Sinai Health | Healthy Ageing and Geriatrics

UHN Toronto General Toronto Western Princess Margaret Toronto Rehab Michener Institute

NIA NATIONAL INSTITUTE ON AGEING

# Healthy Ageing 101:

# Common Mental Health Conditions in Older Adults

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Assistant Professor, University of Toronto

**Tuesday April 20, 2021**

Bridgepoint Active Healthcare | Circle of Care | Lunenfeld-Tanenbaum Research Institute | Mount Sinai Hospital Joseph and Wolf Lebovic Health Complex

# Agenda and Housekeeping

- 45 min presentation
- 15 min Q&A
- ZOOM information:
  - This is a Webinar; you are all muted
  - Chat: send the team any technical questions
  - Q&A: send the speaker questions about the presentation
  - If the session crashes, log in using the same info you already received via email

# Objectives

- Clarify what makes a mental health disorder different from having a bad day (or a few)
- Describe the common presentation of mood, anxiety, and psychotic disorders in older adults
- Recommend strategies to manage mental health conditions in older adults

# Content Overview

- Description of Mental Illness
- Presentation of Depression, Anxiety, and Psychotic Disorders
- Strategies to Reduce Risk and Manage Common Mental Health Conditions


BAD
DAY


~to make a bad day worse,
spend it wishing for the impossible~

# What Is Mental Illness?

- Medical conditions of the brain and mind that alter our thoughts, emotions, behaviours and physical functioning

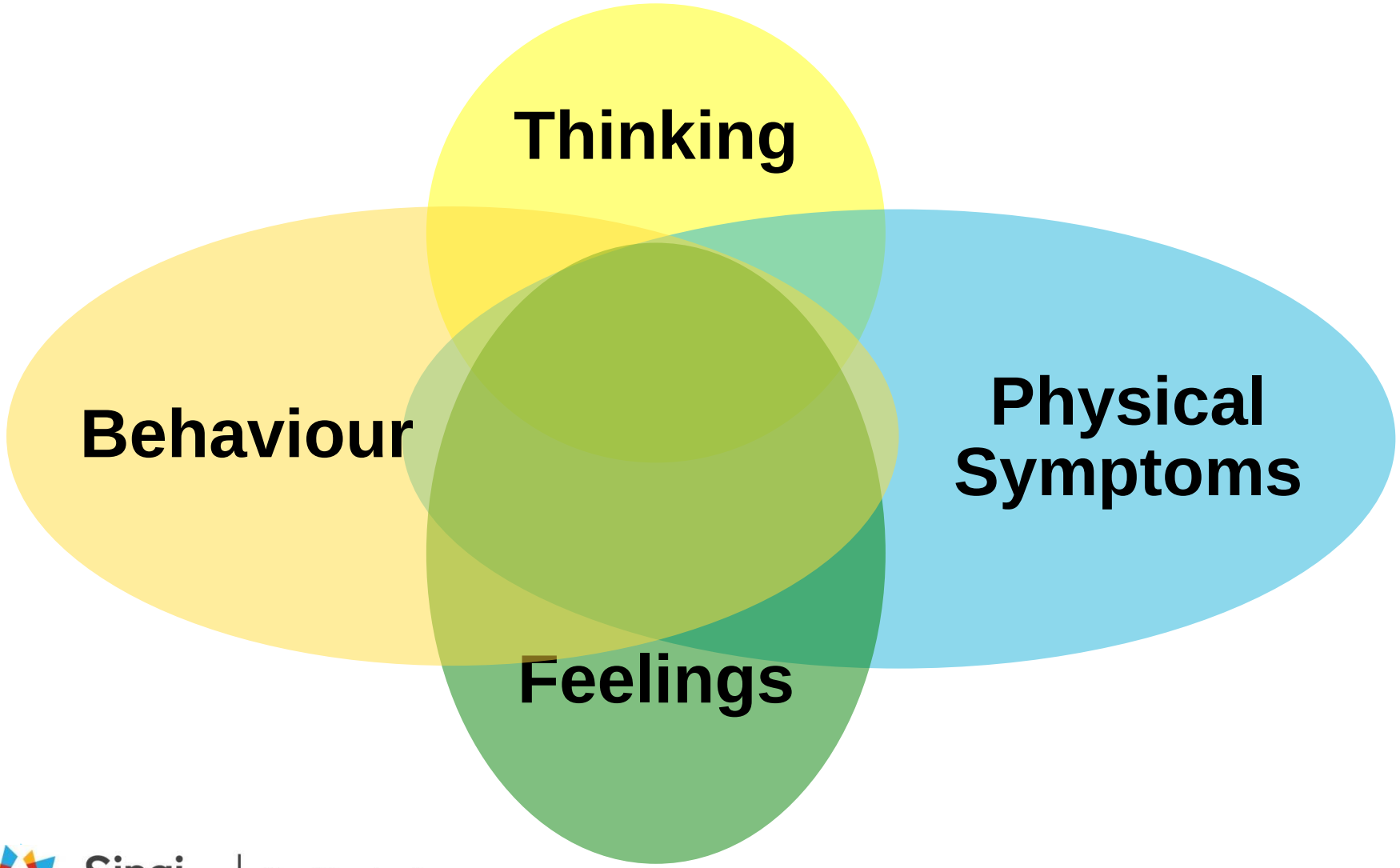
**AND**

- Causes mental and physical suffering, or may interfere with one's relationships, occupation, or ability to complete daily tasks.

# What Is Mental Illness?

- May be caused by factors such as genetics, personality, stress, traumatic events, medications, substance use, medical conditions that cause disruptions in the normal functioning of the brain
- Time criteria for some conditions
- In seniors: may manifest as physical complaints, frequent visits to ED or family doctors, poor functioning, failure to thrive, not engaging in rehab

# Depressive Disorders

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# Late Life Depression (LLD): True or False?

