

Geriatric psychiatry „Old age” psychiatry

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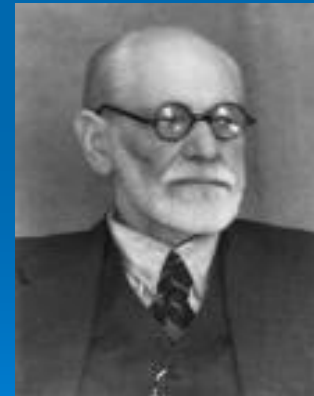
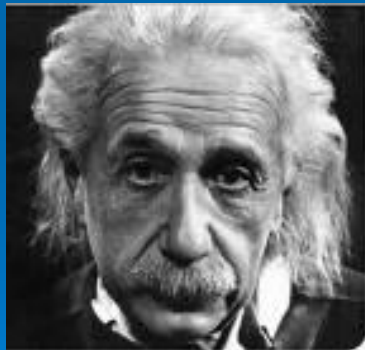
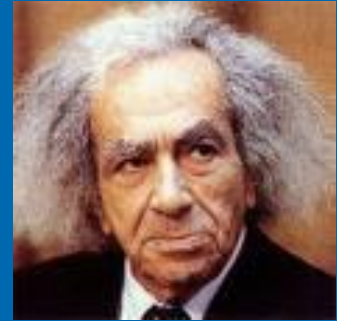
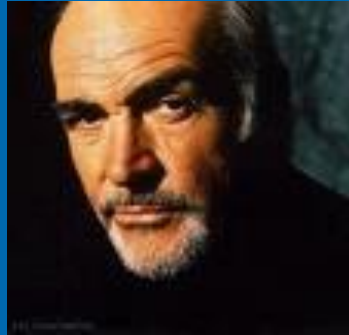


Geriatric psychiatry

- 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

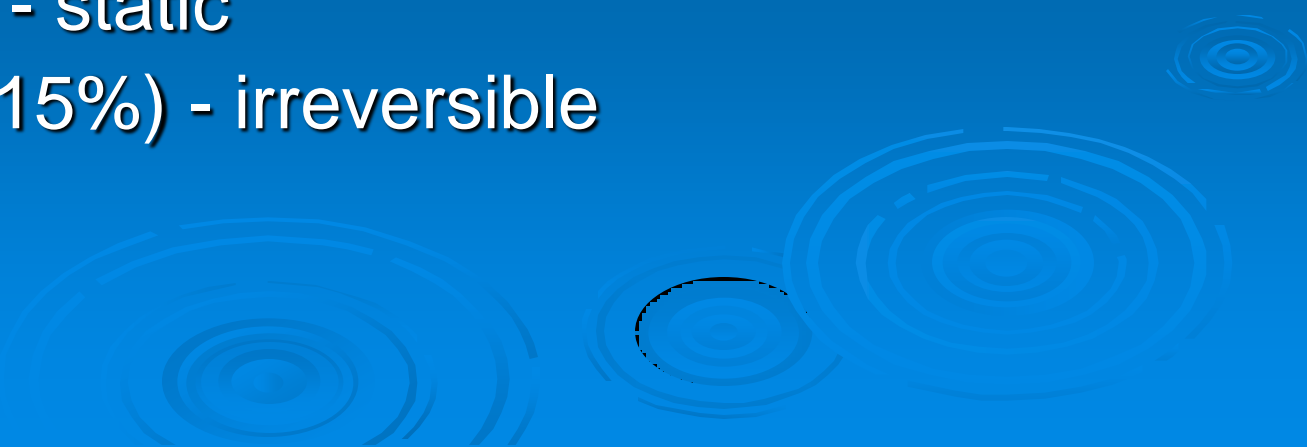
- Biological, psychological, social factors (bio-psycho-social model)
- Internal medical, neurological, psychiatric aspects
- Multidimensional approach
- Polimorbidity!
- Syndromatology (atypical) – etiology
- Cross-sectional – long term course

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 (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
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Dementia - Classification

