Key Issues in Geriatric Mental Health
Myths and Misconceptions

Suzanna Waters Castillo, PhD, MSSW
Distinguished Faculty Associate
Division of Continuing Studies-Behavioral Health
University of Wisconsin-Madison
suzanna.castillo@wisc.edu 608 263 3174

Purpose
• Provide you with accurate information about the identification and treatment of geriatric depression and anxiety
• Dispel myths about geriatric depression and anxiety
• Recognize atypical presentations
• Understand that treatment produces better health outcomes
• Know why depression and anxiety screening tools are important to effective treatment

Geriatric Mental Health
• What is your definition of positive mental health in aging?
• What are some characteristics?
Positive Mental Health in Aging

• "There is considerable discussion in public forums about the financial drain on the society due to rising costs of healthcare for older adults -- what some people disparagingly label the 'silver tsunami.' But, successfully aging older adults can be a great resource for younger generations."

• The findings also point to a key role for psychiatry in enhancing successful aging in older adults. "Perfect physical health is neither necessary nor sufficient. There is potential for enhancing successful aging by fostering resilience and treating or preventing depression."

• Source: Huffington Post 50, 2015
Positive Mental Health and Aging

Myths and Misconceptions: Geriatric Mental Health

- False notions, myths, misconceptions about aging abound
- Fostered by multiple sources
- Result in poor outcomes for elderly and society

Myth: Aging is a disease
Fact: Aging is not a disease

"...if aging is understood as an emergent phenomenon occurring progressively in each and every individual surviving beyond certain duration of life within the evolutionary framework, then aging cannot be considered as a disease. This latter viewpoint then transforms our approach towards aging interventions from the so-called anti-aging treatments to achieving healthy aging."


Myth: Many elderly have mental illness

"I guess I feel this way because I'm just getting old."

Fact: Most elderly do not have mental illness

Anxiety and Depressive Disorders are Most Prevalent

- **Anxiety**
  - A psychiatric disorder involving the presence of anxiety that is so intense or so frequently that functioning is impaired
  - 10-15% all anxiety disorders
  - Most prevalent is Generalized Anxiety Disorder/GAD

- **Depression**
  - A psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, feelings of extreme sadness, guilt, hopelessness and hopelessness, and thoughts of death.
  - 3-3% community dwelling elderly
  - 5-9% primary care
  - 12-30% nursing home care
Fact: Most elderly do not have mental illness

• Why do we care?
  • Older adults with untreated depression are more likely to:
    • Have poorer health outcomes
    • Be admitted to a hospital or a nursing home
    • Visit their physician more frequently, visit an emergency room
    • Be prescribed multiple medications
    • Have problems with functional capacity
    • Have higher healthcare costs

Myth: Depression and anxiety are not medical conditions

“Depression is not like a real medical illness... like high blood pressure!”

Fact: Depression and anxiety are medical conditions

• Geriatric depression and anxiety are:
  • Identified by specific clinical signs and symptoms
  • Screened for by using evidence-based tools
  • Treated with evidence-based medical and psycho-social treatment methods
  • Found to significantly interfere with ADLs and IADLs
  • Bio-psycho-social in nature
Myth: Depression and anxiety are due to moral flaws or social failing

“I should have been a better wife and mother.”

Fact: Depression and anxiety are not caused by moral flaws or social failing

• Depression and anxiety are the result of multiple factors:
  • Major medical illness
  • Chronic illness
  • Co-occurring mental illness
  • Substance use disorders
  • Multiple losses
  • Depletion syndrome
  • Untreated pain
  • Loss of independence
  • Medication mismanagement
Myth: Geriatric depression and anxiety are easily recognized

Fact: Geriatric depression and anxiety are often missed

- Atypical presentation is common:
  - Somatic complaints
  - Irritation, agitation
  - Do not speak of being sad or depressed

- Various studies have indicated:
  - Older women and men believe depression is a normal part of aging
  - Many older adults go untreated

Fact: Geriatric depression and anxiety are often missed

- Providers & family mistake the signs of depression
  - Very complex and challenging
    - Lack knowledge, information and resources about geriatric anxiety and depression
    - May believe their symptoms are due to chronic illness
    - Anxiety and depression are just a part of growing old
    - Older adults may not be screened or interviewed for possible depression or anxiety
    - May think it is dementia
You Tube Video and Discussion

Myth: The symptoms are the same in older adults as others

“I am just tired... that's all. Look... I don't feel sad or anything like that. I just don't feel like getting out these days. Well I am 82 after all.”