- LLD has a more chronic course
- LLD is more likely to present with higher frequency of complaints of pain, headache, fatigue, insomnia, GI symptoms
- Psychotic features are less common in LLD
- Cognitive impairment is more common
- It can cause more disability and delay in physical recovery from other medical conditions
- Lesser risk of functional decline in LLD
- Lesser risk of mortality from medical illness and from suicide

# Late Life Depression (LLD): True or False?

- LLD has a more chronic course - TRUE
- LLD is more likely to present with higher frequency of complaints of pain, headache, fatigue, insomnia, GI symptoms – TRUE
- Psychotic features are less common in LLD – FALSE
- Cognitive impairment is more common - TRUE
- It can cause more disability and delay in physical recovery from other medical conditions - TRUE
- Lesser risk of functional decline in LLD - FALSE
- Lesser risk of mortality from medical illness and from suicide - FALSE

# Depressive Disorders

**Thinking**

**I am guilty**

**I am sick**

**I am worthless**

**Not worth living**

**Want to die**

**Something wrong with me**

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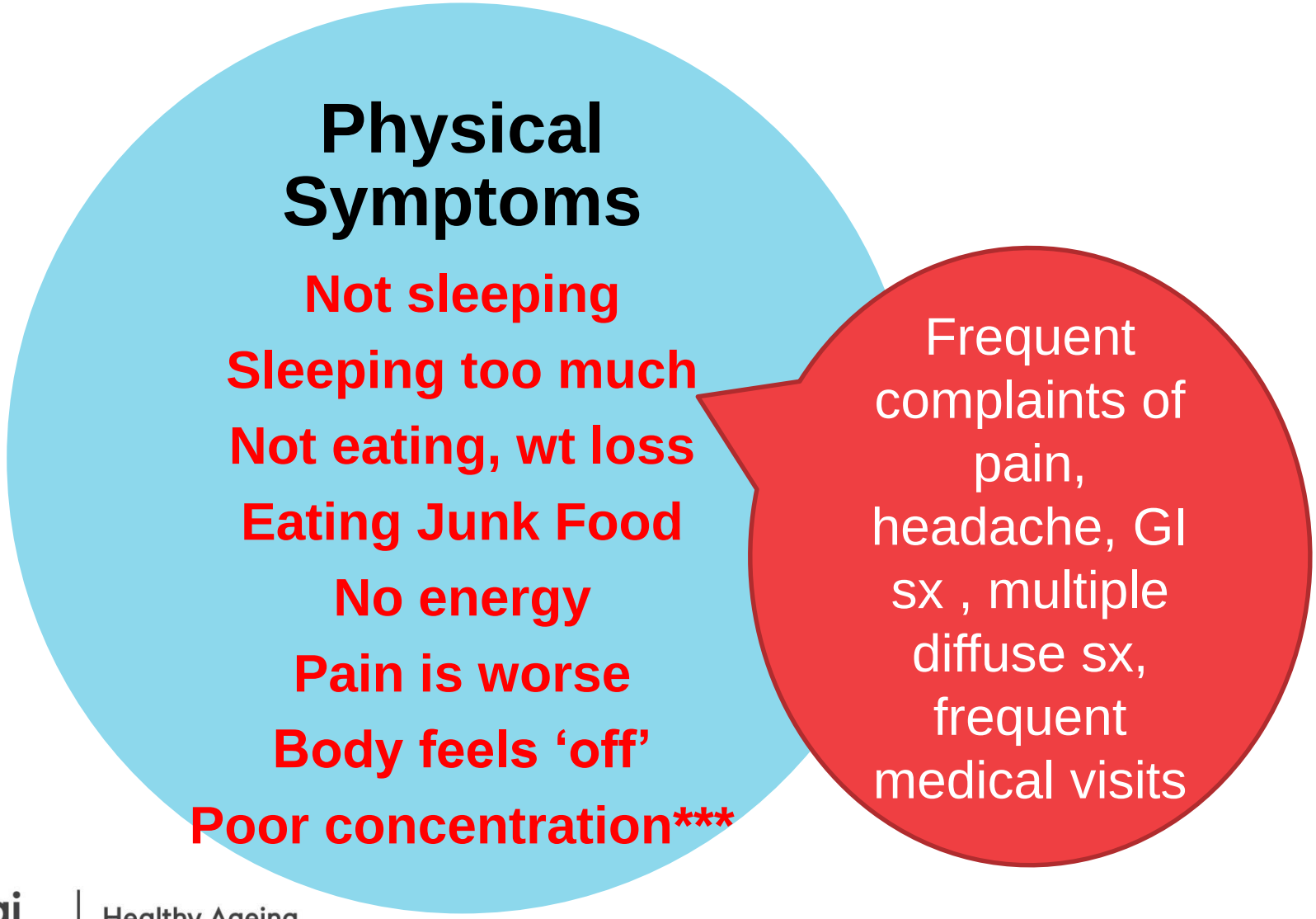
# Depressive Disorders

