GENI Jeopardy: Geriatric Mental Health

- Part of the brain responsible for executive functioning

Dementia: It is not just forgetfulness

GENI

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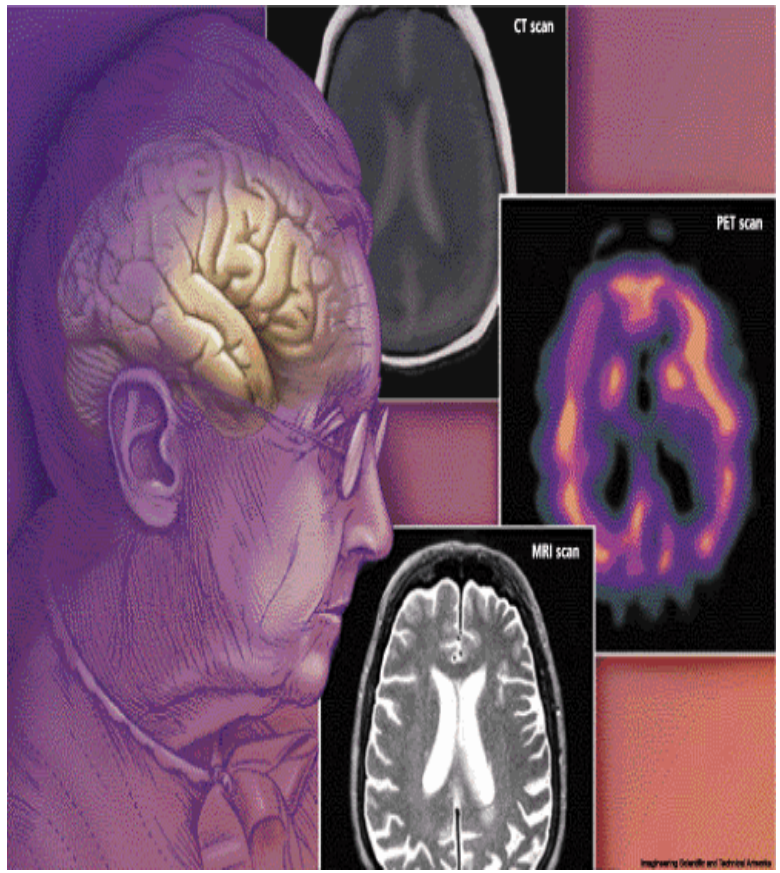
Marcia Carr - CNS

Dementia

- Dementia means brain failure, the inability of the brain to function normally
- Refers to a loss of intellectual ability sufficient to interfere with the person's daily activities and social or occupational life



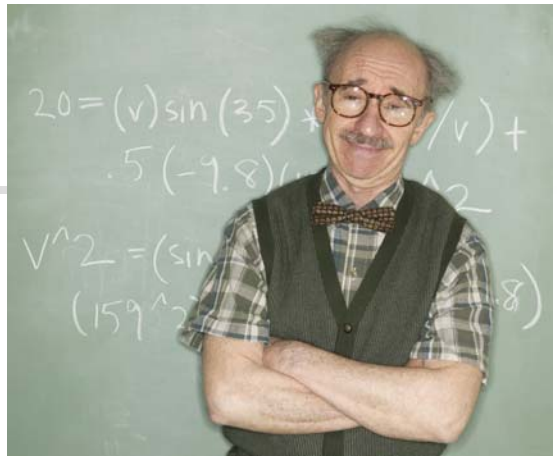
DEMENTIA: DAMAGE AND EFFECTS ON BRAIN

FRONTAL LOBE	TEMPORAL LOBE	PARIETAL LOBE	OCCIPITAL LOBE
• Responsible for "Executive Function" – Plan and Judgment • Speech Centre ➔ personality changes ➔ loss of speech and language ➔ disinhibition	• Memory Centre ➔ hallucinations and delusions ➔ ST → LT memory loss ➔ Seizures ➔ E.g. Korsokoff's	• Visuospatial skills • Ability to orientate self ➔ loss of recognition of people, objects or situations (agnosia) ➔ loss of recognizing body parts	**NB!** Focal sign for ***Vascular Dementia*** and not commonly seen in other dementias ➔ cortical blindness (seen in severe)

Dementia is ***NOT***...