Fact: Some symptoms are different for older adults

- Atypical Presentation of Geriatric Depression
  - Vague GI symptoms
  - Lack of sad mood or absence of feelings about being depressed
  - Confusion
  - Apathy
  - Talk more about bodily symptoms
  - Loss of interest
  - Social withdrawal
  - Irritability is more common
  - Somatization (emotional issues expressed through bodily complaints)
Fact: Some symptoms are different for older adults

• Atypical presentation of Geriatric Anxiety
  • Hostility
  • Suspicious behaviors
  • Guarded
  • Little to no eye contact
  • Inability to answer questions
  • Repetitive and purposeless movement
  • Mood blunting or over exaggerated
  • Restless and inability to remain seated

Fact: Some symptoms are different for older adults

• Ruling out certain factors
  • Medical interview and examinations and tests
    • Acute conditions
    • Chronic conditions
    • Medications
    • Abuse or neglect
    • Co-occurring mental illness
    • Substance misuse and abuse
    • Hospitalizations
    • Transfers
    • Institutions

Myth: There are no effective treatments

“I don’t want to talk about it. Besides this medication won’t help older people like me.”
Fact: There are effective treatments for geriatric depression and anxiety

- Evidence-based treatments are:
  - Anti-depressants
  - Cognitive Behavioral Therapies
  - Interpersonal therapy

- Monitoring is essential:
  - Must work closely with health care and human service professionals, family, caregivers etc.
  - May take up to 2 months for positive effect to take place

Fact: There are effective treatments for geriatric depression and anxiety

- Psycho-social Support
  - Stay connected
  - Support basic psycho-social needs
  - Occupation
  - Attachment
  - Kindness/Compassion
  - Identity
  - Inclusion
  - Facilitate care coordination and community support
  - Family involvement
  - Identify an advocate
  - Use elements of behavioral activation
  - Develop natural helping systems
  - Learn what is meaningful and important for the person

Fact: There are effective treatments

- “I didn’t know anything about depression, so I didn’t know I was depressed. ... The questionnaire was essential to getting me in for treatment. It was sent to me three times before I sent it back. I took medication and went to a class that helped me learn skills to work on the depression. ... I now have two friends getting treatment for depression since I told them about my situation.”

* Source: Participant in a depression care management program (Centers for Disease Control, DC, 2009a).
Older Woman Depression - VIDEO

Identify Strengths as well as Limitations

• Use a strengths based approach
  • Positive coping
  • Self care
  • Engagement
  • Perseverance
  • Belief system
  • Healthy network
  • Abilities
  • Pleasures

Identify Risk Factors

• Isolation
• Decreased social contact
• Decreased physical activity
• Functional impairment
• Substance misuse or abuse
• Major medical conditions
  • Stroke, by-pass, hip fracture
  • Delirium
  • COPD
Identify Risk Factors

• Multiple Medications
• Terminal illness
• Multiple losses – Depletion Syndrome
• Chain of events
• Pain
• History of previous mental illness
• Excessive worry and fear

Provide support

• ADVOCATE
  • Listen, show support and compassion
  • Designate a point person
  • Work with the primary care provider/physician
  • Mobilize a support group
  • Keep them engaged
  • Provide with factual information about geriatric depression
    • It is an illness like any physical illness
    • Stay connected
    • Work with physician and other supports

Warning Signs for Suicide in Elderly

• Loss of interest in things or activities that are usually found enjoyable.
• Cutting back social interaction, self-care, and grooming.
• Breaking medical regimens (such as going off diets, prescriptions).
• Experiencing or expecting a significant personal loss (spouse or other).
• Feeling hopeless and/or worthless.
• Putting affairs in order, giving things away, or making changes in wills.
• Stock-piling medication or obtaining other lethal means.
• Preoccupation with death or a lack of concern about personal safety. Remarks such as “This is the last time that you’ll see me” or “I won’t be needing anymore appointments” should raise concern.
• The most significant indicator is an expression of suicidal intent.
• Abrupt change in mood to expressing uncommon happiness.
If an emergency,....

- Older adults with depression are at risk for suicide. In fact, white men age 85 and older have the highest suicide rate in the United States.
- If you are thinking about harming yourself or attempting suicide, tell someone who can help immediately.
  - Call 911 for emergency services
  - Call your doctor
  - Go to the nearest hospital emergency room.
  - Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to be connected to a trained counselor at a suicide crisis center nearest you.

Suicide in Elderly - VIDEO

Geriatric Depression

- There is Hope
- There is Help
What you can do

• Reach out for help!
• Contact your physician and have a conversation
  • Ask if you can be screened
  • Have treatment plan explained and support to keep it in place
• Know that there is hope and help
• For further information
  • CALL THE National Alliance on Mental Illness/NAMI HELPLINE 800‐950‐NAMI
    info@nami.org M‐F, 10 am - 6 pm ET

Virginia is an 84 year old Caucasian woman and lives in the suburbs. She lives with her 50 year old son Robert who has an intellectual disability. She has been to her doctor recently for what she called “feeling blah.” Virginia told her doctor that she was having trouble getting out of bed in the morning. So much so that she has taken to moving the alarm clock off her nightstand and on to her dresser on the other side of the room so she is forced to get up to turn it off. She states that she is often tired and is having bothersome moments of forgetfulness.