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# Depressive Disorders


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# Depressive Disorders

## Behaviour

**Withdrawal**

**Preparing for Self-Harm**

**Arguments**

**Decreased Self-Care**

**Not getting out of bed**

**Not engaging in hobbies**

**Less Sex**

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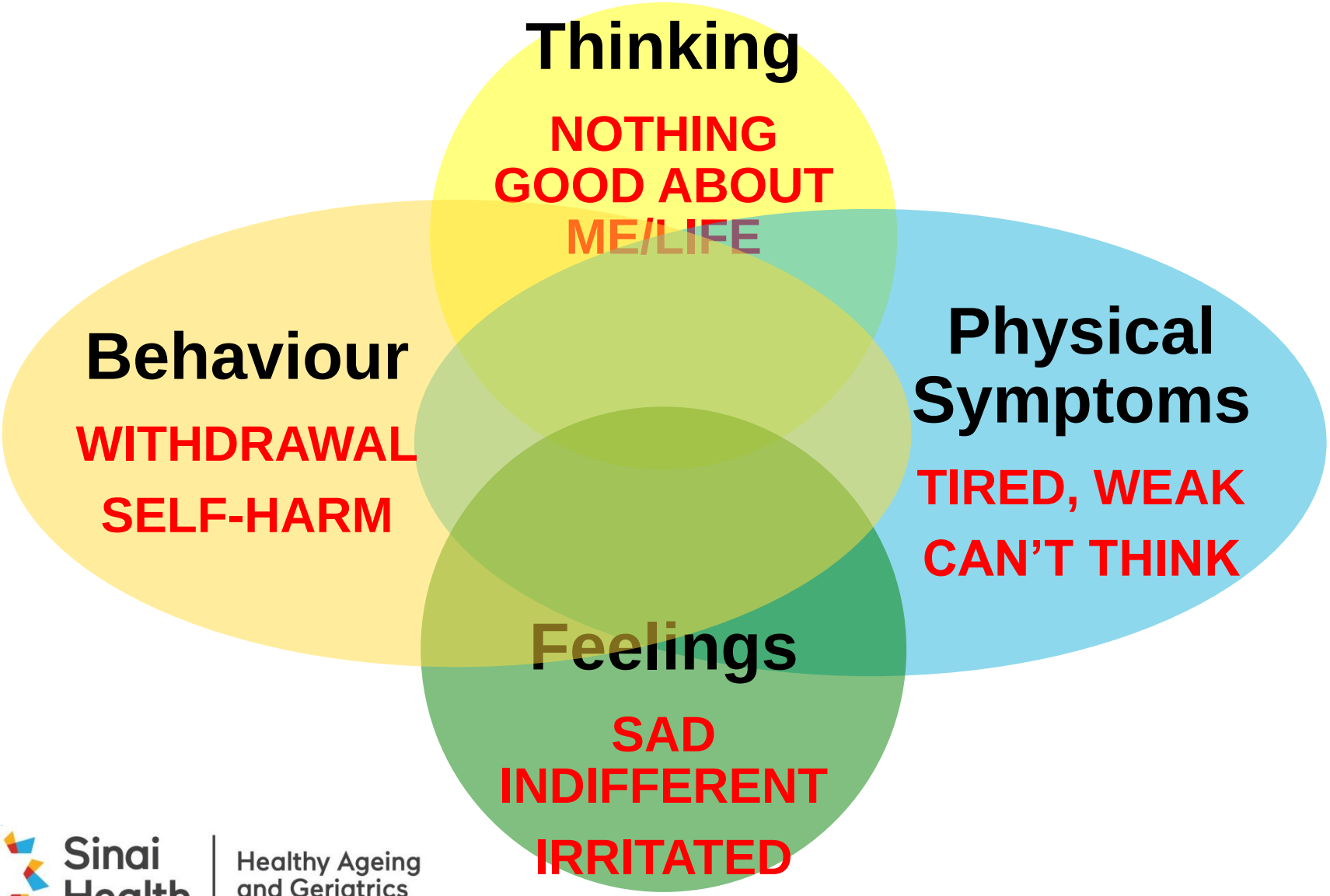
# Depressive Disorders

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# Pseudodementia

## Cognitive

**Slow speed**

**Episodic memory**

**Executive function**

**Language**

**Visual spatial**

# Depression- Management

| | |
|---|---|
| **Key Medical Contributors to Exclude/Optimize** | ▪ **Hypothyroidism, Vitamin Deficiency, Anemia, Chronic Pain, Primary Sleep Disorder, ETOH Abuse**<br>▪ **Withdrawal/Apathy as presenting symptom of Dementia/Major Neurocognitive Disorder**<br>▪ **Sub-Syndromal Hypoactive Delirium**<br>▪ **Caregivers** |
| **Key Psychotherapeutic Concepts/Techniques** | ▪ Problem Solving Therapy<br>▪ Cognitive Behavioural Therapy<br>▪ Mindfulness<br>▪ Interpersonal Therapy<br>▪ Reminiscence |
| **First Line RX Interventions** | ▪ Psychotherapy for mild<br>▪ Psychotherapy plus RX for moderate/severe +/- Psychotic Features<br>▪ ECT for severe, safety-risking OR refractory |

# Suicide in Late Life

- Suicide is the act of **intentionally causing one's own death**.
- Depression is the strongest predictor of suicidal behaviour in late life.
- Highest suicide rates in older white men.
- Individuals who are feeling suicidal may:
  - Show signs of agitation, high anxiety, anger, or paranoid behaviour
  - Show a sense of hopelessness and helplessness
  - Express the wish to die or end their life
  - Increase substance use
  - Insomnia
- Asking about suicidal thoughts will not cause someone to have thoughts of suicide, or cause them to attempt suicide.
- Protective factors: treat physical and mental health conditions; foster socially connection and engagement; support meaning in life.

