

Mental and Physical Health and Abuse

Presented by

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Overview

- Introduction
- 3'D's of aging
- Substance use disorder in older adults
- Elder abuse and mental health
- What to do if you have concerns
- Recommendations and Discussion

Case study 1

- 78 y.o. man with dementia. Insufficient funds in his account to pay for rent. Daughter has been managing father's accounts for several years, using his pension to supplement her own rent. Father now at risk of eviction. No savings.

Case study 2

- 66 y.o. Caucasian woman, moved to YT 40 years ago. History of high blood pressure and diabetes. Lives alone. Neighbors complain of terrible smell from her house. Yard littered with old vehicles, garbage, plastic bags, toilets. Feral cats living around her property. Concerns that she does not leave her house to buy groceries or other necessities. Meals on wheels volunteers report difficult to open her door because of many piles of newspapers.

Case study 3

- 85 y.o. man with dementia, lives at home with his wife (same age). One day when she is assisting him with his toileting, he strikes her forcefully with his hand, knocking her to the ground. She loses consciousness briefly before waking to find him crying and incontinent.

Introduction

- June 2012: 3500 adults ≥ 65 in YT
- In 25 years, that number is expected to increase to almost 11000
 - Including 3400 people over 80



Dementia

- What is it?
- Prevalence/Incidence
- Different types
- Risk factors

Dementia

- A syndrome of global cognitive impairment with sufficient severity to interfere with daily functioning.
- While dementia is often associated with memory problems, we are more aware that dementia syndromes are varied, and **cognitive, behavioural and personality changes are key symptoms.**

Dementia

- Some decline can be expected with all physical/cognitive abilities
 - For example
 - changes in vision
 - hearing changes
 - speed of cognitive processing changes
- Dementia is not an inevitable process; **it is not a normal part of aging**

Prevalence Rates

- 1 in 50 between ages 65 and 74.
- 1 in 9 between ages 75 and 84.
- 1 in 3 between ages 85 and 95.
- 1 in 2 beyond age 95.

Common types of Dementia

- Alzheimer's Disease (AD)
- Vascular/Mixed Dementia
- Frontotemporal dementia (FTD)
- Dementia with Lewy Bodies (DLB)
- Parkinson's disease
- Wernicke-Korsakoff's syndrome

Risk Factors

- Older Age
- Family History
- Female gender (AD)
- Chromosomal defects
- History of head trauma

Protective Factors

- Promote Brain Health by
 - Adopting a healthy lifestyle
 - Exercising regularly
 - Choosing good dietary habits
 - Decreasing alcohol consumption
 - Do not smoke
 - Do not use recreational drugs
 - Minding your numbers: cholesterol, blood pressure and weight
 - Increasing intellectual activity
 - Protecting from head injury

Delirium

- A *sudden* and *significant* change in mental status, not better accounted for another condition (e.g., dementia)
 - Marked by decreased attention
- It is caused by underlying medical problems, drug intoxication/withdrawal, or a combination

Delirium

- An acute confused state
- Is often under-recognized and under-diagnosed
- Can be reversible
- Hallmarked by PRESENCE OF UNDERLYING MEDICAL PROBLEM

Patients at higher risk

- Older adults
 - >80 years
 - Preexisting dementia
 - Taking multiple medications
- Post-cardiac surgery
- Burns
- Unstable/poorly managed diseases
- Infections
- Drug withdrawal/Intoxication
- Fever
- Dehydration
- Pain
- Social isolation
- Use of narcotics, restraints, bladder catheters
- Immobility

Prevalence

- All hospitalized 10-30%
- Hospitalized older adults 10-40%
- Postoperative patients 10-50%

Clinical Presentation

- Develops over a short period (hours to days)
- Symptoms fluctuate during the course of the day
- Easily distracted
- Sleep is fragmented throughout 24-hour period
- Presence of illusions, hallucinations, delusions
- Change in mood

Dementia and Delirium

	Dementia	Delirium
Onset	Insidious; slow	Abrupt; sudden
Course over 24 hours	Fairly stable	Fluctuates, often worse at night
Attention	Normal	Variable
Hallucinations	Uncommon	Often present

Duration and outcome

- Dependent on underlying problem and management
- Older adults patients have significant chance of death when delirious in hospital
- Several studies suggest that up to 25% of all patients with delirium die within 6 months

Depression

- What is it?
- Prevalence/Incidence
- Risk factors & comorbidities with chronic health conditions

Depression

- Sad, irritable, or anxious mood, persistent for more than 14 days
- **Not a normal response to aging process or to the challenges unique to older adults**
- Most common reversible cause of cognitive loss

Depression in older adults

- Anxiety may be prominent (rather than sadness)
- Physical complaints are common
 - Lowered appetite
 - Sleep difficulties
- Self-reported cognitive impairment is common

Prevalence

- More women than men are diagnosed
- 1-4% of those aged 65+
- More than 20% of older adults in hospital
- Up to 40% of adults in long term care

Questions

Substance Use Disorder

- What is it?
- Prevalence in older adults
- Association with dementia, delirium, depression (increased risk)

Substance Use Disorder – Signs and Symptoms

- Taking the substance in larger amounts or for longer than you meant to
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use of the substance
- Cravings and urges to use the substance
- Not managing to do what you should at work, home or school, because of substance use

Substance Use Disorder – Signs and Symptoms

- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational or recreational activities because of substance use
- Using substances again and again, even when it puts you in danger

Substance Use Disorder – Signs and Symptoms

- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
- Needing more of the substance to get the effect you want
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Substance Use

- Some older adults begin to have problems with substance use during times of transition or loss
- Problems with substance use can be under-recognized in older adults
- Older adults may have complex health conditions that require they take multiple medications – these can interact with each other and non-prescribed substances

Drugs of abuse

- **Alcohol**
- Amphetamines
- **Cannabis**
- Cocaine
- Hallucinogens
- Inhalants
- **Opiates**
- Phencyclidine (PCP)
- **Sedatives**
- **Hypnotics**

Prevalence

- 6-10% of older adults who drink alcohol will experience problems with misuse (CAMH)
- Significant upward trend in alcohol use by those aged 65 years and older
- In Ontario, Cannabis use in older adults increased 5x between 1998 and 2007

Substance use and the 3 Ds

- Substance use disorder often accompanies/co-occur with other mental health issues
- Substance use may co-occur with
 - Medical complications
 - Cognitive Impairment
 - Delirium (drug intoxication and withdrawal)

Questions

What is the connection with mental illness and abuse?

- How do you think they are related?
- Dementia, Delirium, Depression, and Substance use disorder → INCREASED RISK
 - Both of becoming a perpetrator and a victim

Signs and Symptoms of Abuse

- What are some kinds of elder abuse?
- What are signs and symptoms of abuse?

Signs and Symptoms of Neglect and Self-Neglect

- What are signs and symptoms of neglect and self neglect?

Case Studies

- What type of abuse is described?
- What health factors are affecting the situation?

Case study 1

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Case study 3

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What can you do if you have concerns about a friend or family member?

What can you do if you have concerns about yourself?

Best practice recommendations

- Take care of yourself – take all steps to limit your risk factors for the 3Ds and substance abuse
- Take care of your heart health
 - Regular exercise
 - Healthy diet and BMI
- Manage your mood; seek help if you need it

Best practice recommendations

- Be honest about your consumption of substances when speaking to your doctor or pharmacist.
- Make a plan for financial management now (should you become incapacitated)
- Ask for help

Thank you!