

# Geriatric psychiatry „Old age” psychiatry

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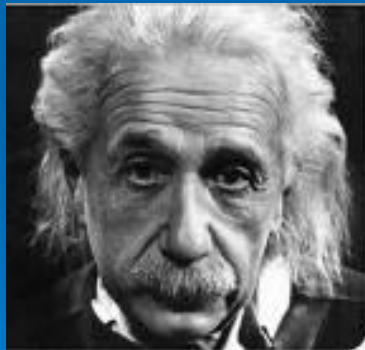
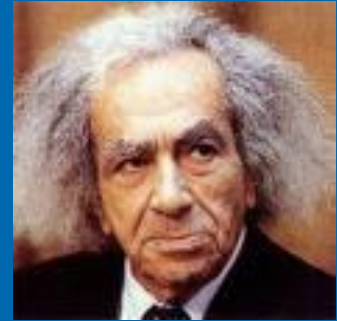


# Geriatric psychiatry

- What is „Geriatric“?
- Physical, mental and social aspects
- Mental disorders in general
- Different disorders in the elderly
- Psychiatric therapies in the elderly



# „Old age”?





**Gladys Burrill 92 y**  
**Honolulu Marathon 2010.**



**Fauja Singh 100 y**  
**Toronto Marathon 2011**  
**(Guinness record)**

# Getting older v. living longer

- Physical changes – somatic diseases
  - Musculoskeletal
  - Cardiovascular
  - Metabolic
  - Endocrin
  - Gastrointestinal
  - Sensory deficits
  
  - Brain (vascular, degenerative, etc.)

# Getting older v. living longer

- Mental changes
  - Personality
    - amplification of character traits
  - Cognition, memory
    - mental slowing
    - transformed memory structure
    - summarised experiences
  - Emotional changes
    - Emotional maturity

# Getting older v. living longer

## ➤ Social changes

- Retirement (financial difficulties)
- Decrease in social status
- Facing somatic and mental disfunctioning
- Somatic diseases
- Grief (loss of spouse, brothers or sisters, friends)
- Social isolation
- Moving to nursing/residential home



# Mental disorders in elderly?

## Questions

- 65+ ??
- Prevalence? 10-25%
- DSM? ICD?
- Child – adult –geriatric psychiatry?
- Geriatry – psychiatry –internal medicine?
- Organic – old age – neuro-psychiatry?
- GP?



# Mental disorders in general

- Biological, psychological, social factors (bio-psycho-social model)
- Internal medical, neurological, psychiatric aspects
- Multidimensional approach
- Polimorbidity!
- Syndromatology (atypical) – etiology
- Cross-sectional – long term course

# Mental disorders in the elderly

- Dementia
  - Other „organic mental disorders”
- Affective disorders (depression)
- Delirium
- Delusional disorders (psychosis)
- Anxiety disorders
- Substance abuse disorders
  
- Psychiatric patients getting old

# Dementia - Syndromatology

- Chronic course (10% above 65 y, 16-25% above 85 y)
- Multiple cognitive deficits incl. memory impairment (intelligence, learning, language, orientation, perception, attention, judgement, problem solving, social functioning)
- No impairment of consciousness
- Behavioural and psychological symptoms of dementia (BPSD)
- Progressive - static
- Reversible (15%) - irreversible

# Dementia - Classification

## ➤ Severity

- Mild cognitive impairment (MCI)
- Mild dementia
- Moderate dementia
- Severe dementia

