Older Adults’ Mental Health

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http://digitalpeersupport.org/
Thank you to ADvancing States
Agenda

- What is successful aging?
- Depression in older adults
- Suicidality in older adult
- Dementia
- Substance use in older adults
- Alcohol use in older adult
- Opioid Use in older adults
What is Successful Aging in Older Adults?
What Makes Older Adults Different?

- Frailty
- Physical Health
- Life Events
- Use of Mental Health Care
- Poverty
The Greatest Generation
Baby Boomers
Millennials
Joe, 85-year-old white male, self-referred. Stated plan is to drive car off a bridge. Reports verbal abuse by children. Joe feels angry and hurt, threatened to kill himself. Current alcohol level is .15; Joe is confused and repetitive. History reveals a previous suicide attempt (overdose) 7 years ago, which resulted in hospitalization. After spending the night at hospital and sobering, Joe denies further suicidal intent.
COVID and Suicide in Older Adults

Pandemic may result in risk factors for suicidal behaviors (Reger et al., 2020) such as financial insecurity, death of loved ones, anxiety, depression, and disconnection from others.

During the SARS epidemic, high rates of psychological distress, symptoms of depression and post-traumatic stress disorder were associated with quarantine (Hawryluck et al., 2004).
• White men older than 65 years account for a disproportionate number of completed suicides.
• Suicidal older adults may present to their physician with seemingly unrelated symptoms shortly before making an attempt.
  • A mood change, especially when means for self-harm (e.g., firearms) are readily available, should prompt a careful evaluation for suicidal ideation.
• Suicidal intent, the presence of a plan, and the means available to carry out the plan should be addressed directly in the interview.
Risk Factors for Suicide

- Bereavement
- Living alone, social isolation
- Male sex
- White race
- Depression, anxiety, and substance use (alcohol, sedatives, pain medications)
- Brain injuries or disorders
- Prolonged exposure to stress
- Chronic pain
- Life and role transitions
- Access to lethal means
- History of abuse or neglect
- A family history of suicide
- Previous suicide attempts

*Highest risk is after a fatal or rapidly deteriorating medical diagnosis*
Immediate Crisis

If someone has attempted suicide:

1. Don't leave the person alone.

1. Call 911 or your local emergency number right away. Or, if you think you can do so safely, take the person to the nearest hospital emergency room yourself.

1. Try to find out if he or she is under the influence of alcohol or drugs or may have taken an overdose.

1. Tell a family member or friend right away what's going on.
SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1. IDENTIFY RISK FACTORS
   Note those that can be modified to reduce risk

2. IDENTIFY PROTECTIVE FACTORS
   Note those that can be enhanced

3. CONDUCT SUICIDE INQUIRY
   Suicidal thoughts, plans, behavior, and intent

4. DETERMINE RISK LEVEL/INTERVENTION
   Determine risk. Choose appropriate intervention to address and reduce risk

5. DOCUMENT
   Assessment of risk, rationale, intervention, and follow-up

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
What to do if someone is thinking about suicide

1. Remove lethal means from home

2. If a friend or loved one talks or behaves in a way that makes you believe he or she might attempt suicide, don't try to handle the situation alone: Get help from a trained professional as quickly as possible. The person may need to be hospitalized until the suicidal crisis has passed.

3. Encourage the person to call a suicide hotline number. In the U.S., call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) to reach a trained counselor. Use that same number and press "1" to reach the Veterans Crisis Line.
MAKE YOUR OWN ECOMAP WORKSHEET

Ecomaps are a collaborative activity that can be completed with clients in session. Follow these steps while in conversation with the client to fill out this ecomap template.

1. Write the name of the client and the client’s age in the spaces indicated in the center circle.

2. Draw in squares (for males) and triangles (for females) to represent important people in the client’s life. Write the name and age of each person inside their square or triangle.

3. Fill in the smaller circles with areas of influence in the client’s life, such as school, church, work, hobbies, support services, resources, etc.

4. Based on information the client shares, draw lines connecting the client’s circle to each of the other circles, triangles, and squares following the types of connections shown in the legend (moderate, strong, weak, or stressful). Feel free to invent a new type of line to display a different type of connection, and draw it in the legend.

5. Add arrows on one or both ends of each line to indicate the direction of the relationship or flow of resources (either going toward the client, or toward the outside influence or person, or in both directions).

6. Use color coding, special symbols within each circle, square or triangle, and other indicators to display additional information (such as illness, unique circumstances, strengths, and challenges). Add them to the legend in the additional space provided.

