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
  - Endocrine
  - 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
    - summerised 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 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.)
Delusional disorder in elderly

- "Endogenous" origin
- Organic (CNS) background
- Sensory impairment
- Other biological factors
- Personality
- Psychosocial factors
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
Psychiatric therapies in the elderly

- Pharmacootherapy
- 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)