- Part of normal aging; although, incidence rises after 80 yrs. (up to 30%)
- Just memory loss
- Rapid in onset nor reversible
- HOWEVER,
  - Treatment can slow the functional decline
  - Manage the anxiety accompanying dementia

Normal Aging and Cognition



- Functions that decline
  - Speed of learning
  - Speed of performing complex tasks
  - Recall of names
- Functions that do not decline
  - Vocabulary
  - Store of information

Clinical Features of Dementia

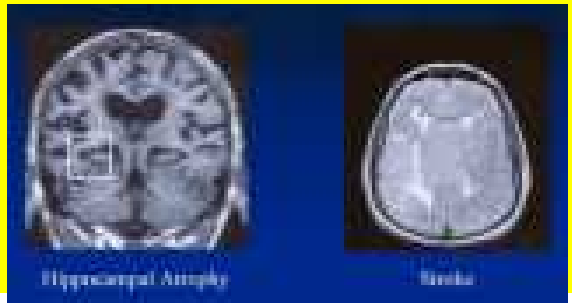
- *Functional Impairment*
  - IADL
  - ADL
- *Psychiatric*
  - Mood
  - Agitation
  - Wandering
- *Cognitive Decline*
  - Memory loss
  - Aphasia
  - Apraxia
  - Agnosia
  - Executive function difficulties

Types

Most common: Alzheimer's Disease, Lewy Body disease, Cerebro-vascular disease, Mixed

Less common: Parkinson's disease, AIDS dementia, fronto-temporal dementias (e.g. Pick's disease, alcohol abuse - Korsakoff syndrome), Huntington's disease, Jakob-Creutzfeldt disease

Alzheimer's



- Diagnosis by exclusion; therefore, essential to have excellent clinical work-up and collateral history provided by family
- Final diagnosis is only by autopsy
- Canadian guidelines for Alzheimer dementia
- Need to have correct diagnosis of type so that treatment is targeting the correct underlying cause or assumed cause

Common Behaviours in Dementia:

- Indecisiveness, vague
- psychotic symptoms paranoid delusions (common in Lewy Body), illusions
- disturbed sleep/wake cycle (fragmented sleep mixed periods of activity↑)
- repetitive actions or thoughts (perseveration)

Common Unsettled Behaviours in Dementia

- Aggressiveness
- agitation, restlessness
- Wandering (looking for...?) Sundowning
- emotional & personality changes (apathy)
- impaired social judgement
- Triggering feelings = LOST! FEAR! THREAT! → ANXIETY! FIGHT/FLIGHT or WITHDRAWAL

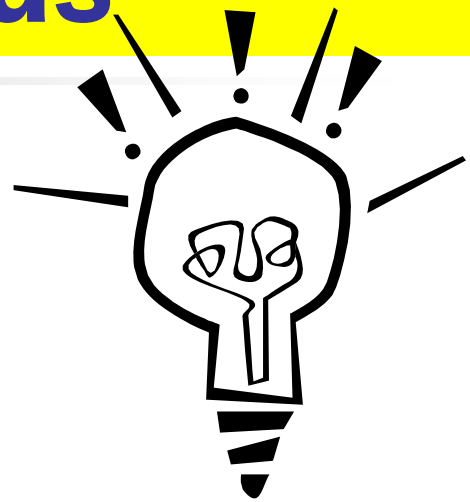
Medications

- Cholinesterase inhibitors for mild-moderate: aricept, excelon, reminyl (now covered by special authority under PharmaCare)
- Memantine & aricept – for severe
- NB! DO NOT stop cholinesterase inhibitors when in hospital as decline is accelerated
- Check BC Pharmacare as may need to ask family to bring in OR check if on Formulary
- May use other psychotropic meds to address concurrent unsettled behaviours BUT with GREAT CAUTION! May work paradoxically.

Harry: Alzheimer Dementia

- Early Alzheimer's (MMSE score 23 - 26)
- Behaviours to expect in Early Stage:
  - problems in word & name finding
  - poor concentration
  - memory problems obvious in conversation
  - repeats self & loses track of thoughts
  - difficulty learning new information
  - DRIVING risk

Dementia Care Focus

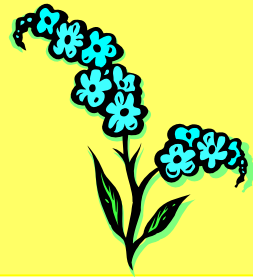


- **<u>Current Abilities!</u>**
- Able to do the requested task?
- Able to communicate?
- Able to problem-solve?
- Ask and expect only what is realistic and possible. Look for the patient's capacity and ability to understand and do what you are asking them to do.