Legend

[Square] = Males
[Triangle] = Females

Client Name
Establishing Effective Referral Relationships

Partners

- Area Agency on Aging
- Clergy
- Department of Mental Health
- Protective Services
- National Alliance on Mental Illness
- Emergency Room
- Primary Care
- Aging Services Access Points
- Informal Supports
Depression
A 72-year-old woman had a myocardial infarction and underwent coronary artery bypass grafting four weeks ago. She has been participating in an outpatient cardiac rehabilitation program. Her therapist is concerned about her lack of progress and apparent apathy. The patient's son comments that she seems uninterested in participating in family activities and looks depressed.
More than two million Americans aged 65 and older are diagnosed with depression.
What does depression look like in older adults?

**Common Symptoms:**
Memory complaints, anhedonia, somatic complaints, anxiety, lack of interest in personal care, sleep disturbance, tiredness, loss of interest in life, hopelessness, slowed movement, and agitation

**Gender-specific (women):**
Appetite problems, vegetative symptoms, and cognitive dysfunction
What are the social risk factors for depression in older adults?

**Social**: Death of a close family member, friend, or spouse; Personal illness; Change in sleeping habits; Social isolation; Relationship problems

**Gender-specific (women)**: Bereavement; Change in financial situation; Change in the health of a family member (caregiving); Change in living condition/residence; Personal injury (older adult mistreatment/abuse)

*Death of a close family member or friend, spouse
*Personal illness
*Personal injury
*Change in sleeping habits
Risk Factors for Depression

- Feelings of loneliness
- Death of friends and significant others
- Chronic illnesses
- Inability to complete activities
## Geriatric Depression Scale

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you basically satisfied with your life?*</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>2. Do you feel that your life is empty?*</td>
<td>YES/No</td>
</tr>
<tr>
<td>3. Are you afraid that something bad is going to happen to you?*</td>
<td>YES/No</td>
</tr>
<tr>
<td>4. Do you feel happy most of the time?*</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>5. Have you dropped many of your activities and interests?</td>
<td>YES/No</td>
</tr>
<tr>
<td>6. Do you often feel helpless?</td>
<td>YES/No</td>
</tr>
<tr>
<td>7. Do you feel that you have more problems with memory than most?</td>
<td>YES/No</td>
</tr>
<tr>
<td>8. Do you feel full of energy?</td>
<td>Yes/NO</td>
</tr>
<tr>
<td>9. Do you feel that your situation is hopeless?</td>
<td>YES/No</td>
</tr>
<tr>
<td>10. Do you think that most people are better off than you are?</td>
<td>YES/No</td>
</tr>
</tbody>
</table>

**NOTE:** One point is scored for each response in capital letters. A score of 3 or greater may indicate depression.

*—The first four questions are sometimes used as a four-item version of the scale, with one or more abnormal responses possibly indicating depression.

What Helps?

• Structured psychotherapy yields depression remission rates similar to medication, and may be preferred in patients at higher risk of adverse drug reactions;

• Cognitive behavioral therapy is the most widely studied form of psychotherapy and has been shown to be effective in geriatric depression, particularly in mild to moderately severe cases;

• Some evidence that aerobic and anaerobic exercise programs are helpful for treating depression;

• Narrative therapy/Life Review
Life Review
Life Review Exercises

- Values help you find your purpose.
- Values help you react in difficult situations.
- Values help you make decisions.
- Values help you develop a sense of self.
- Values help increase your confidence.
- Values help your overall happiness level.

What are your values?
Loneliness
Impact of Loneliness and Health

- People with serious mental illnesses experience 2.3 higher rates of loneliness compared to the general population (Badcock et al., 2015; Stain et al., 2012).

- Loneliness is a personal experience, in which a person believes their social connections is not aligned with their need for a sense of belonging (Ernst & Cacioppo, 1999).

- Loneliness is an often unrecognized dimension of health that has serious implications for cardiovascular health and mortality (Ong, Rothstein, & Uchino).
Creating a Welcoming Digital Space
Texting or Chatting

Enhance connection through texting or videoconferencing chatting:

1. using technology to simultaneously manage mental health and physical health issues;
2. realizing new capabilities in late-life;
3. sharing their roles as parents and grandparents;
4. wisdom; and
5. sharing lived experience of with normal age-related changes (emerging).

*Text message exchanges between older adult peer specialists (N=3) and people with a lived experience were examined (N=8) with a mean age of 68.8 years (SD=4.9).