➤ Severity

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

➤ Localization

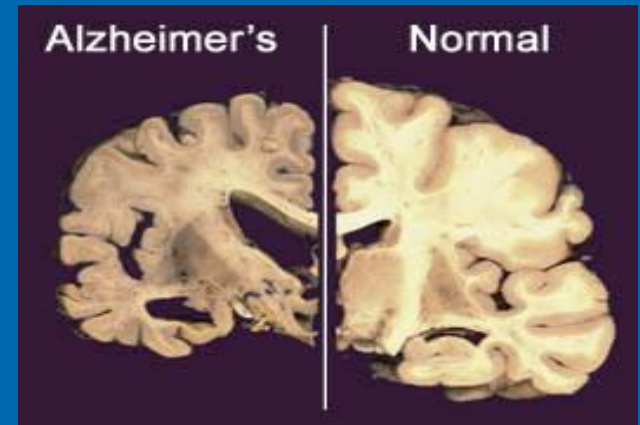
- Cortical
- Subcortical

➤ Etiology

- Primary
- Secondary

Dementia -Etiology

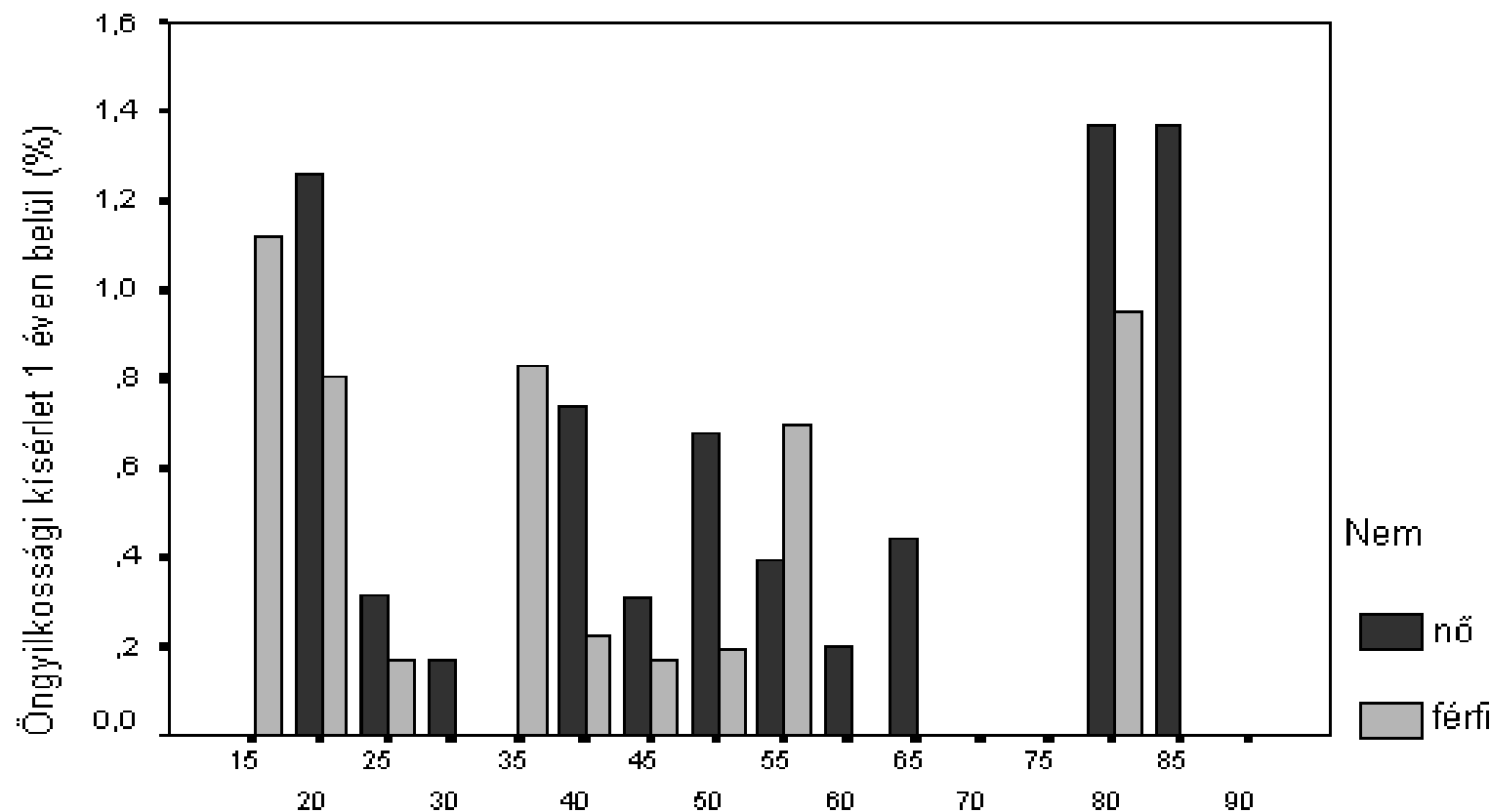
- Alzheimers disease (60-70%)
- Vascular dementia (10-20%)
- Neurodegenerative disorders (Pick, Lewy body dis, Parkinson, Huntington, etc.)
- Drugs and toxins
- Intracranial masses
- Anoxia
- Trauma
- Infections (JCD, HIV, etc)
- Nutrition
- Metabolic
- Pseudodementia



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
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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)

