

### Diagnostic Features

- Multiple cognitive deficits & one or more of following disturbances:
  - > **Aphasia:** language disturbance; can't find words
  - > **Apraxia:** unable to execute motor activities despite intact motor functioning; decrease in ADLs & IADLs
  - > **Agnosia:** failure to recognize/identify objects despite intact sensory functioning
  - > **Disturbances in executive functioning:** planning; organizing; sequencing; abstracting
- Deficits cause significant impairment in overall functioning & represent significant decline from previous level of functioning.

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### Causes

<h4><u>Reversible</u></h4> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Drug toxicity</li> <li>• Normal Pressure Hydrocephalus</li> <li>• Vitamin deficiency states (B-12 &amp; folate)</li> <li>• Infections</li> <li>• Cardiopulmonary d/o</li> <li>• Metabolic syndromes</li> </ul>	<h4><u>Irreversible</u></h4> <ul style="list-style-type: none"> <li>• AIDS</li> <li>• Multiple infarcts</li> <li>• Pick's disease (atrophy of frontal &amp; temporal lobes)</li> <li>• ALS/Lou Gehrig's</li> <li>• Crutchfeld-Jakob's disease</li> <li>• Multiple Sclerosis</li> <li>• Parkinson's</li> </ul>
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### Psychiatric Complications

- Mood controlled by cells in brain stem; cell destruction leads to sadness; depression; weight loss; social withdrawal
- Hallucinations & delusions can be present due to an increasing inability to process new information
- Destruction of frontal lobe cells leads to loss of social functioning; self-control; manners. This can lead to frustration especially as the person is trying to maintain control over their environment
- Sundowning late afternoon; restless & uncooperative.
- Behavioral problems due to increasing inability to process new information & at same time retrieve old information

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### Depression vs Dementia

<p><b><u>Depression</u></b></p> <ul style="list-style-type: none"> <li>▪ Mental decline is relatively rapid</li> <li>▪ Knows the correct time, date, and where he or she is</li> <li>▪ Difficulty concentrating</li> <li>▪ Language and motor skills are slow, but normal</li> <li>▪ Notices or worries about memory problems</li> </ul>	<p><b><u>Dementia</u></b></p> <ul style="list-style-type: none"> <li>▪ Mental decline happens slowly</li> <li>▪ Confused and disoriented; becomes lost in familiar locations</li> <li>▪ Difficulty with short-term memory</li> <li>▪ Writing, speaking, and motor skills are impaired (inability to communicate sxs)</li> <li>▪ Doesn't notice memory problems or seem to care</li> </ul>
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### Treatment Options

- Treatment for dementia is limited as it is a progressive cognitive disorder that has no cure
- Regular visits to a health care provider to monitor the disease
- Medications such as Aricept or Namenda may slow the decline but do not stop the progression of the disease
- Other medications can be prescribed to target symptoms of agitation, aggression, depression or psychosis but should be used cautiously due to potential side effects
- Simple repetitive activity & exercise are good for the body & mind and may slow the progression of the disease
- Since the wake sleep cycle is altered with dementia, having people sleep during the day and awake at night may prove to be better for the person.

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### Wellness

**ENVIRONMENTAL**  
Good habits by accepting pleasure, reducing stress, and putting support systems in place.

**PHYSICAL**  
Recognizing the need for physical activity, diet, sleep, and hydration.

**OCCUPATIONAL**  
Personal satisfaction and treatment derived from one's work.

**SPIRITUAL**  
Experiencing one's sense of purpose and meaning in life.

**SOCIAL**  
Developing a sense of community, belonging, and a well-developed support system.

**INTELLECTUAL**  
Recognizing one's abilities and finding ways to expand knowledge and skills.

**ENVIRONMENTAL**  
Coping effectively with life and creating satisfying relationships.

**PHYSICAL**  
Staying active with current and future functional abilities.

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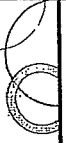
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### Suicide Risk in Older Adults

- Presence of depression:
  - » Those who are treated for depression are frequently undertreated.
  - » When comorbid with anxiety, suicide risk goes up.
  - » Hopelessness also increases risk of suicidality
  - » Physical illness accompanied by pain
  - » Medical conditions such as stroke, cancer, dementia
- Stressful life events:
  - » Loss of Health
  - » Loss of autonomy
  - » Loss of family and friends
  - » Loss of support system
  - » Change in important roles (Reiss & Tishler, 2008)
- Signs
  - > refusal to eat,
  - > refusal to take medications
  - > medical non-compliance

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### Substance Use: Factors for Older Adults

- Multiple health issues
  - Limited time in clinical encounters to address substance misuse
  - Polypharmacy
  - Differential biological susceptibility
- Arthritis and musculoskeletal issues
  - Chronic pain
- Cognitive impairment and dementia
- Isolation, loss of social supports, lack of daily structure can lead to:
  - Poor health habits
  - Anxiety
  - Depression
  - Suicidality and death ideation
- Finding meaning in life for people

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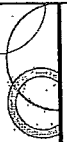
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### Most Common Substance Use Disorders in Older Adults

- Alcohol: ~2-8%
- Tobacco: ~18-22%
- Psychoactive Prescription Drugs: ~2-4%
  - Older adults comprise 13% of the population but account for 1/3 of all outpatient spending on prescription drugs
- Other illegal drugs (marijuana, cocaine, narcotics): <1%