(Mbao & Fortuna, 2021)
Addressing Loneliness and Social Isolation

• Stay in touch with loved ones using GrandPad, Facebook Messenger, or WhatsApp

• Assigning a nursing facility staff member as a primary contact for families to facilitate inbound communications as well as outbound

• Fostering partnerships with new entities, such as local police, mail carriers, high school students and school bus drivers to pick up and deliver prescriptions, groceries, and home delivered meals for older adults
Addressing Loneliness and Social Isolation

- Well Connected by Covia – Connects individuals to virtual classes, conversations, and activities by phone.
  - Programs available in English and Spanish
    - (877) 797-7299 (English)
    - (877) 400-5867 (Spanish)

- Lifetime Connections Without Walls by Family Eldercare - Telephone activities program providing opportunities for older adults to connect with others in their community and across the country using a telephone conference call system.
  - Referral: (888) 500-6472
    lcww@familyeldercare.org
Addressing Loneliness and Social Isolation

- **Friendship Line by Institute on Aging** - The Friendship Line is both a crisis intervention hotline and a warmline for non-emergency emotional support calls.
  - It is a 24-hour tollfree line and the only accredited crisis line in the country for people aged 60 years and older, and adults living with disabilities.
Addressing Loneliness and Social Isolation

• **Volunteering**

• Listen to free audio books on Audible.

• SAGEConnect - SAGEConnect links LGBT elders with their broader community, reducing isolation and promoting well-being. Interested individuals can register at the link provided or call the registration line at 929-484-4160
Dementia
Farah, 45 years old, brings her mother Ingrid, 73 years old, to the clinic. Farah reports that her mother has been acting strangely over the last few months. Her mother has become increasingly forgetful and vague. Sometimes she doesn’t seem to recognize people that she has known for years. The health-care provider needs to assess Ingrid for possible dementia, and assess Farah’s well-being.
What is Dementia?

Dementia is an umbrella term that is used to describe memory loss and an impairment in judgement, social, and thinking abilities.

- Impaired memory
- Impaired language skills
- Impaired reasoning/judgment abilities
- Impaired visual perception
• The most common form of dementia is Alzheimer’s Disease

• In 2019, approximately 5.8 million people are living with Alzheimer’s disease
Risk Factors for Alzheimer's

- Age
- Mild cognitive impairment (MCI)
- Family history in first degree relative (especially if younger onset)
- Vascular risk (diabetes, heart disease, etc.)
- Low education and physical/social activity
- Female sex
Signs of Alzheimer's

- Earliest cognitive symptoms are usually poor short term memory; loss of orientation
- Smooth, usually slow decline without dramatic short-term fluctuations
- Depression, anxiety
- Irritability, hostility, apathy
- Delusions, hallucinations
- Sleep-wake changes
- Sundowning
- Agitation
- Apathy
- Aggression

- Wandering
- Restlessness
- Eating problems
- Agitation
- Disinhibition
- Pacing
- Screaming
- Hallucinations
- Delusions
- Anxiety
- Uncontrollable emotional outbursts
• About 40% of people who have Alzheimer’s also have depression

• Depression is commonly experienced during the early and middle stages of Alzheimer’s
Assessment Considerations

- Make sure you sit in a way that the person can see and hear you properly.
- Speak clearly, slowly and with eye contact.
- Look at the body language and non-verbal cues.
- Give the caregiver and family a chance to talk and listen to their concerns. You may need to be flexible in how you do this.
Assessment Considerations

• The progressive nature of dementia means that over time the person may experience:
  
  • Problems finding the right words.
  • Their fluency when talking may deteriorate.
  • They may interrupt, not respond, ignore others
  • Their reading and writing skills may deteriorate.
  • They way they express their emotions will change.
  • They may have hearing and visual problems as well.
Assessment Considerations

Speak with their family or friends:

• Have you noticed a change in the person’s ability to think and reason?
• Does the person often forget where they have put things?
• Does the person forget what happened the day before?
• Does the person forget where they are?
• Does the person get confused?
• Does the person have difficulty dressing (misplacing buttons, putting clothes on in the wrong way)?
Testing Orientation, Memory, and Language: Role Play
Delirium Resembling Dementia

- Delirium is a state of mental confusion that develops quickly and usually fluctuates in intensity. It has many causes, including medications and infections.
- Delirium can be confused for dementia.
- Suspect delirium if it is acute onset, short duration and the person has impaired level of consciousness.
- If you think that a person has delirium
  - Try to identify and manage underlying cause
  - Assess for dehydration and give fluid
  - Ensure that the person is safe and comfortable
  - Refer the person to a specialist
Depression Resembling Dementia

• In older people, depression can sometimes resemble dementia.

• Older people with depression can often be confused, irritable, lose interest and motivation, stop functioning well (be unkempt and neglect personal hygiene) and generally present in ways similar to dementia.