• Virginia lost Bill, her husband for over 56 years, about 18 months ago. Virginia and Robert, along with her daughter Melanie – a registered nurse – took care of Bill in their home for the last two months of his life. Bill’s death was peaceful with Virginia, Robert and Melanie present. Virginia loved Bill very much.

• Now Virginia spends her days doing puzzles when she feels like it. Virginia is very religious and she attends her church for services usually 2 to 3 times a week. Her son Robert has a job during the day so she does have time to herself as well as company at night. She has had some physical problems over the years. Most recently she had heart arrhythmia that has caused her concern and which her doctor continues to monitor. She also worries about being diabetic though not because of symptoms she’s aware of but because her father had diabetes and she has had a fear that she may someday have it.

• What screening tools might you use?
• How would you begin a discussion with Virginia about possible depression or anxiety?

Want to learn more?

• http://store.samhsa.gov/shin/content/SMA11‐4631CD‐DVD/SMA11‐4631CD‐DVD‐Keytoues.pdf
  • This link will connect you to an excellent booklet “The Treatment of Geriatric Depression”, prepared by the US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration.
New Life to Added Years

• “It is not enough for a great nation merely to have added new years to life--our objective must also be to add new life to those years.”
  *John F. Kennedy

Evidence-based Screening Tools for Geriatric Depression and Anxiety

What is Assessment vs. Screening?

• Screening

  • Compared to assessment it is a specific process that identifies an emerging or immediate need i.e., depression, cognitive impairment, gait and balance, nutrition status, ADLs and IADLs etc.
Why Screen?

• Screening helps detect an illness even before a diagnosis
• Identifies a threshold for services
• Functional Geriatric Screen
• Screening may or may not support a future diagnosis
• Information for further testing and services

What Screening Tools are Most Effective?

• Geriatric Depression Scale/GDS
  • Short and long versions
• Patient Health Questionnaire/PHQ-9 and PHQ-2
  • Evidence-based screening depression in older adults
• Patient Health Questionnaire/PHQ-9 and PHQ-2
  • Questions 1&2
  • Questions 1-9

Geriatric Depression Scale/short Form

Choose the most accurate answer over the past 2 weeks. May ask directly or have someone fill it out.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you basically satisfied with your life?</td>
<td></td>
</tr>
<tr>
<td>2. Have you dropped many of your activities and interests?</td>
<td></td>
</tr>
<tr>
<td>3. Do you find your life is empty?</td>
<td></td>
</tr>
<tr>
<td>4. Do you often get bored?</td>
<td></td>
</tr>
<tr>
<td>5. Are you in good spirits most of the time?</td>
<td></td>
</tr>
<tr>
<td>6. Are you afraid that something bad is going to happen to you?</td>
<td></td>
</tr>
<tr>
<td>7. Do you feel happy most of the time?</td>
<td></td>
</tr>
<tr>
<td>8. Do you often feel helpless?</td>
<td></td>
</tr>
<tr>
<td>9. Do you prefer to stay at home?</td>
<td></td>
</tr>
<tr>
<td>10. Do your think you have more problems with memory than most?</td>
<td></td>
</tr>
<tr>
<td>11. Do you think it is wonderful to be alive now?</td>
<td></td>
</tr>
<tr>
<td>12. Do you feel worthwhile the way you are now?</td>
<td></td>
</tr>
<tr>
<td>13. Do you feel full of energy?</td>
<td></td>
</tr>
<tr>
<td>14. Do you feel that your situation is hopeless?</td>
<td></td>
</tr>
<tr>
<td>15. Do you think that other people are better off than you are?</td>
<td></td>
</tr>
</tbody>
</table>

Scoring: Assign 1 point if you answered accordingly. 5 or more points indicate a possible depression.

Numbers 2, 3, 4, 6, 9, 10, 12, 14, 15 = YES
Numbers 1, 5, 7, 11, 13 = NO
PHQ-9: Patient Health Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Not at all (0)</th>
<th>Several days (1)</th>
<th>More than half the days (2)</th>
<th>Nearly every day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Little interest or pleasure in doing things?</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Feeling down, depressed, or hopeless?</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Trouble falling or staying asleep or sleeping too much?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Feeling tired or having little energy?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Feeling too restless or having too much energy?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Feeling bad about yourself—or that you are a failure or have let yourself or your family down?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Trouble concentrating on things, such as reading the newspaper or watching TV?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Thoughts that you would be better off dead or of hurting yourself in some way?</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Column Scores

What is the PHQ-9?

