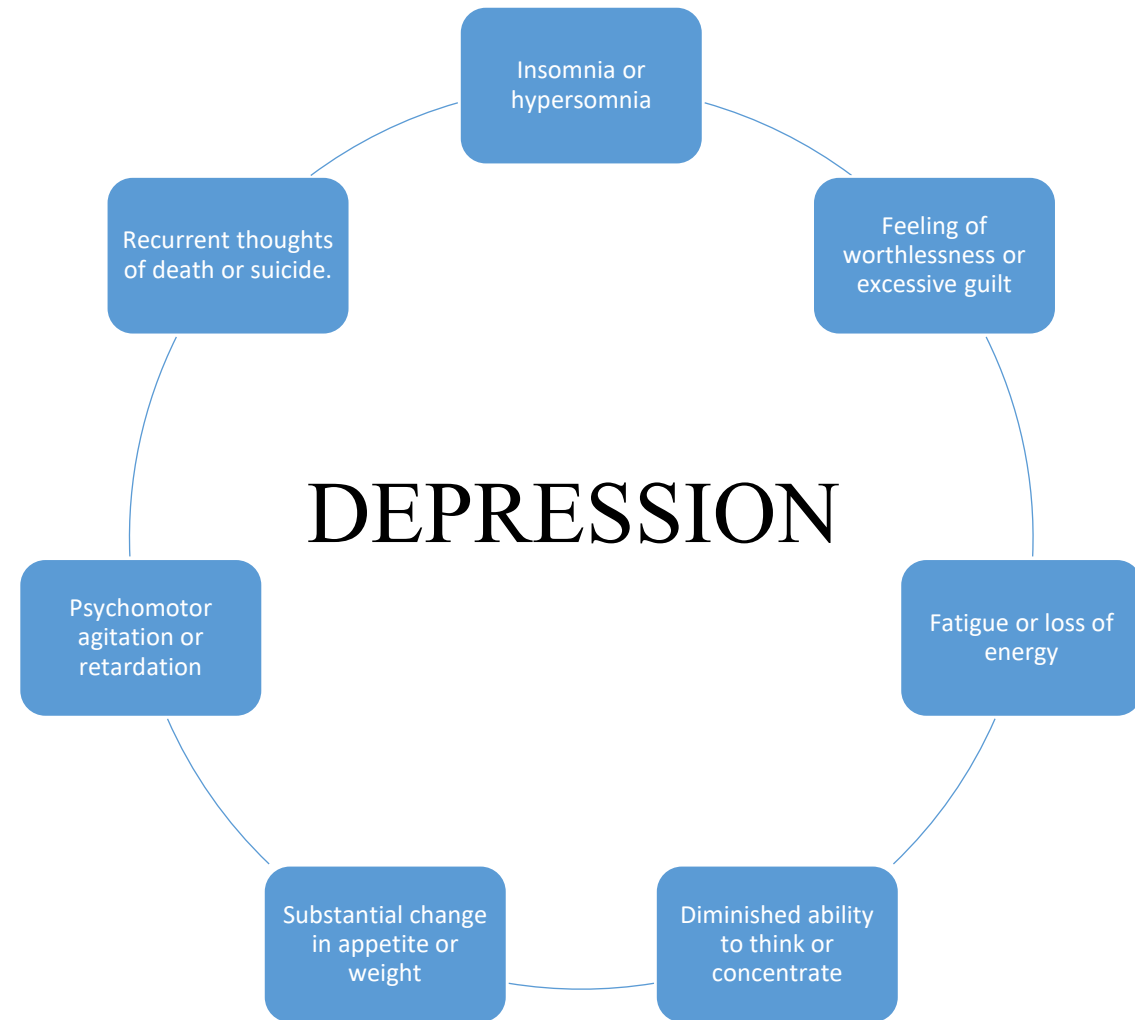
DEPRESSION

- Depression can affect people of all ages, races, ethnicities, and genders
- Women > men , men are at greater risk of being undiagnosed or untreated.
WHY?
- Major Depressive Disorder (MDD) has been identified in 6-10% of adults in primary care clinics and 12-20% of nursing home residents
- In mental health setting, MDD is the most common diagnosis seen among older patients (>40% of outpatient caseloads and inpatient psychiatry admissions)

