Mental Health Issues and Treatment

Mental health in older age
Depression
Causes of depression
Effects of depression
Suicide
Mental Health in Older Age

Older adults seem protected against serious psychological distress

Percentage of Adults by Age Group with Serious Mental Illness 2010


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Mental Health in Older Age

Forms of Anxiety Disorders

**Generalized anxiety disorder**
Overall sense of uneasiness
Prone to worrying
Feelings of restlessness and tension
5.7% lifetime prevalence

**Panic disorder**
Involve panic attacks, or feeling that one is about to die
May also involve agoraphobia
1.4% lifetime prevalence but panic attacks are more frequent

**Social anxiety disorder**
Extreme anxiety about being watched by other people
May become anxious at thought of eating in front of others
12% lifetime prevalence

**Specific phobias**
Irrational fear of particular object or situation
Animals, natural environment, blood-injection-injury, engaging in specific activities
12.5% lifetime prevalence
Mental Health in Older Age

**Trauma and stress-related disorders**

- Symptoms include intrusion of distressing reminders, dissociative symptoms, avoidance of situations that remind one of the event, and hyperarousal
- Acute stress disorder involves symptoms for up to 1 month
- Post-traumatic stress disorder involves symptoms for >1 month
- 6.8% lifetime prevalence; older adults may suffer from late-onset stress symptomatology
- PTSD rates expected to increase as Vietnam vet population ages

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**Alcohol dependence in older adults**

- As many as 14% who receive medical attention in hospitals and ERs
- Prevalent in nursing homes and retirement communities
- Risks include cirrhosis to increased risk of injury as well as diabetes, high blood pressure, congestive heart failure, osteoporosis and mood disorders
- Alcohol also interacts badly with common meds
- Chronic alcohol use can also lead to changes in kidneys and brain

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Depression

Clinical depression – diagnosis according to Diagnostic and Statistical Manual (DSM-V)

Dysthymia – less severe, long-lasting (2 yrs or longer)

Psychotic depression – sever depression that may include hallucinations and/or delusions

Alzheimer’s related depression – mood disturbances associated with Alzheimer’s disease

Depressive symptomatology – some symptoms, not as several, not as incapacitating


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Depression

Clinical depression

Specific symptoms, at least 5 of these 9, present nearly every day:

✓ Depressed mood or irritable most of the day, nearly every day
✓ Decreased interest or pleasure in most activities, most of each day
✓ Significant weight change (5%) or change in appetite
✓ Change in sleep: Insomnia or hypersomnia
✓ Change in activity: Psychomotor agitation or retardation
✓ Fatigue or loss of energy
✓ Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt
✓ Diminished concentration
✓ Suicidality

Depression

Figure 2. Lifetime (A) and 12-month (B) prevalence estimates for major depressive episode by age group and gender, according to the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition/Composite International Diagnostic Interview. Based on data from reference 5.

Center for Epidemiologic Studies – Depression (CES-D)

Widely used in gerontology and epidemiological research
Depression symptomatology and clinical cutoffs
Good sensitivity and specificity (about 75-80) for predicting clinical diagnosis
20 questions rating frequency of feelings per week (0 = rarely or none of the time to 3 = all of the time)
Similar measurement properties across age, gender, cognitive impairment, functional impairment, physical disease, and social desirability


Items of the Original CES-D

I felt everything I did was an effort.
My sleep was restless.
I could not get “going”.
I did not feel like eating; my appetite was poor.
I was bothered by things that don’t usually bother me.
I had trouble keeping my mind on what I was doing.
I talked less than usual.
I felt depressed.
I felt lonely.
I felt sad.
I felt I could not shake off the blues.
I felt fearful.
I thought my life had been a failure.
I had crying spells.
People were unfriendly.
I felt that people disliked me.
I was happy.
I enjoyed life.
I felt hopeful about the future.
I felt as good as other people.

Total number of items

Baltimore Longitudinal Study of Aging, data from 1979-2011
Health Effects of Depression

Possible health effects
Weight loss
Cardiovascular disease
Heart failure
Bone loss
Poorer immune functioning
Functional impairment
Suicide

In combination with mild cognitive impairment, higher risk of Alzheimer’s disease

Mortality (non-suicidal)

Models of Psychotherapy with Older Adults

- **Psychodynamic**
  - Inner conflicts
  - Attachment issues
  - Life review

- **Cognitive**
  - Focus on dysfunctional thoughts

- **Behavioral**
  - Change reinforcements for behavior

- **Cognitive-behavioral**
  - Change thoughts and behavior

- **Interpersonal**
  - Cognitive methods and social skills

**Integration**
Combination of approaches
Health Effects of Depression

Table 2

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>CHD Group (n=97)</th>
<th>Control Group (n=97)</th>
<th>$\chi^2$ (1 df)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depression</td>
<td>29 (29.9%)</td>
<td>8 (8.2%)</td>
<td>14.728</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Recurrent major depression</td>
<td>13 (13.4%)</td>
<td>0</td>
<td>13.934</td>
<td>&lt;0.001</td>
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<tr>
<td>Minor depression</td>
<td>9 (9.3%)</td>
<td>10 (10.3%)</td>
<td>0.058</td>
<td>NS</td>
</tr>
<tr>
<td>Demoralization</td>
<td>19 (19.6%)</td>
<td>20 (20.6%)</td>
<td>0.858</td>
<td>NS</td>
</tr>
<tr>
<td>Major depression + demoralization</td>
<td>12 (12.4%)</td>
<td>1 (1%)</td>
<td>9.976</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Source: Raffanelli C (2005)


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Health Effects of Depression

Suicide

- Alcohol, anti-depressants, opiates were found in 33% of suicide victims
- 10\textsuperscript{th} leading cause of death, majority 25-54
- 3\textsuperscript{rd} leading cause of death for 15-24 year olds (20% of all deaths)
- Males 75+ have highest rates, amounting to 2500 people
- Older adults often have only mild to moderate symptoms of depression
- Between 43-76% of suicide victims had seen health care provider within month of their death
Suicide

https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a31.htm
Suicide

https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6338a8.htm
Odds ratio of suicide ideation according to various demographic, lifestyle, psychosocial and clinical factors. All variables were forced together into a multivariate logistic regression model.

Osvaldo P. Almeida et al. BJP 2012;201:466-472