• If you suspect depression then go to the Module on Depression and manage the depression but the person should be reassessed for dementia 12 weeks later.
True or False

Dementia is a normal function of aging
True or False

Dementia means senility
Interventions

**Psychoeducation:** Need to tailor and adapt the language when talking to the person with dementia so that they understand and are not overwhelmed.
Interventions

Caregiver Support

1. Empathize: Acknowledge how difficult and frustrating it is to care for someone with dementia:
   - Remind them to keep calm and avoid hostility.
   - Explain how scared the person with dementia may be feeling and the importance of treating them with respect and dignity and thinking of them as a person.

2. Encourage carer to seek help and support.

3. Provide information to carers about dementia and the symptoms.
Interventions

Caregiver Support

3. Provide information to carers about dementia and the symptoms.

4. Train the carers and support them to learn to tackle difficult behaviors like wandering and aggression.

5. If possible offer respite care for the carer.

6. Explore any financial support or benefits the carer and person may be entitled to.
Common problems faced by caregivers in managing care for older adult with dementia

1. Personal hygiene
2. Dressing
3. Toileting and incontinence
4. Repeated questioning
5. Clinging
6. Aggression
7. Wandering
8. Loss of interest and activity
9. Hallucinations
ALCOHOL USE AND OLDER ADULTS
Mr. John is a 71-year-old man who is seen regularly in clinic for health maintenance and follow-up of his chronic insomnia and anxiety. He has regular prescriptions for triazolam (Halcion) and clonazepam (Klonopin) for these problems. Recently he has been reporting frequent episodes of losing his balance and falling, and eight weeks ago was hospitalized for a hip fracture sustained during one of these falls resulting in hip surgery. On this visit he also complains of becoming increasingly confused. Mr. John smells of alcohol.
Alcohol Use in Older Adults

- The Substance Abuse and Mental Health Administration examined 62 million older adults (55+) between the years of 1995-2002 and found that 77.5% reported alcohol use.

- Alcohol was the primary substance that older adults in treatment had abused.
• Older women are more sensitive to alcohol than men
• Medication effects can either be strengthened or weakened
  • Side effects of certain medications can also be worsened
Less Muscle to Absorb Alcohol

When alcohol makes its way through the body—first being partially being absorbed through the stomach in the gastrointestinal tract, then distributed through the bloodstream—it absorbs much quicker into muscle than it does fat. As you age, you lose muscle, and it’s replaced by fat. Therefore, when you’re drinking alcohol, there is more of it flowing through your bloodstream. This results in you feeling its effects for longer periods of time as the alcohol waits to be completely absorbed. This also results in a higher blood alcohol concentration (BAC) level, which is an indicator of how intoxicated you are.
Alcohol Takes Longer to Absorb

Not only do you have less muscle to absorb the alcohol more quickly, your body simply takes longer to digest it. This can cause serious damage to vital organs, and also prevent medications you may be taking from working properly.
Less Water in Our Body

In our youth, water makes up about 70 percent of our bodies. Between the ages of 20 and 80, though, that amount decreases by about 15 percent. Less water is retained as kidney function decreases, too. This is why dehydration is such a big issue among seniors. Alcohol contributes to dehydration, so when paired with less water in the body in the first place, it can create a damaging combo for seniors.
Risk Factors for Alcohol Use

- Suffered significant loss
- Loss of income
- Reduced social network
- Loss of mobility
- Deteriorating health
- History of substance abuse
- History of depression or other mental health conditions
- Chronic pain
True or False

Older adults can drink the same amount of alcohol as younger adults
Short term memory loss

Bloodshot eyes

Sudden fluctuations in weight

Becoming isolated from family and friends

Making an excuse as to why you’re drinking (or doing a certain drug), like you’re stressed or you’ve had a long day

Start to change social groups, toward people who may be addicts and are encouraging and reinforcing the behavior

A change to a lethargic behavior, which also may signal depression
Quitting an Alcohol Addiction
Cold Turkey can Potentially be Fatal

Alcohol withdrawal symptoms can include:

- Anxiety
- Raised blood pressure
- Sweating
- Insomnia
- Stomach issues
- Seizures
- Tremors
- Delirium Tremens (severe confusion)
Treatment

- Alcoholic Anonymous (AA)
- Inpatient and outpatient rehab facilities
- Therapy
- Recovery coaches
OPIOID USE AND OLDER ADULTS
Mrs. T is a frail 88-year-old lady with multiple comorbid conditions who attended her family physician following the onset of a rash on the right side of her chest. A diagnosis of shingles was made. She was promptly commenced on prednisolone 25 mg twice daily. Dressings were applied to the rash. About 1 week later, she started experiencing severe pain. A combination preparation of acetaminophen 500 mg with codeine 30 mg was prescribed. Severe pain persisted. Mrs. T reported suicidal ideation.
Pain in Older Adulthood

- As the number of individuals older than 65 years continues to rise, frailty and chronic diseases associated with pain will likely increase.