# CCSMH Late Life Suicide Prevention Toolkit

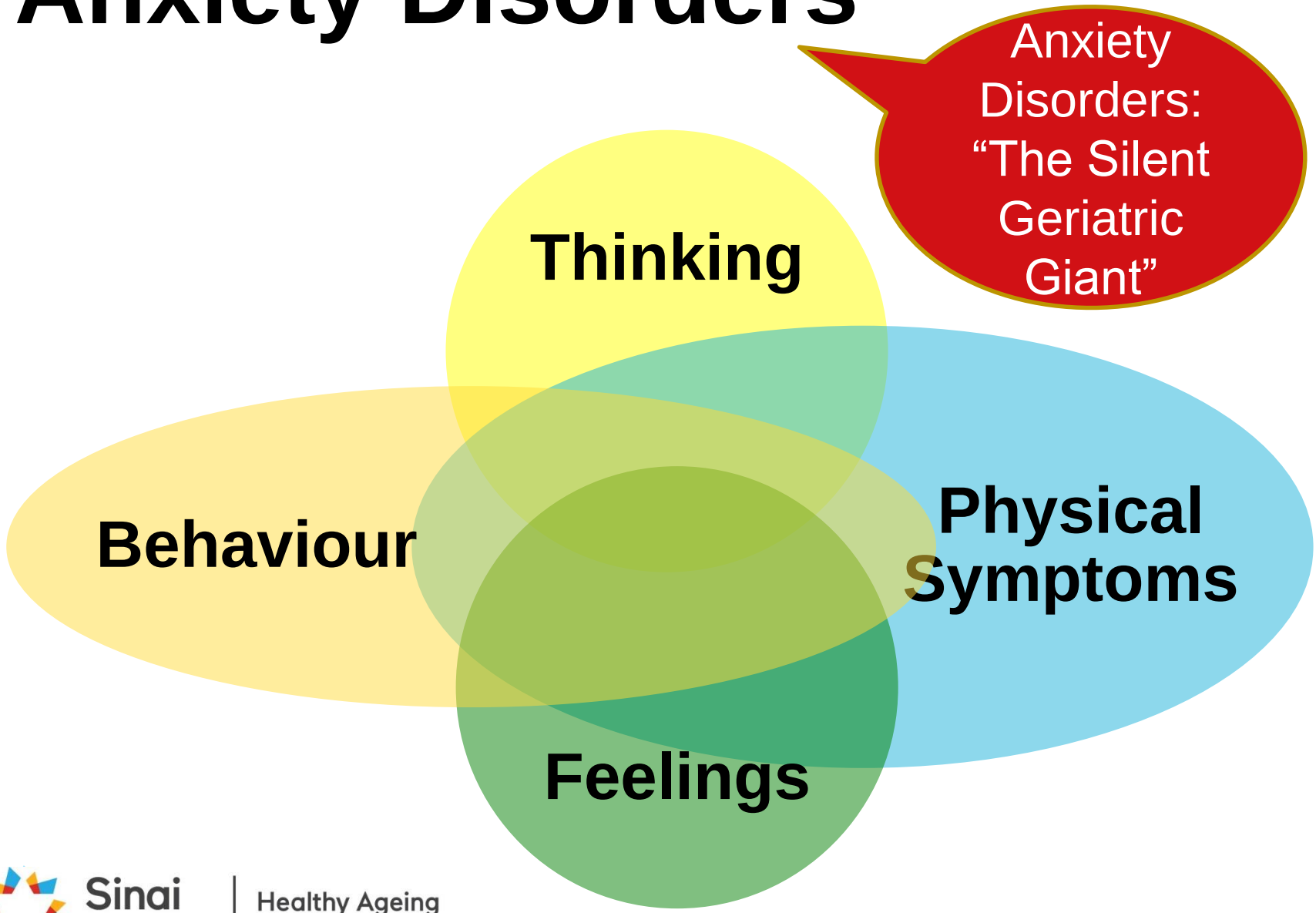
- CCSMH **National Guidelines** for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide
- Clinician pocket-card - *Suicide: Assessment & Prevention for Older Adults*
- DVD - *Suicide Assessment & Prevention for Older Adults: Life Saving Tools for Health Care Providers*

Available free of charge online at
**www.ccsmh.ca**

# Grief versus Depression

| | Grief | Depression |
|---|---|---|
| **Affect** | Feelings of emptiness and loss<br>May be accompanied by positive emotions and humour<br><br>Decrease in intensity over days to weeks<br>it occurs in waves – pangs of grief, which are associated with thoughts or reminders of the deceased. | Persistent depressed mood<br>Inability to anticipate happiness or pleasure<br>Pervasive unhappiness and misery<br><br>Persistent |
| **Thoughts** | Preoccupation with thoughts and memories of deceased<br>If self-reproach, it's due to perceived failings re the deceased (i.e. not visiting enough not telling them how much they were loved) | Depressed mood not associated with specific thoughts or preoccupations<br>Self-critical and pessimistic ruminations |
| **Self esteem** | Preserved | Worthlessness, self-loathing |
| **Suicidal ideation** | May include wanting to join deceased; desire to escape pain of not being with deceased | May want to end life because they feel worthless, undeserving of life, or unable to cope with pain of depression |

# Anxiety Disorders

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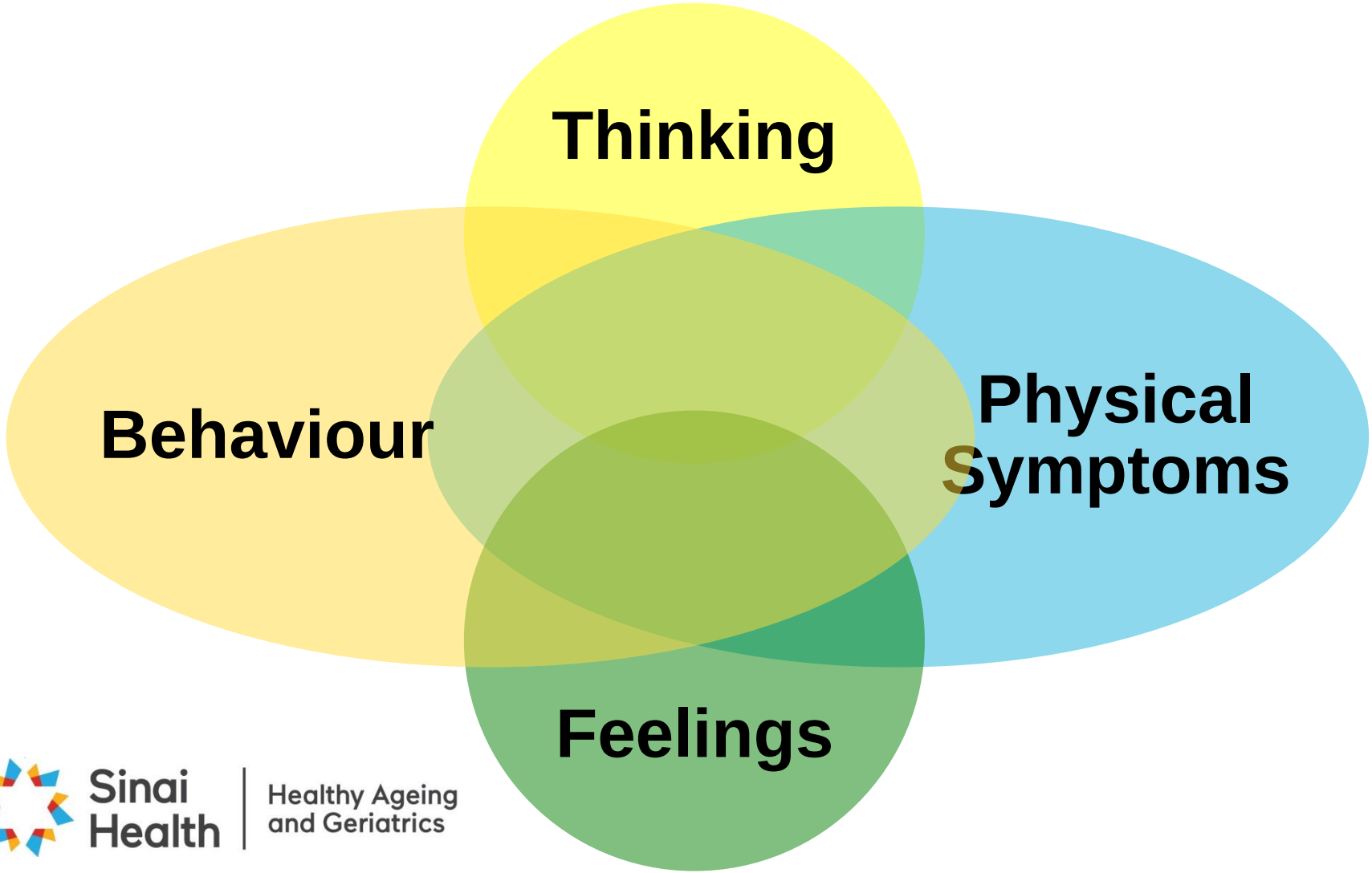
# Question…

