

Corporate Office
 3300 County Road 10 • Suite 505
 Minneapolis, MN 55429
 763/560-1010 • Fax 560-1717

Issues

Information and ideas for those
 serving seniors.

on Aging

The Challenge of Mental Illness in the Elderly

Mental illness presents stresses and challenges at any age or stage of life, but seniors who must deal with issues of aging in addition to a long standing or newly diagnosed mental illness often face overwhelming issues. In addition, most elderly people who have long term mental illness never sought medical attention and treatment for their conditions due to societal attitudes towards mental illness years ago. And those with acquired mental illness remain reluctant to seek psychiatric care, again due to old stigmas about mental illness.

SENIORS WITH A MENTAL ILLNESS HISTORY

Seniors with long standing mental illnesses including depression, paranoid delusions, bipolar disorder (manic depression) and other such problems often became estranged from their family and friends due to objectionable and/or accusatory behaviors, resistance to obtaining medical care, or inability to sustain reciprocal relationships. Sometimes these individuals became quite isolated from society, functioning enough to obtain food, pay taxes and otherwise survive without coming to the attention of civil authorities.

As these people age, however, additional mental and physical health issues often arise, such as dementia, heart disease, arthritis and other such conditions which further impaired their ability to maintain independence. Some triggering event usually brings these individuals to the attention of health professionals or other responsible individuals, and the need to intervene becomes apparent.

SENIORS WITH AGE-ACQUIRED MENTAL ILLNESS

It is not unusual for people to acquire certain mental illnesses after age 65. Depression, for example, is quite common in older persons due in part to the inevitable losses which occur with aging. Also, changes in brain chemistry can cause profound depression in older adults. Several physical problems, including transient ischemic attacks (TIAs), strokes, Alzheimer's Disease and related dementias often cause paranoid thoughts, delusions, hallucinations and aggressive actions.

These acquired mental illnesses are often very frightening to the

individual and to his or her family members. While symptoms of depression may be – unfortunately – very subtle, the delusional and paranoid behaviors are very distressing to families who previously enjoyed positive relationships with the senior. The senior may accuse his children of trying to take his money, his wife of having an affair, the government of beaming messages to him via the TV, and other such misperceptions. The result of the senior's delusions is usually increased isolation from those trying to provide care and assistance.

MENTAL HEALTH TREATMENT OPTIONS FOR SENIORS

Effective treatment is available for mental illness of seniors. The first step to obtaining quality mental health care is to have a thorough history and physical exam by a qualified internal medicine physician or geriatrician. The purpose of this exam is to identify any physical problems which need treatment or which may be causing symptoms of mental illness. Help in arranging for treatment of any physical problems may be needed if the senior is unable or unwilling to make necessary arrangements.

Next, the senior should be evaluated by a psychiatrist who specializes in the diagnosis and treatment of seniors. Because of age-related psychosocial stressors as well as the different physiological responses to medication and therapeutic techniques which occur due to age, the interest and skill of the psychiatrist is of paramount importance. Because seniors often resist seeing a psychiatrist, referring to the doctor as a geriatric specialist may help overcome objections to the visit. For individuals who refuse to leave their homes, arranging a home evaluation is sometimes necessary.

Treatment for depression involves medication and sometimes psychotherapy. There are several newer medications which have minimal side effects and which are usually quite effective in improving mood and decreasing symptoms of sadness, withdrawal, poor appetite, and impaired sleep. Some seniors are amenable to individual psychotherapy with a trained provider. Others can benefit from informal counseling with a case

manager, from grief counseling or from a support group. Life-threatening depression in the elderly which does not respond to medication is sometimes effectively treated with electroshock therapy. This is a last resort and must be approved by the patient's legal next of kin or guardian.

Bipolar disorder, formerly called Manic Depression, can also be treated with medication. Individuals who tend to be more depressed than manic respond well to anti-depressants. Individuals who experience primarily manic episodes may benefit by treatment with some of the newer anti-psychotic medications. Management of life style issues can be of help in reducing the impact of manic episodes as well.

Seniors with long-standing paranoid delusions tend to respond less well to anti-psychotic medication than do those with recent onset of paranoia or delusions, although medications may be somewhat effective in moderating symptoms. The goal of treatment for patients with long-standing paranoid or delusional thoughts is to minimize emotional discomfort and to maximize functional status. This is accomplished by providing a structured environment which limits the delusional ideas as much as possible, avoiding either reinforcing the delusions or denying them in a way which forces the person to defend his position, and providing appropriate psychosocial supports.

Paranoid ideation, delusions and hallucinations which occur as a result of dementia or cerebral vascular changes are frequently treated successfully with the newer generation anti-psychotic medication. These medicines do not cause the severe side effects associated with earlier drugs, and are often very helpful in decreasing or eliminating undesirable ideas and behaviors, such as resistance to care, thoughts of persecution, visual or auditory misperceptions and aggression. However, it is essential that dosage regulation occur under the immediate supervision of a knowledgeable health care provider working with a skilled geriatric psychiatrist.