DIAGNOSIS:

Depressed mood or loss of interest in nearly all activities (anhedonia) or both for at least 2 weeks

AND a minimum of 3 or 4 of the following (total 5/9 symptoms)



DEPRESSION – RISK FACTORS

- Female (2x)
- Family history of depression
- Lack of social support
- Use of alcohol or other substances
- Recent loss of a loved one
- Several medical conditions (Parkinson disease, recent MI and stroke)



DEPRESSION - OUTCOMES

- Depression is associated with poorer self-care and slower recovery after acute medical illnesses
- Can accelerate cognitive and physical decline and leads to an increased use and cost of health care services
- Study : among depressed older adults who have had a stroke, rehabilitation efforts were less effective, and mortality rates are significantly higher

SCREENING FOR DEPRESSION

Patient Health
Questionnaire 2
(PHQ 2) → PHQ 9

Geriatric
Depression Scale
(GDS)

	Yes	No
1 Are you basically satisfied with your life?	0	1
2 Have you dropped many of your activities and interests?	1	0
3 Do you feel that your life is empty?	1	0
4 Do you often get bored?	1	0
5 Are you in good spirits most of the time?	0	1
6 Are you afraid that something bad is going to happen to you?	1	0
7 Do you feel happy most of the time?	0	1
8 Do you often feel helpless?	1	0
9 Do you prefer to stay at home, rather than going out and doing new things?	1	0
10 Do you feel you have more problems with memory than most people?	1	0
11 Do you think it is wonderful to be alive?	0	1
12 Do you feel pretty worthless the way you are now?	1	0
13 Do you feel full of energy?	0	1
14 Do you feel that your situation is hopeless?	1	0
15 Do you think that most people are better off than you are?	1	0

Geriatric Depression Scale

- Score 0-5 = Normal
- 5+ suggests depression

TREATMENT

1) Patient and family education/supportive care – BREAK THE STIGMA

- Education – that their condition results from a combination of inherited, personal and environmental factors
- Emphasize that physical symptoms and sleep disturbance is a result of depression → treatment can reduce them!
- Encourage physical activity with friends or family

2) Pharmacotherapy

- Antidepressants such as SSRIs, TCAs, SNRIs
- SSRIs safer option – usually first-line - !!Citalopram – QT prolongation

TREATMENT

3) **Psychotherapy**

- Cognitive Behavioral Therapy (CBT), problem-solving therapy, interpersonal psychotherapy
- Usually once or twice weekly for 6-16 sessions

4) **Electroconvulsive Therapy**

- Response rate for refractory depression between 67-73%
- Side effects: confusion and anterograde memory impairment which may persist for 6 months
- Usually first-line for patients at high risk for suicide

ANXIETY DISORDERS

- Includes panic disorders, phobias and generalized anxiety disorder
- Late-life anxiety is often seen with other medical illnesses or depression



PANIC DISORDER

- <1% in older adults
- Sudden, recurrent, unexpected – abrupt surge of intense fear or intense discomfort, reaching a peak within minutes
- Persistent worry about future attacks
- May be associated with agoraphobia which can be disabling in older adults.
- Treatment: CBT weekly for 12 sessions – good results
- Antidepressants like SSRIs and TCAs

SOCIAL AND SPECIFIC PHOBIAS

- Phobia: irrational fear leading either to intentional avoidance of a specific feared object, event, or situation, or enduring the object, event, or situation with intense fear or anxiety
- Exposure leads to symptoms like those of a panic attack
- 5-6% in older adults
- Late-onset phobias are often associated with a recent life event, such as a fall or injury

GENERALIZED ANXIETY DISORDER (GAD)

- Generalized anxiety disorder (GAD) is characterized by excessive and persistent worry that is difficult to control, causes significant distress or impairment, and occurs on more days than not for at least six months
- Generalized anxiety disorder (GAD) is one of the most common mental disorders in both community and clinical settings. It is associated with increased use of health care services
- The disorder is approximately twice as common in females as it is in males

GAD - DIAGNOSIS

- Excessive anxiety and worry, occurring more days than not for at least six months
- The individual finds it difficult to control the worry
- The anxiety and worry are associated with three (or more) of the following six symptoms:
 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)

Screening for Anxiety Disorders

- GAD-7:

7-item self-report questionnaire – useful for identifying anxiety disorders in primary care setting.