What is the most prevalent anxiety disorder in the elderly population?

1. Specific Phobia
2. Generalized Anxiety Disorder
3. Panic Disorder
4. Obsessive Compulsive Disorder

# Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Panic Disorder, Social Phobia, Post-Traumatic Stress Disorder

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# Anxiety Disorders

**Thinking**

**What if something bad happens?**

**Something bad will probably happen**

**There are risks here**

**My kids, my money, my health, are all precarious**

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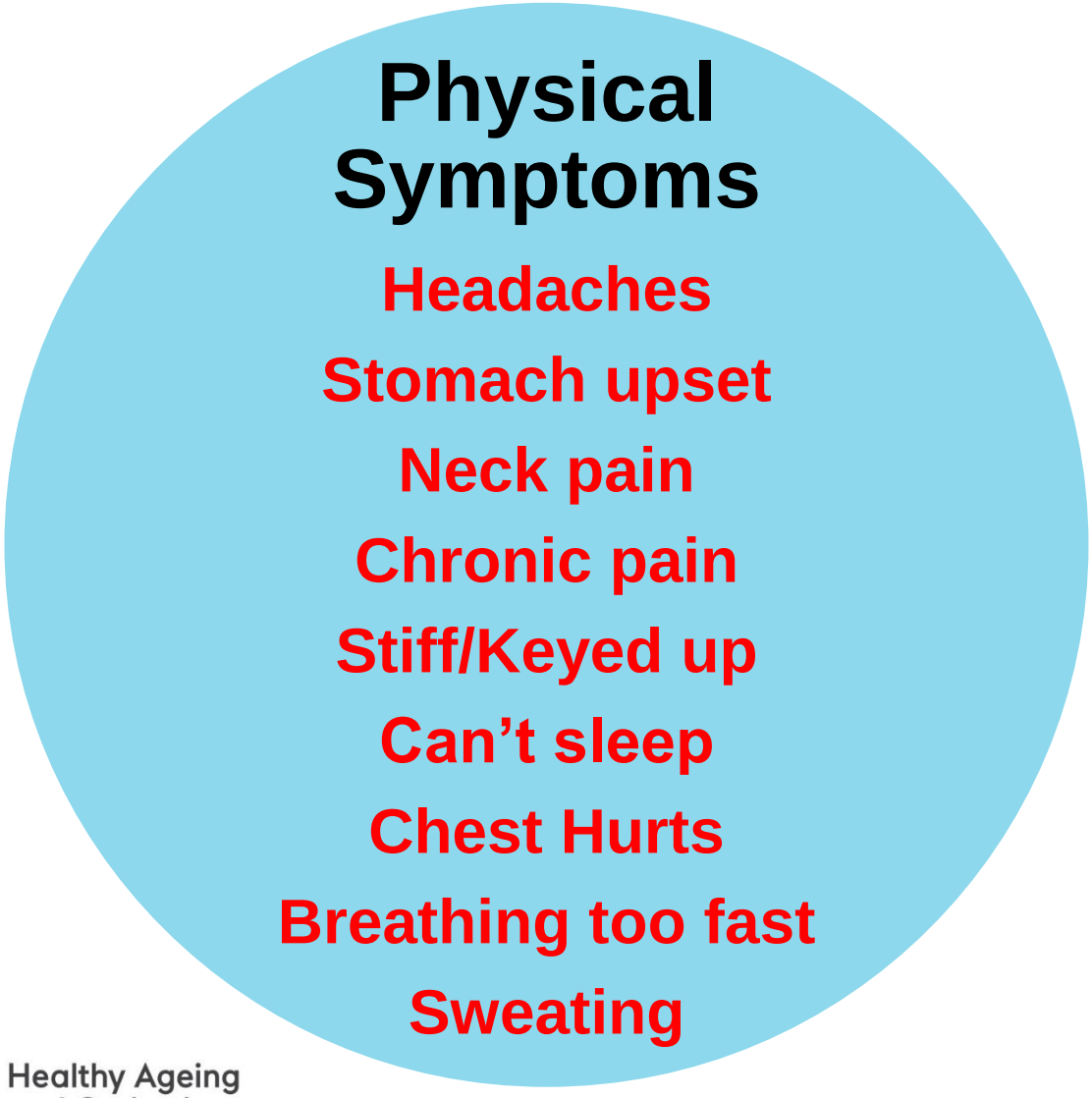
# Anxiety Disorders