- Older adults are more likely to have arthritis, bone and joint disorders, cancer, and other chronic disorders associated with pain.
Pain in Older Adulthood

- Between 25% and 50% of community-dwelling older adults have important pain problems.

- Nursing home–dwelling older adults have an even higher prevalence of pain, which is estimated to be between 45% and 80%.
Opioid Use in Older Adults

- 35% of older adults have reported misusing these prescriptions in the past 30 days

- Since 1996 to 2010 the amount of opioid prescriptions for older adults has increased 9 times

- In 20 years the rate of hospitalization for geriatric opioid misuse has increased five-fold
Why Opioid Use in Older Adults Matters

- Opioid use among older adults can result in excessive sedation, respiratory depression, and impairment in vision, attention, and coordination, as well as falls.
- Older adults with opioid use disorder appear to be at a higher risk of death compared to younger adults with the disorder.
- Side effects and opioid use disorder can lead to hospital use.
- Older adults’ opioid-related use of hospital and treatment center services increased sharply from 2005 to 2014.
Assessment Considerations

- Pain is a predictor of suicide in older adults.
- Older adults are often either untreated or undertreated for pain.
Signs of an Opioid Overdose

- You may have seen someone who looks like they may be under the influence of prescription opioids. Recognizing an opioid overdose can be difficult.

- Here are a few signs and symptoms to look out for:
  - Unconsciousness or unresponsiveness
  - Shallow breathing or no breathing
  - Pinpoint pupils If you suspect someone is overdosing or in distress, it is important that you don’t leave the person alone and that you call 911 and seek immediate medical care for the individual.
True or False

Pain is a natural part of getting older

“What do you expect? You’re just getting older.”
True or False

Pain worsens over time
True or False

Stoicism leads to pain tolerance
True or False

Opioids are highly addictive
Elicit Older Adults’ Perspectives


- Research shows that patients often wish to discuss lifestyle changes and nonmedical approaches to pain, for example, but that clinicians typically focus on medications instead.
Pain Distress Scale

Simple Descriptive Pain Distress Scale
- None
- Annoying
- Uncomfortable
- Dreadful
- Horrible
- Agonizing

0–10 Numeric Distress Scale
- No pain
- Distressing pain
- Unbearable pain

Visual Analog Scale (VAS)
- No distress
- Unbearable distress
• Avoid taking prescription painkillers more often than prescribed.
• Dispose of medications properly, as soon as treatment is complete, and avoid keeping prescription painkillers or sedatives around.
• Store opioids in a secure place where others cannot get them.
• Help prevent misuse by not selling or sharing prescription medications. Never use another person’s prescription medications.
Education

- Get help for substance use problems by calling the SAMHSA Treatment Locator at 1-800-662-HELP.

- Call Poison Help 1-800-222-1222 with questions about medications.

- Rx Awareness
Self-Advocacy

• Older adults can talk with their doctor to fully understand benefits and risks of prescription opioids before taking them.

• Older adults can talk with their doctor about setting goals for management of your pain.

• Older adults can ask their doctor about non-opioid options for treating pain, including medications other than opioids as well as nonpharmacologic options, like exercise.

• Older adults should always let your doctor know about any side effects or concerns you may have.
Nonpharmacologic Approaches to Treat Pain

- Patient and Caregiver Education
- Regular Physical Activity
- Cognitive Behavioral Therapy
- Referral to clergy, if appropriate
- Self-Management
Nonpharmacologic Approaches to Treat Pain

Older Adult Peer Support
Pain Scale App

**Track**
Records pain levels, triggers, physical activity, and the effectiveness of medications and treatments.

**Learn**
Provides one, go-to source medical and non-medical options.

**Review Pain Journey**
Track your pain daily to see your progress throughout your pain history.

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Dartmouth
CENTERS FOR HEALTH AND AGING
Beyond Mental Health

Use websites like Amazon Fresh, Instacart, Fresh Direct, and Peapod for food delivery services

Use mail order pharmacies

YouTube for older adult focused exercise videos or go on the National Institute on Aging or AARP websites to find fitness videos
Beyond Mental Health

If you need help finding services in your community, the Eldercare Locator can help.

Visit https://eldercare.acl.gov/

call 1-800-677-1116.
Thank You

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