Items scored 0-3

5-9= likely anxiety disorder

10 + indicative of moderate-severe anxiety

Evidence is insufficient on screening for anxiety disorders in older adults

Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several Days	More than half the days	Nearly every day
1	Feeling nervous, anxious, or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid, as if something awful might happen	0	1	2	3
TOTAL SCORE (add the marked numbers):					

The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke, and colleagues, with an education grant from Pfizer, Inc.

TREATMENT

- CBT vs pharmacotherapy? Patient preference!
- Some patients may be concerned about the side effects of medications and prefer to try CBT first; other patients may be concerned about the availability or time commitment required for therapy and thus opt for medications
- If Depression co-exist with GAD → prefer pharmacotherapy (SSRIs, SNRIs)

SCHIZOPHRENIA AND PSYCHOTIC DISORDERS

- 0.1%-0.5% schizophrenia in older adults
- Other psychotic syndromes such as paranoid ideation 4-6%, associated with dementia
- Patients with Alzheimer disease – high incidence of psychosis; 50% manifest psychotic symptoms within 3 years of diagnosis

SCHIZOPHRENIA - DIAGNOSIS

- Symptoms present for at least 1 month:
 - Delusions
 - Hallucinations, disorganized speech
 - Disorganized or catatonic behavior
 - Negative symptoms such as flattened affect

NEW PSYCHOTIC SYMPTOMS = SCHIZOPHRENIA???

- Medications (steroids, levodopa)
- Changes in environment
- Dementia
- Tumors
- Partial seizures
- Multiple sclerosis
- MDD or bipolar disorder
- Infections
- Endocrine disorders
- Nutritional deficiencies

If psychosis present → THOROUGH COGNITIVE SCREEN

SCHIZOPHRENIA - TREATMENT

- **Pharmacotherapy:**

- Atypical antipsychotics – risperidone, olanzapine, quetiapine, aripiprazole
- Newer atypical antipsychotics – asenpine, paliperidone
- Atypical antipsychotics have lower incidence of extrapyramidal side effects
→ much more tolerated in older adults
- Side effects: akathisia, parkinsonism, tardive dyskinesia, metabolic syndrome

- **Behavioral therapy:**

- cognitive remediation therapy and social skills therapy

SOCIAL ISOLATION/LONELINESS

High blood pressure

Heart disease

Obesity

Weakened immune function

Anxiety

Depression

Cognitive decline

Dementia, including Alzheimer's disease

Death

Loneliness is the distressing feeling of being alone or separated

Social isolation is the lack of social contacts and having few people to interact with regularly

Social isolation and loneliness also are associated with higher risks for:

How to reduce loneliness and social isolation?

1. Maintain current connections
2. Engage in online social activities
3. Volunteer
4. Care for a pet (or pets)

How to reduce loneliness and social isolation?

5. Establish a daily social routine
6. Find grief support
7. Talk with your primary care provider
8. Explore your sources of joy

SHORT VIDEO

- <https://www.youtube.com/watch?v=m9CBQUlyx7g>

HOTLINES

- 988 Suicide & Crisis Lifeline : Free and confidential emotional support to people in suicidal crisis or emotional distress 24/7 across the United States. Call or text 988 to connect with a trained crisis counselor
- Disaster Distress Hotline : This helpline from the Substance Abuse and Mental Health Services Administration provides immediate crisis counseling for people experiencing emotional distress related to any natural or human-caused disaster. The helpline is free, multilingual, confidential, and available 24/7. Call or text 1-800-985-5990

REFERENCES

- NIH –Transforming the understanding and treatment of mental illnesses
- CDC
- University of Michigan- 8 ways older adults can reduce loneliness and social isolation
- Current Diagnosis and treatment – Geriatrics
- Geriatrics Review Syllabus



THANK YOU FOR LISTENING 😊