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### Substance Use

- Overall higher risk of accidental misuse or abuse due to multiple prescriptions
  - increases risk of drug to drug interactions
  - breakdown of drugs slows with age
  - many older adults receive prescription medications for pain
- According to SAMSHA 19% of Older Adults misuse alcohol and prescription drugs
- The number of adults aged 50 or older with substance use disorder is projected to double from 2.8 million in 2006 to 5.7 million in 2020 (Han et al, 2008)
- Research shows an upward trend in drinking among Older Adults, especially women and people 60 and older

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### Alcohol Use Disorders and Mental Health Comorbidities

- Substance use can be a significant factor in the course and prognosis of nearly all mental health diagnoses of late life
- Older adults with alcohol use disorders are nearly three times more likely to have a lifetime diagnosis of another mental health disorder
- Alcohol use disorder has been implicated in:
  - Mood disorders
  - Suicide
  - Dementia
  - Anxiety disorders
  - Sleep disturbances
  - Other substance use disorders
- Moderate alcohol use has been shown to have negative effects on the treatment of late-life depression

Source:

- 1. Kivlahan A, Sacco P, Elzner DG, et al. Substance abuse among older adults. *Clin Geriatr Med Ageing* 2014;28(5):433-451

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### Opioid Crisis in the United States

- Opioids led to more than 42,000 deaths in 2016
- 40% of all opioid overdose deaths involve prescription opioids
- Drug overdose is now the leading cause of death for Americans under 50 years of age
- Our general population is getting older! 1950s: less than 10% of US older than 65
  - By 2060: 23% of US older than 65
  - By 2060, many older adults will have had experience using prescription opioids and illicit opioids

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**Opioid Use Disorder Among Older Adults**

- Opioid misuse among adults aged 50 and older in 2014 was higher than all years between 2002 and 2011
- The population of older adults who misuse opioids is projected to double from 2004 to 2020 from 1.2% (911,000) to 2.4% (2.7 million) based on current trends and in the increase in the older adult population
- Across age groups in 2014, adults aged 50 or older were least likely to misuse opioids in the past year (2.0%), while young adults aged 18 and 25 were most likely (8.1%)
  - Even though the proportion of older adults who misuse opioids is relatively small compared to young adults, the National Survey on Drug Use and Health (NSDUH) data suggest opioid misuse is increasing among older adults

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**Older Adult Problem Gamblers**

- Distinct Subgroup
- Late onset – gambling problems begin around age 60
- Gambling tied to situational factors in middle age
- Rapid escalation – especially with women
- Fear of suicide primary reason for seeking help

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**Reasons Older Adults Gamble**

- Opportunity and Availability
  - Casinos viewed as safe & available
  - Lottery outlets convenient
- Excitement
- Boredom
- Forget Problems
- Loneliness and/or Depression
  - Loss of spouse/friends/family
  - Adjustment to new location
- Relieves physical pain

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### Reasons Older Adults Gamble

- Limited Recreational Alternatives
  - Physical limitations
  - Social limitations
- Disposable income
- Targeted by the gambling industry as a lucrative market (Singh et al, 2007)
  - Not invisible

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### High Risk Situations for Gambling Problems

- When highly emotional: angry, lonely, depressed, under stress – or feeling euphoric or overly optimistic
- When coping with loss or grief
- When coping with trauma
- When under financial pressure and stress
- During times of major life change
- When drinking or using substances

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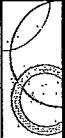
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### Warning Signs

- Secrecy; avoidance when questioned about time and money
- A sudden need for money/loans or change in spending patterns
- Not paying bills
- Missing assets or possessions
- Decline in health
- Neglect of personal needs
- Cancelled appointments
- Changes in attitude and personality
- Decreased medication compliance or discontinuing medication
- Sleep disturbance
- Complaints of anxiety or depression
- Loss of interest and participation in normal activities with family and friends
- Blocks of time unaccounted for
- Places high priority on gambling and related activities

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### Gambling Disorder Compared to Substance Use Disorder

Similarities	Differences
<ul style="list-style-type: none"> <li>▪ Loss of control</li> <li>▪ Preoccupation</li> <li>▪ Negative impact on major life areas</li> <li>▪ Tolerance</li> <li>▪ Withdrawal symptoms</li> <li>▪ Bio-psycho-social/spiritual disorders</li> <li>▪ Family Involvement</li> <li>▪ Self Help Groups</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fantasies of success</li> <li>▪ No biological test</li> <li>▪ Easier to hide</li> <li>▪ Unpredictable outcome</li> <li>▪ Gambling is not self-limiting</li> <li>▪ Behavior not attributable to intoxication</li> <li>▪ More intense sense of shame and guilt</li> <li>▪ Greater denial and stronger defenses</li> </ul>

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### Treatment Options

- Harm Reduction.
- Abstinence.
- Motivational Interviewing (MI) & Cognitive Behavioral Therapy (CBT).
- Mindfulness Training.

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### To work successfully with older adults, need to understand.....

- Inter-relationship of physical & mental health.
  - How stress can lead to physical problems.
  - How physical problems can lead to psych s/s.
- Person's interpersonal qualities.
- Social & psychological resources can affect course of all conditions.

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