

Disclosures: The speaker, Kelly Coon, D.O., and the members of the planning committee do not have a conflict of interest in this topic. There is no commercial support for this program.

	<b>Geriatric Psychiatry</b>
	<ul style="list-style-type: none"> <li>■ Mental Disorders may manifest themselves differently</li> <li>■ Diagnosis and treatment present more difficulties due to coexisting chronic medical diseases and polypharmacy</li> </ul>

	<b>Geriatric Psychiatry</b>
	<ul style="list-style-type: none"> <li>■ History must include family history of dementias, current family and social support network and even a brief financial history may prove important when considering ECF, Assisted Living placement</li> <li>■ Medical history and complete medications list is imperative</li> <li>■ Mental status exam must also include a functional assessment of Activities of Daily Living</li> </ul>

\* Slide 4 is a full slide at end of handout

	<b>Geriatric Psychiatry</b>
	<ul style="list-style-type: none"> <li>■ Cognitive evaluation usually done by performing a Mini-Mental State Examination which can screen for evidence of dementia. It assesses orientation, attention, calculation, immediate and short-term recall, language, and ability to follow simple commands</li> </ul>

	<b>MMSE</b>
	<ul style="list-style-type: none"> <li>■ Maximum Score is 30</li> <li>■ Age and educational background can influence scoring</li> <li>■ Simply a screening tool that can be repeated at later visits to evaluate possible decline</li> </ul>

	<b>Geriatric Psychiatry</b>
	<p>Dementias include:</p> <ul style="list-style-type: none"> <li>■ Alzheimer's type-gradual decline</li> <li>■ Vascular type-step-wise decline, associated with CVA's</li> <li>■ Pick's Disease (frontotemporal dementia)</li> <li>■ Dementia's d/t Creutzfeldt-Jakob disease, Parkinson's disease, Huntington's disease and Normal Pressure Hydrocephalus</li> </ul>

	<b>Geriatric Psychiatry</b>
	<ul style="list-style-type: none"> <li>■ Occurs in 15% of older adults</li> <li>■ There is a greater emphasis on somatic complaints</li> <li>■ Depression may exhibit melancholic features—depression, low self-esteem, hypochondriasis, feelings of worthlessness, self-accusatory, paranoid and suicidal ideations.</li> </ul>

72 y/o widowed caucasian male presents to the psychiatric unit following a brief stay in the surgical ICU. He attempted suicide by 2 different means prior to being found by strangers and 911 had been called to transport to the ED. He appeared depressed, poor eye contact, replies to most questions with monosyllable answers or "I don't know".

**Geriatric Psychiatry**

PSUEODODEMENTIA- a cognitive impairment associated with geriatric depression.

- Easily confused with true dementia
- Intellectual performance is global
- Impairment is consistently poor
- Deficits in attention and concentration are variable
- When uncertain are more likely to say "I don't know" than to confabulate

**Geriatric Psychiatry**

- Schizophrenia and Bipolar Disorder rarely begin after age 65
- Anxiety Disorders rarely first appear after age 60
- Delusional Disorder usually occur ages 40-55 but can appear much later. Typically are persecutory or somatic
- Somatoform disorders are more common
- Alcohol and Substance abuse, dependence and withdrawal MUST be explored
- Sleep disorders are more prevalent

**Geriatric Psychiatry**

- Suicide Risk-white males over the age of 65 are 5 times the risk of the general population
- Elder abuse- it is estimated 10% of those over 65 are abused
- Spousal bereavement-51% of women and 14% of men over age 65 experience spousal loss. Depression peaks within the first few months then declines significantly within a year

**Geriatric Psychiatry**

Pharmacologic Principles

- Individualization of dosage is important—start low—go slow
- Alterations in dosage may be necessary due to renal or hepatic diseases which decrease the clearance of meds, reduced cardiac output, reduced intestinal absorption due to GI disease. Reductions in lean body mass affects drug distribution. Orthostatic hypotension is more common in elderly

**Geriatric Psychiatry**

Tricyclic Antidepressants

- Must begin with small dosages
- Anticholinergic and sedative properties
- Affects cognition, orthostatic blood pressure, urinary hesitation
- May aggravate prostatic hypertrophy and narrow-angle glaucoma

	<h3>Geriatric Psychiatry</h3>
	<p>Selective Serotonin Re-uptake Inhibitors</p> <ul style="list-style-type: none"> <li>■ Start low-go slow</li> <li>■ Frequent adverse effects include insomnia, akathisia, nausea, anorexia, psuedoparkinsonism, hyponatremia d/t SIADH</li> <li>■ Drug-Drug interactions must be considered and knowledge of the Cytochrome P450 system is imperative</li> </ul>

	<h3>Geriatric Psychiatry</h3>
	<p>Monoamine Oxidase Inhibitors</p> <ul style="list-style-type: none"> <li>■ Orthostatic hypotension is the most common side effect</li> <li>■ Drug and dietary restrictions limit use. Concomitant administration with other drugs or tyramine-rich food can cause hypertensive crisis</li> </ul>

	<h3>Geriatric Psychiatry</h3>
	<p>Psychostimulants</p> <ul style="list-style-type: none"> <li>■ Amphetamines, methylphenidate,</li> <li>■ Can improve mood, apathy, and anhedonia</li> <li>■ May ease chronic pain in individuals with chronic medical conditions</li> </ul>

	<h3>Geriatric Psychiatry</h3>
	<p>Antimianics</p> <ul style="list-style-type: none"> <li>■ Lithium's use is limited by decreased renal clearance, increase risk of Lithium toxicity, drug interactions with thiazide diuretics</li> <li>■ Anticonvulsants are limited by hepatic function and drug interactions at the CYP 450 level</li> </ul>

	<h3>Geriatric Psychiatry</h3>
	<p>Anxiolytics</p> <ul style="list-style-type: none"> <li>■ Long-term use is controversial due to dependence and abuse</li> <li>■ Memory loss, ataxia, insomnia and confusion</li> </ul>

	<h3>Geriatric Psychiatry</h3>
	<p>Electroconvulsive Therapy</p> <ul style="list-style-type: none"> <li>■ Can be very effective</li> <li>■ Low risk of complications for those with comorbid diseases and drug-drug interactions</li> <li>■ Can provide a rapid response in those severely ill and at risk for malnutrition and suicide</li> </ul>

