Chronic Mental Illness in Older Adults

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Older adults are aging at an alarming rate and we are not ready!

• Older adults are expected to outnumber children by 2035
• 78 million people over the age of 65 and 76.7 million children under the age of 18

• Census.gov

The World Health Organization is worried about maintaining normal functionality with aging and minimize the negative affects of the aging process on brain function.

• Older adults are at risk for strokes and cognitive disorders related to younger people
• Aging impairs brain guided sensory motor activity, which includes alterations in the vasculature of the brain and its' transmission system.

Redox Imbalance is an age-related occurrence

• Brain cells become injured when there is not enough oxygen
• To function normally, the brain needs as much as 20% of the total organism’s oxygen need
• Brain cells high risk of oxidative injury leads to increase risk for cerebrovascular based brain events-such as strokes

Lifelong treatment of mental illness can affect the characteristics of the brain.

Brain imaging later in life is essential to assist in treatment.

Helps distinguish between medical circumstances versus mental health.

As people age, their mental illness can be treatment resistive
Schizophrenia

Characterized by delusions, hallucinations, disorganized speech and behavior along with other symptoms that can cause social or occupational dysfunction.

For a true diagnosis, symptoms must be present for six months and include at least one month of active symptoms. DSM-5 also requires that an individual exhibit at least two of the specified symptoms. These are delusions, hallucinations, disorganized speech, gross disorganization or catatonic behavior and show of negative symptoms which could be a blunt affect, decreased motivation and apathy, to name a few.

Risks to Older Adult with Schizophrenia Like Behavior

- Isolation
- Decreased quality of Life
- Sensory Deficits
- Lack of treatment due to poor insight

Schizophrenia

- 3 Types
  - Early Onset-before age 40
  - Late Onset-after age 40
  - Very Late Onset-after age 60

Treatment

- Take time to build relationship
- Build alliance with patient for treatment
- Non judgemental active listening
- Assess for safety risk to self and others
- Assess for suicide risk
Psychotropic treatment

• Careful monitoring of liver and renal function
• Cardiovascular assessment - EKG
• First Generation versus Second generation antipsychotics
• Careful monitoring of weight gain, metabolic syndrome, diabetes, EPS symptoms

Major Depression

• DSM-V definition
  – 5 or more core depressive symptoms during 2-week period
  – Includes either depressed mood or loss of interest or pleasure, along with significant weight loss or gain, or change in appetite, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or inappropriate guilt, diminished ability to think or concentrate or indecisiveness, and recurrent thoughts of death or suicide
• No distinction in criteria based on age

Types of Depression

• Early Onset
• Dysthymia
• Late Onset
• Vascular
• Mood symptoms
• Somatic complaints
• Psychosis

Late Life Depression

• NOT a part of normal aging
• One of the more important causes of emotional suffering later in life
• Contributes to morbidity of many medical disorders
• Increase in mortality from suicide and medical illness
• More persistent than if occur early in life
• It is treatable

Suicide Risk in Older Adults

• Double risk of younger people
• Rate of completed suicides increases dramatically
• Men more successful than women
Treatment options

- SSRI'S
- SNRI'S
- ECT

Reference List