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# Anxiety Disorders


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# Anxiety Disorders

## Behaviour

**<u>Avoids</u> feared thing**

**Tries to neutralize/counteract**

**Won’t try new things**

**Asks for lots of reassurance**

**Won’t change RX**

**Always wants to change RX**

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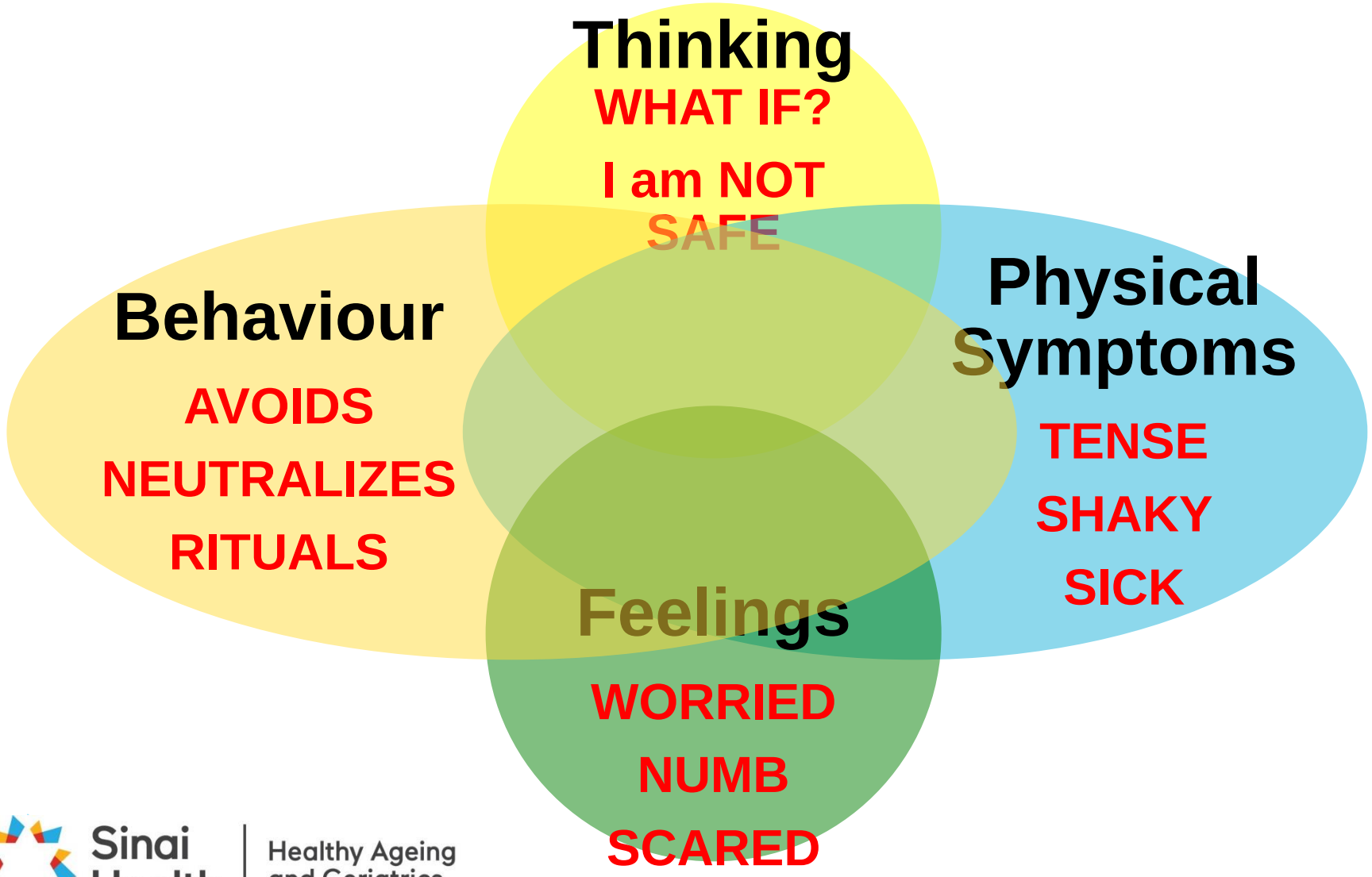
# Anxiety Disorders

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# Anxiety Disorders

| | |
|---|---|
| **Key Medical Contributors to Exclude/Optimize** | ▪ Cardiac Arrhythmias, Steroid RX, Substance Use Disorders, hyperthyroidism, Medication Side effects, Restless Legs, Respiratory Disorders |
| **Key Psychotherapeutic Concepts/Techniques** | ▪ Psychoeducation re fight/flight response and role of exposure in treatment & avoidance in perpetuating symptoms<br>▪ Cognitive Behavioural Therapy<br>▪ Graded Exposure |
| **First Line RX Interventions** | ▪ Psychotherapy and SSRI RX<br>▪ Sleep Hygiene; www.mysleepwell.ca<br>▪ Cautious, time-limited adjunctive Sleep aids |
| **Special Mentions & Risk Issues** | ▪ Risk of Secondary ETOH or BZD abuse<br>▪ Fear of falling: risk for decreased functioning/mobility post fall if not addressed |

# Psychosis in late-life: suspect non-psychiatric etiology

**Table 1** "Six d's" of psychotic disorders [3••, 4, 123]

| | Course | Proportion of all causes of psychoses |
|---|---|---|
| Delirium | Days to weeks | 10 % |
| Drugs, alcohol, toxins | Days to months | 11 % |
| Disease | Days to months | 10 % |
| Depression and other affective disorders | Weeks to months | 33 % (depression)<br>5 % (bipolar) |
| Dementia | Months to years | 40 % |
| Delusional disorder and schizophrenia-spectrum disorders | Months to decades | Delusions (2 %)<br>Schizophrenia (1 %) |