• An evidence-based, valid and reliable screening tool for geriatric depression
  • It does what it is intended to do i.e., screen for geriatric depression and it's severity
  • It has internal validity i.e., it can be used across all geriatric populations to screen for depression
  • A tool to screen and monitor geriatric depression
  • A tool to measure response to treatment

What is the PHQ-2 & PHQ-9?

• Evidence-based and practical set of tools used to screen for geriatric depression
  • PHQ-2 (Ultra short screen)
    • Positive score is an indication only
    • Short and if positive go on to use PHQ-9
  • PHQ-9
    • Based on 9 screening questions for Depression
    • Scores are strongly correlated with a following dx of major depression
What are some differences between the GDS and PHQ-9?

<table>
<thead>
<tr>
<th>Geriatric Depression Screening Tools</th>
<th>Geriatric Depression Scale</th>
<th>PHQ-9 and PHQ-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliable/Valid</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Validated for Older Adults</td>
<td>Yes, specific for older adults</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of Items</td>
<td>Short – 15 questions</td>
<td>9 &amp; 2 questions</td>
</tr>
<tr>
<td>Time to Complete</td>
<td>5-7 minutes</td>
<td>2-5</td>
</tr>
<tr>
<td>Multiple Languages</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Time frame</td>
<td>1 week</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Suicide Questions</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Self and Other Administered</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Usage</td>
<td>Multiple Providers</td>
<td>Often used by PPC</td>
</tr>
</tbody>
</table>

Scoring PHQ-9

**How to Score**
- Major depression syndrome is suggested if:
  - Of the 9 items, 5 or more are circled as at least “More than half the days”
  - Either item 1a or 1b is positive, that is, at least “More than half the days”

- Minor depression syndrome is suggested if:
  - Of the 9 items, b, c, or d are circled as at least “More than half the days”
  - Either item 1a or 1b is positive, that is, at least “More than half the days”

**Add all circled answers: For every answer circled:**
- Not at all = 0
- Several Days = 1
- More than half the days = 2
- Nearly every day = 3

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>None</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately Severe</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
</tr>
</tbody>
</table>

Pfizer Inc. Instructions for Use (for doctor or healthcare professional use only): PHQ-9 Quick Depression Assessment.
Available at: https://www.phqscreeners.com/pdfs/PHQ9InstruxforUse.pdf.

Advantages of PHQ-9
- Evidence-Based
- Valid and reliable for screening and monitoring
- Often used in primary care
- Shorter than other depression scales
- Scores also indicate degree of severity
- Proven effective in aging population
- Well documented and known
- Translated into multiple languages
- Easy to administer in someone’s home
- Communication tool when working with primary care and other clinical providers
Comorbidity of Depression & Anxiety

Anxiety disorders  Comorbid depression and anxiety  Major depressive disorder

GAD-7 For Scoring Symptom Severity In GAD

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not able to stop or control worry</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling.edged in meetings and things that might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feelings have been unusually bad for at least 2 weeks of illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

<table>
<thead>
<tr>
<th>Provisional Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
</tr>
<tr>
<td>5-9</td>
</tr>
<tr>
<td>10-14</td>
</tr>
<tr>
<td>15-21</td>
</tr>
</tbody>
</table>

Dementia Screen – AD8
Comprehensive Geriatric Assessment

• Additional Screens
  • Barthel Index – ADLs
  • ALSAR – IADLs
  • Determine Your Nutrition Health screen
  • Get up and Go Test – gait and balance
  • SLUMS for Cognitive Screening
  • MOCA for Cognitive Screening
  • Mini-Cog
  • MAST-G for SUD
  • GAD-7 for Generalized Anxiety Disorder
  • Pain Scales
  • Spiritual and Religious Beliefs and Needs

Summary

• Older Adults have good mental health
• Depression often goes unrecognized and untreated in older adults
• Suicide rates among older adults are high
• Depression can be co-morbid with anxiety
• Geriatric Depression and Anxiety are treatable
• Effective Screening Tools are
  • PHQ-9
  • GDS
  • GAD-7
  • Daily living screens
• SSRIs and SNRIs are effective
• Behavioral Therapies are effective
• There is help, there is hope.

References

• Brown E., et al.,  Annals of Long Term Care, 2007, Review
• Blazer, D. 2012. Aging well with Dr. Can Blazer, Part 4: Geriatrics at www.highcalling.org
• Jorm et al., 1997. Medical Journal of Australia
• www.depressionprimarycare.org
• www.gmfonline.org
• www.phqscreeners.com