Harry's Predictable Care

- Meet physiological needs
  - hydration, nutrition, rest and sleep, pain relief, minimize psychotropic meds.
- Provide safe & therapeutic environment
  - non-demanding, non-stimulating; adapted (camouflage doors); remove hazards
- Provide person-centred care
  - maximize remaining abilities; ask FAMILY!!!

Dementia Alerts



- Harry was given 5 mg of loxapine IM for his agitation. He hit out & then looked stunned.
- Complex partial seizure and sudden aggression with post-ictal sequelae.
- Use of antipsychotics with lewy body dementia may worsen the behaviour
- Antipsychotics lower seizure threshold
- At greater risk for concurrent delirium and depression

Harry

- Harry is constantly saying that he needs to go home. He gets as far as the hospital entrance before anyone notices
- He has a wandering vest on
- He has been given lorazepam 1 mg x2 to settle him; but, with no effect
- He is unsteady on his feet

Wandering Behaviour

- What will you do?
- Fall prevention precautions (e.g. hip protectors)
- Psychotropic medications do NOT treat wandering.
- He is seeking the familiar – FAMILY!!!
- Distraction, re-direction
- Assure physiological needs are met

A Month Later: Harry

- Two week later, Mary called the RCMP when Harry went out in his car and did not return.
- They found him despondent & quite “confused” so they brought him in for assessment of his mental status

Is it Harry's dementia or?

Need to look further

Depression: Under-recognized and TREATABLE

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What About Depression?

	Depression
Onset	Relatively rapid, progressing from weeks to months
Symptoms	Worse I morning, improve during the day
Duration	Months or years, resolves with treatment
Orientation	Selective disorientation
Level of consciousness	Clear, normal, may have selective attention, difficulty concentrating
Sleep/wake cycle	Disturbed, early morning wakening, hypersomnia during day

Depression:

- a co-morbid syndrome often occurring in older persons with dementia & chronic diseases
- Frequently observed post-CVA, MI
- Previous history of depression
- UNDER DIAGNOSED!
- Psychomotor retarded or agitated?

Signs & Symptoms of Depression: SIG: E CAPS

S = Sleep disturbance

I = Interest, lack of

G = Guilt

: = colon - constipation

E = Energy

C = Concentration

A = Appetite

P = Psychomotor (retardation)

S = Suicide ideation

Atypical Depression

- Quite common in the elderly d/t serontonin and dopamine changes with aging
- Psychosocial stressor over-load? PTSD?
- Signs & symptoms = ACIDS
  - **A** = Anxious, agitated, anhedonia, appetite ↓
  - **C** = Cognitive Impairment
  - **I** = Impaired functioning, insomnia, irritable
  - **D** = Denies despite looking depressed
  - **S** = Somatic (physical) complaints

Non-pharm. Interventions for Depressed Older Adult

- **Safety! Attend to suicidal thoughts, ask: "Have you ever thought of hurting yourself". Do you have a plan?" Report immediately.**
- **Provide support to patient & family**
- **Encourage hope, self-esteem**
- **Address physical complaints (e.g. pain!)**
- **Encourage & facilitate family spending time**
- **Implement plan for sleep**
- **Support hydration/nutrition**

Treatment

- GOAL: depression is reversible with appropriate and monitored treatment
- Anti-depressant therapy: selective to symptoms
- ECT
- Cognitive-behavioural therapy (CBT)
- Adverse event alert: Serontonin syndrome

Harry

- One week after he had been discharged from hospital, Mary said that he was constantly repeating that he sees why his Mom “did away” with herself.
- He cannot sit still and constantly c/o of not feeling well but is non-specific
- What RED alerts need assessing?
- What clues may lead us to believe he is depressed?