# Psychotic Disorders

## Thinking

**People are stealing from me**

**People are targeting me**

**People are deceiving me**

***I am hearing/seeing/smelling**

---

**I am not what I seem**

**I am extra important**

**There is more wrong with me than people realize**

**Something unusual that other people think is impossible, IS happening**

**Information in the TV, newspapers, is just for me**

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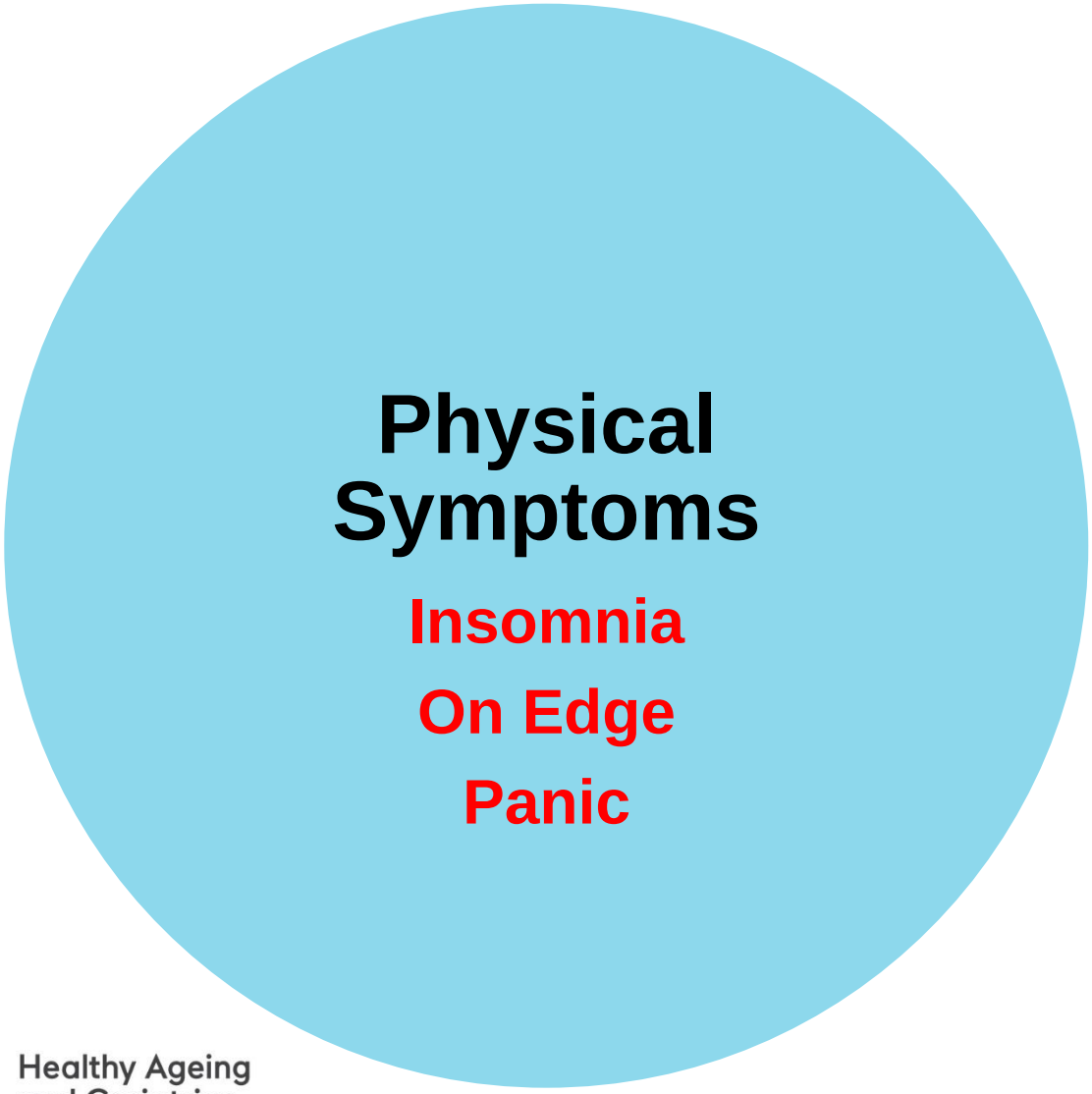
# Psychotic Disorders

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# Psychotic Disorders


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# Psychotic Disorders

## Behaviour

**Calls to Police,Media, Government, ‘involved’ parties**

**Complaints to Friends**

**Reclusiveness**

**Responding to Internal Stimuli**

**Non-adherence healthcare**

**Preparation of Defense**

**Self-Harm**

**Aggression**

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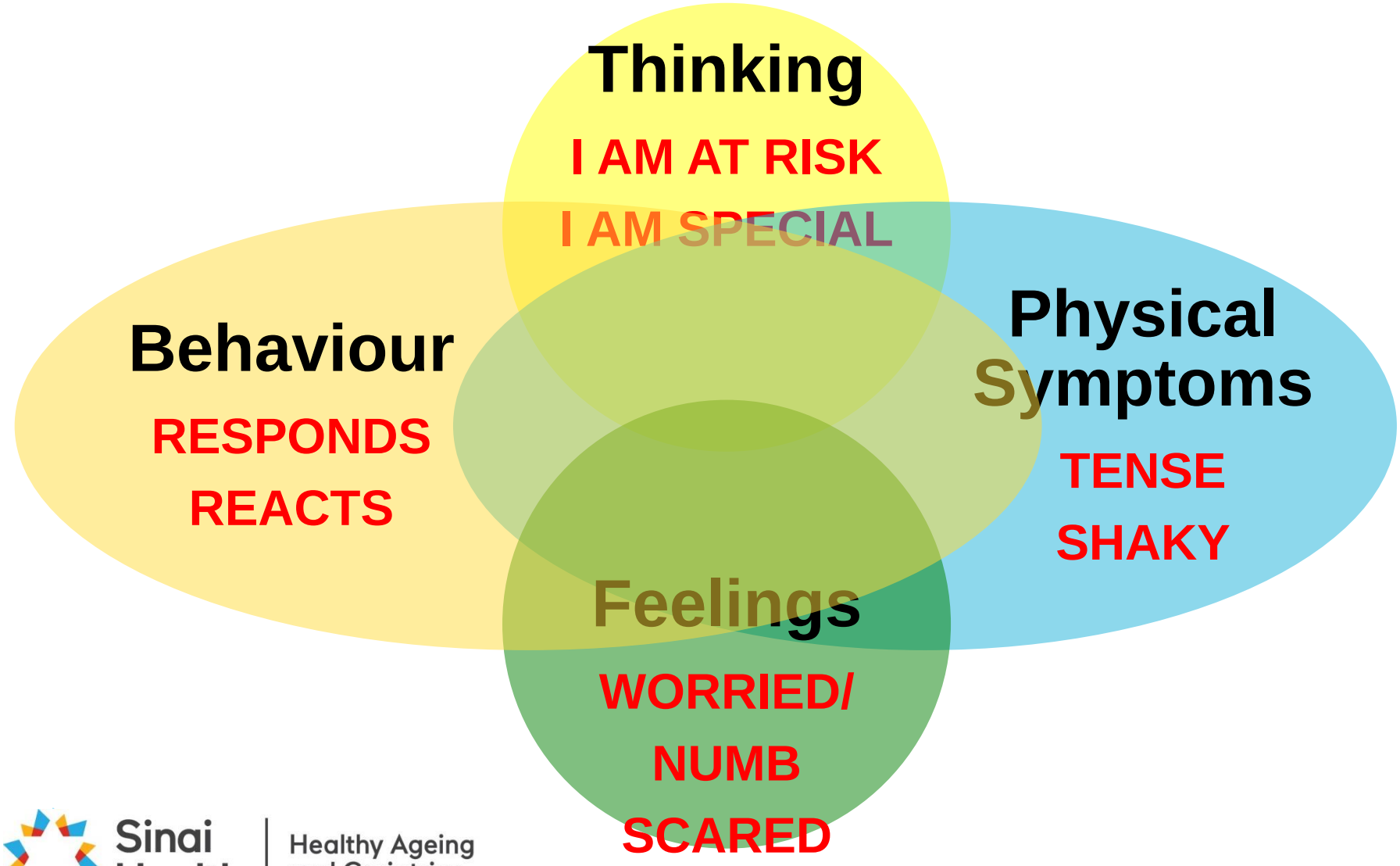
# Psychotic Disorders