## ➤ Localization

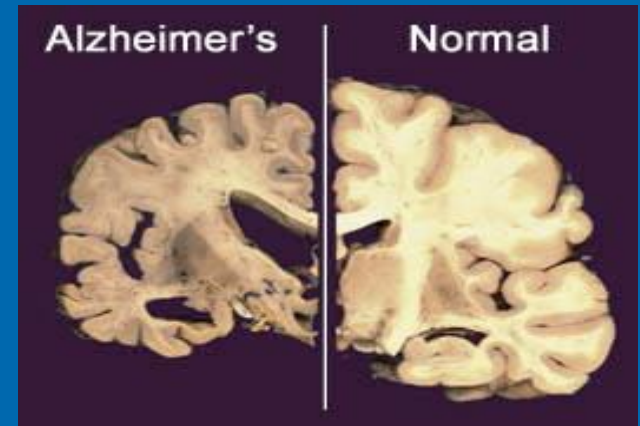
- Cortical
- Subcortical

## ➤ Etiology



# Dementia -Etiology

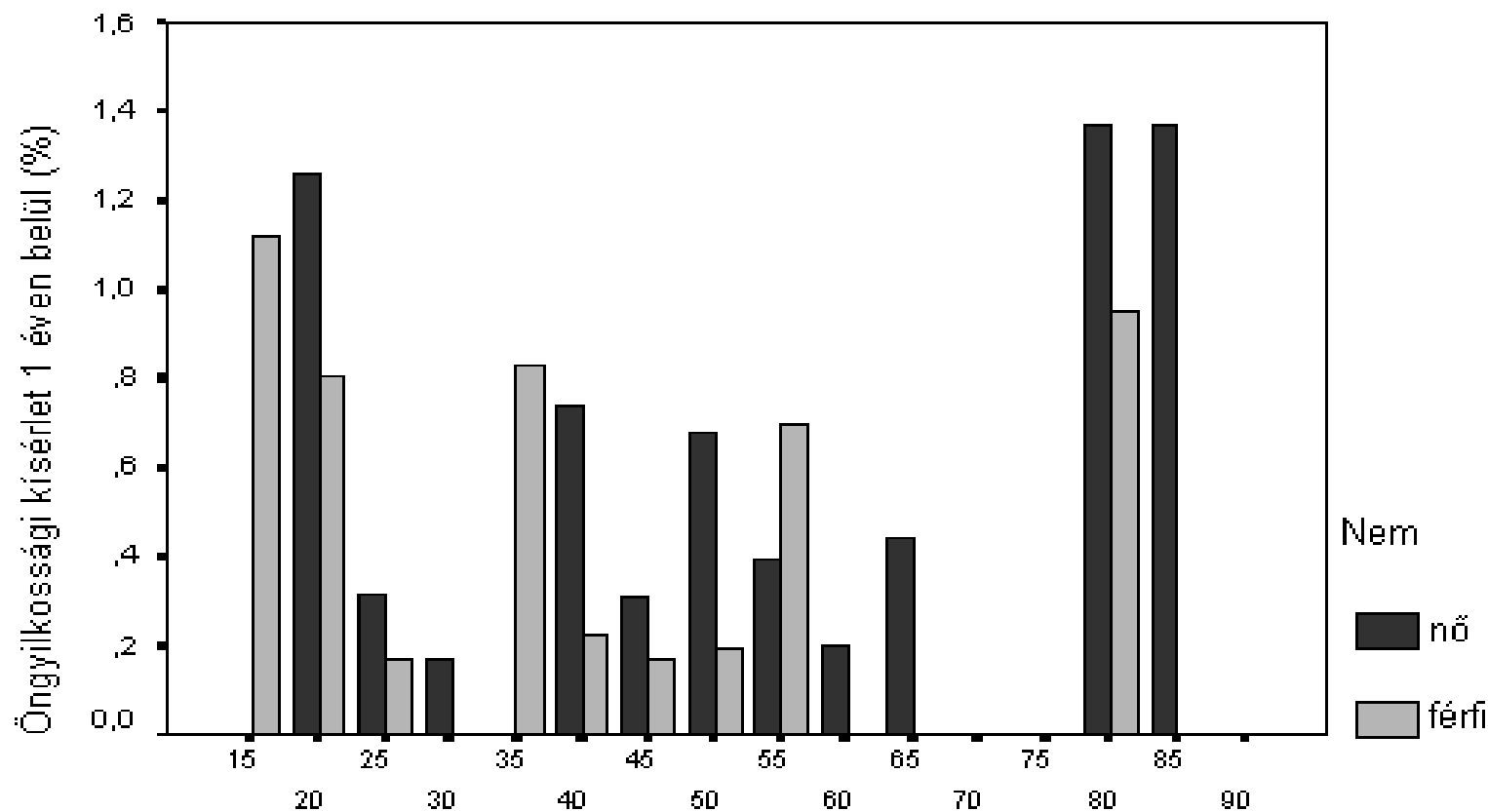
- Alzheimers disease (60-70%)
- Vascular dementia (10-20%)
- Neurodegenerative disorders (Pick, Lewy body dis, Parkinson, Huntington, etc.)
- Drugs and toxins
- Intracranial masses
- Anoxia
- Trauma
- Infections (JCD, HIV, etc)
- Nutrition
- Metabolic
- Pseudodementia



# Affective disorders (depression)

- Major depression prevalence: 10-16%  
(hospital, residential homes)
  - Minor depression: 47-53 %
- Suicide in elderly
  - 2-3 x average over 65
  - Major depression in 80%

# Suicidal attempts



Suicidal attempts in 5 years age groups in Hungary, 2002

(Hungarostudy: Kopp et al)



# Depression in old age

- Dysthymic disorder, subthreshold depression
- Atypical syndromatology
- Cognitive symptoms (attention, concentration, memory problems) - pseudodementia
- Somatic complaints –somatoform symptoms (e.g. pain), hypochondriasis
- negativism, inactivity, loss of energy, fatigue, insomnia
- psychomotor agitation (or retardation), irritability, anxiety
- Psychotic symptoms, paranoid symptoms
- Comorbid somatic disorders
- Increased suicidal risk

# Delusional disorders (psychoses)

- Late onset schizophrenia (over 40 y)
- Very late onset schizophreniform disorder (over 60 y)
- Other delusional disorders
- Organic delusional disorder
- Delusional symptoms of dementia (BPSD)
- Multiple etiology, multiple syndromatology (schizophreniform, persecutory, hallucinosis, coenaesthesias, etc.)

„Endogenous”  
origin

Organic (CNS)  
background

Personality

Sensory  
impairment


Psychosocial  
factors

Other biological  
factors



Delusional disorder in elderly


# Anxiety disorders

- High prevalence
  - Atypical symptoms
  - Somatoform/behavioural symptoms
  - Psychosocial stressors
  - Comorbidity
    - somatic
    - psychiatric
- 

# Substance abuse

- Alcohol/medication abuse
- Common comorbidity
  - somatic
  - psychiatric (anxiety, depression, etc.)

# Psychiatric patients getting old

- Schizophrenia / bipolar disorder
  - Personality disorder
  - Neurotic disorders
    - anxiety, somatoform, etc.
  
  - Changes in clinical picture, therapeutical response, etc.
  - Bio-psycho-social changes
  - Multidimensional approach
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# Psychiatric therapies in the elderly

- Pharmacotherapy
- Other biological therapies (ECT)
- Psychotherapies –social therapies
  - Improving cognitive functioning
  - Rehabilitation
  - Treating primary or associated mood-anxiety disorder



# Pharmacotherapy

- Aspects of pharmacotherapy
  - Mental status, neurological/somatic status
  - Social status
  - Etiology
- Special aspects
  - Polimorbidity
  - Pharmacokinetics (interactions)
  - Dosage (low)
  - Side effects (cognitive, other)