Depression with Dementia

- exaggerated depressed feeling without apparent cause
- inactivity, lack of energy or hyperactivity
- fitful sleep with frequent distressed awakenings
- unsettled behaviour - agitation, aggression, pacing, yelling
- morning & evening variations of unsettled behaviour
- non-specific psychotic symptoms such as paranoia

Depression Alerts

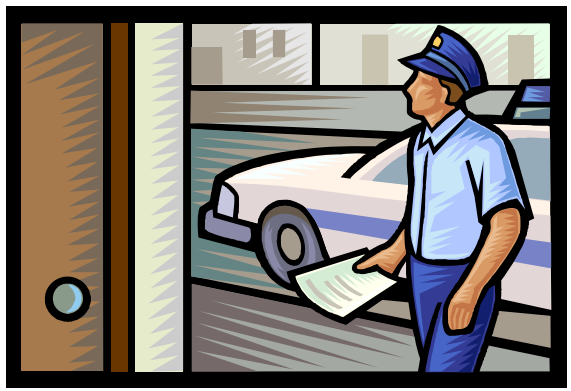
- Psychomotor retarded or agitated
- Psychotic depression
- Previous family hx of suicide
- Suicidal ideations; mobile and able
- Refer to mental health for follow up in order to gain optimal therapeutic care
- ***REMEMBER DEPRESSION IS REVERSIBLE*** - identify and treat!

Caregiver(s)

- Keep your eyes open wide and look at the home caregiver too!
- Burn-out and depression are often seen concurrently in the home caregiver
- REFER to social work AND continuing care for assessments.

Harry

- He has been calling the police saying that Mary is having an affair and stealing all his money.



Delusions

- Persistent mistaken thoughts
- Seen in psychotic depression and also in dementing disorders like Lewy body or frontal/temporal lobe dementia
- NB! They act upon their mistaken thoughts. Paranoid and suspicious
- Treat to control paranoia; however, if dementing will frequently decline rapidly.

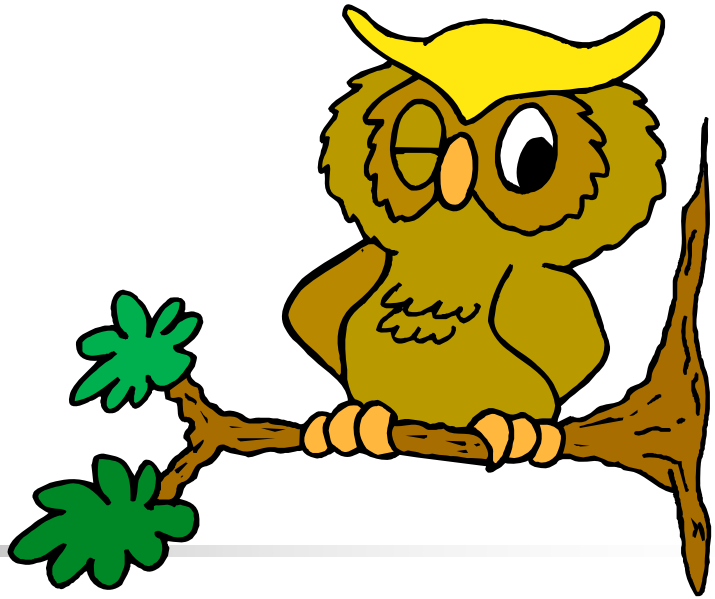
Harry, Mary, Carol and Steve

- Six weeks later, Harry's depression is improving and he is much calmer and more functional
- What about his driving?
- The family is wanting help.
- Who should they be referred to?

Provide Support for Family

- Help them learn to understand what his behaviour is trying to tell them
- Reassure them that you will care for Harry despite at times he has unsettled behaviours
- Acknowledge the person Harry usually is – person-hood
- Guide them in how they can be helpful
- Refer to social worker, home health, mental health and Alzheimer's Society
- Follow up re: need to remove driver's license

IN SUMMARY



Consider…

DRUGS

- Can be both the cure and the cause of adverse behavioural response
- psychotropics - antipsychotics; anxiolytics; sedatives; antidepressants; anticonvulsants; cognitive enhancers
- in the elderly: Go LOW and GO SLOW!!!
- Too many, too much OR too few, too little =

"Fire,Ready,Aim!?"

- What is wrong with this sequence?
- When approaching a patient whose gut-brain mix is causing them mental turmoil, decelerate yourself first or you may find you *fire,ready,aim,*therefore resulting in harm to either one or both of you.
- Timing,Proximity,Boundaries with TRUST enables change to "***ready, aim, fire."***

SO...

The secret to caring for the frail elderly

“ embrace the complexity”

Rockwood, 2001

GENI Jeopardy: Dementia

- Aricept