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# Psychotic Disorders

| | |
|---|---|
| **Key Medical Contributors to Exclude/Optimize** | ▪ **Delirium Causes ( Lytes, Infections, new RX )**<br>▪ **Steroid RX, Vascular Events, New Seizure Disorder, CNS Pathology, First Symptom of Dementia and/or Lewy Body Dementia**<br>▪ **Substance Abuse, Sensory Impairment, Sleep Disorder** |
| **Key Psychotherapeutic Concepts/Techniques** | ▪ **Reassurance of safety**<br>▪ **Rapport maintenance**<br>▪ **Reality Testing**<br>▪ **Cognitive Techniques: evidence, other explanations**<br>▪ Functional Adaptation Skills Training, social skills training, cognitive training |
| **First Line RX Interventions** | ▪ **Antipsychotic RX**<br>▪ **ECT if impacting safety ( eating, behaviour) or refractory sx** |
| **Special Mentions & Risk Issues** | ▪ **Feeling targeted or at risk can lead to SI or SA**<br>▪ **Important to inquire re weapons/preparations for death** |

# Managing Mental Illness

- Preventative measures
  - Social connection and engagement in the community
  - Engagement in meaningful activities
  - Management of chronic health conditions
  - Physical activity and healthy diet
  - Good sleep hygiene
  - Psychoeducation

# Managing Mental Illness

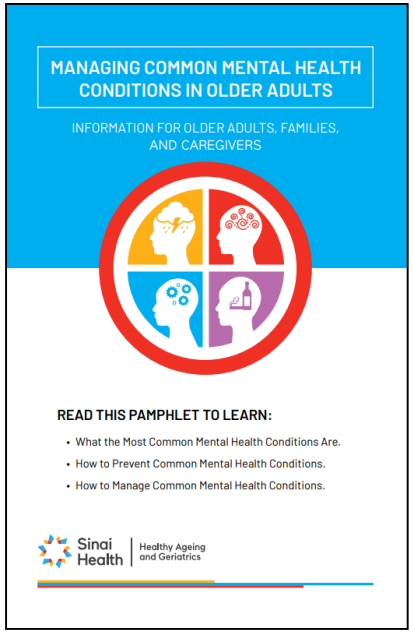
- Treatment
  - Seek medical attention early
  - Rule out physical causes (medical work-up in primary care)
  - Enhance social support
  - Engage the caregivers; get collateral
  - Management of chronic health conditions
  - Physical activity, healthy diet, and good sleep hygiene
  - Treatment options: psycho-education, therapy, medications, and neurostimulation interventions (ECT, rTMS)

# Geriatric Themes for Clinicians

- Be aware of the overlap between psychiatric and medical illness
- More cognitive symptoms in late life psychiatric illness, therefore offer more support with problem solving
- Psychotherapy and social interventions are effective
- Medication Rx: start low, go slow, go high if needed, treat long
- Get educated about medication side effects and geriatric specific risks

# Additional Resources

## https://sinaigeriatrics.ca/healtheducation/




Find more information about mental health in our free resource “Managing Common Mental Health Conditions in Older Adults” on our website https://sinaigeriatrics.ca/patient-resources/common-mental-health-conditions-for-older-adults/

**The Centre for Addiction and Mental Health**
www.camh.ca

**Canadian Coalition for Seniors’ Mental Health**
www.ccsmh.ca

**CONNEX Ontario**
www.connexontario.ca

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# Community Organizations

- Circle of Care
- SPRINT
- Woodgreen
- Toronto Seniors Helpline: 416-217-2077; access to community, home and crisis services
- 211

# Online Resources

**BOUNCE BACK**

https://bouncebackontario.ca/

Access self-led telephone or online therapy for stress, anxiety and depression

**WELLNESS TOGETHER CANADA**

https://ca.portal.gs/about/

Information and videos on common mental health issues

Mental wellness programs you can do on your own and with coaching

# Online Resources

**ANXIETY CANADA**

https://www.anxietycanada.com/

Online resources for managing anxiety, including apps

**TREATMENT OF INSOMNIA**

https://mysleepwell.ca/

**EMENTAL HEALTH** - information specific to conditions

https://www.ementalhealth.ca/Canada/

# Mindfulness Online Resources

UHN and CAMH post list of mindfulness resources for Toronto and GTA

Covid specific:

https://www.theawakenetwork.com/free-online-meditation-resources-for-the-time-of-social-distancing/

https://familyservicetoronto.org/our-services/virtual-workshops-and-groups/

# Questions?

# Stay Connected With Us

**https://sinaigeriatrics.ca/healtheducation/**

**Website:**

https://sinaigeriatrics.ca

http://dementiacarers.ca

**Twitter:**

@SinaiGeriatrics

@ReitmanDementia

# Upcoming Healthy Ageing Sessions

**May 18, 2021** 12-1pm EST

**Disaster and Emergency Preparedness for Older Adults**

Speakers: **Sarah Sargent** (VP, Programs & Canadian Operations - Canadian Red Cross)

**Tyler Hague** (Manager, Disaster Risk Prevention - Canadian Red Cross)

**June 15, 2021** 12-1pm EST

**Managing Chronic Health Conditions in Older Adults**

Speaker: **Dr. Asenath Steiman** (Geriatrician – Sinai Health and University Health Network)