ADRC Dementia Care Training

Module 10:
Supporting People with Serious Mental Illness and Dementia:
Bipolar Disorders, Dementia, and Delirium
Serious Mental Illness

Federal definition:

- Ages 18 and older
- Having at any time during the past year a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

SAMHSA, 2015, 2016
Serious Mental Illness

- 4.2 – 5.8% of adult population
- Homeless adults:
  - 26% live with serious mental illness
  - 46% live with serious mental illness and substance abuse
- Costs $193.2 billion a year in lost earnings
- Higher health care utilization
- 30% do not receive treatment for mental health needs
- Higher mortality rates (10 - 25 years sooner)
  - Increased risks of chronic medical conditions
  - Higher rates of suicide

NAMI (www.nami.org), NIMH (www.nimh.nih.gov)
Types of Serious Mental Illness

- Bipolar disorders
- Schizophrenia
- Major depressive disorders
- Schizoaffective disorders
- Obsessive-compulsive disorders
- Post traumatic stress disorders
Types of Serious Mental Illness

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- Schizophrenia
- Major depressive disorders
- Schizoaffective disorders
- Obsessive-compulsive disorders
- Post traumatic stress disorders
Carlos

- Lives in an apartment
- Is agitated, up all hours
- Disoriented
- Euphoric
Wilma

- On hospice
- Socially engaged
- Confused
- Strained family relationships

History:
- Alternatively animated & withdrawn
- Few boundaries
The Experts

- Glenise McKenzie, PhD, RN
- Karen Shenefelt, MSW, Administrator
- Tim Malone, LCSW
- Marilyn Sanguinetti, Family member
- Ann Wheeler, PharmD
- Dianne Wheeling, MNE, RN-C
What is Bipolar Disorder?

- Extreme mood swings
  - “Highs” -- Manic episode
  - “Lows” -- Depressive episode

- Types include
  - Bipolar I Disorder
  - Bipolar II Disorder

Severe mania
Hypomania
Normal/balanced mood
Mild to moderate depression
Severe depression
DSM-5 criteria for a manic episode

**Abnormally and persistently elevated, expansive, or irritable mood**
- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative than usual or pressure to keep talking
- Flight of ideas, racing thoughts
- Distractibility
- Increase in goal-directed activity or psychomotor agitation
- Excessive involvement in activities that have a high potential for painful consequences
Manic episodes in Bipolar I and II: Similarities

- May precede or follow major depressive episode
- 3+ DSM-5 symptoms:
  - For at least 1 week
  - Nearly every day
  - Most of the day
# Manic episodes in Bipolar I and II: Differences

<table>
<thead>
<tr>
<th>Bipolar I: Mania</th>
<th>Bipolar II: Hypomania</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ More severe</td>
<td>➢ Somewhat less severe</td>
</tr>
<tr>
<td>➢ Marked impairment in functioning or relationships with others, or</td>
<td>➢ No marked impairment in functioning</td>
</tr>
<tr>
<td>➢ Requires hospitalization to prevent harm or self to others, or</td>
<td>➢ Does not require hospitalization</td>
</tr>
<tr>
<td>➢ Psychotic features</td>
<td>➢ No psychotic features</td>
</tr>
<tr>
<td></td>
<td>➢ Noticeable change in mood</td>
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<td></td>
<td>➢ Often paired with depression</td>
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</tbody>
</table>
DSM-5 criteria for depressive episode

- Depressed mood most of the day
- Reduced interest or feeling no pleasure
- Significant weight loss or weight gain
- Insomnia or sleeping excessively
- Restlessness or slowed behavior observed by others
- Fatigue, loss of energy nearly every day
- Feelings of worthlessness or inappropriate guilt
- Decreased ability to think or concentrate, indecisiveness
- Recurrent thoughts of death or suicide, or suicide planning or attempt
Depressive episodes

- Five or more symptoms over two-week period
- Include depressed mood or loss of interest/pleasure
- Severe enough to be noticed
- Cause difficulty in day-to-day activities, relationships
- Not due to the direct effects of something else

Mayo Clinic
Prevalence of Bipolar Disorder

- 1.4% general population (18+)
- .05 – 1% of the older adult population (60+)
  - More than 50,000 Oregonians
  - Between 2,000 and 4,000 older Oregonians
- Average age of onset: 25 years
- Annual Treatment costs
  - > $30 billion in direct costs
  - > $120 billion in indirect costs

NIMH; Al Jurdi et al., 2014; SAMHSA 2014
Bipolar Disorder in Older Adults

- Most have aged with the disorder
- Medical comorbidities increase (3-4)
  - Cardiovascular disease
  - Respiratory disorders
  - Type II diabetes
  - Endocrine abnormalities
  - Obesity

Al Jurdi et al. (2014); Lala & Sajatovic (2012)
### Bipolar Disorder in Older Adults

#### Psychiatric comorbidities

- Fewer compared to younger adults
- Lifetime of substance abuse
- Anxiety disorders

#### Cognitive dysfunction

- Lower cognitive function at all ages
- 30% have significant cognitive dysfunction
- Most consistently:
  - Executive functioning
  - Verbal learning
  - Memory
  - Emotion processing

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Al Jurdi et al. (2014); Lala & Sajatovic (2012)

Lewandowski et al. (2014); Weisenback et al. (2014)
What’s Going on with Carlos?

Manic Episode?
- Decreased need for sleep
- More talkative than usual or pressure to keep talking
- Flight of ideas, racing thoughts
- Increase in goal-directed activity or psychomotor agitation

Dementia?
- Memory
- Judgment
- Reasoning
- Mood
[Insert clip from Dianne]

- Diane Wheeling
What’s going on?

- Is it mental illness?
- Is it dementia?
- Is it a medical crisis?
- Is it an age-related change?
- Is it two of these?
- Is it all of the above?
Video clips

- Tim Malone
- Karen Shenefelt
- Ann Wheeler
What’s going on?

- What are the symptoms?
- What is the context?
- What are the underlying causes?
Does Carlos have delirium?

Delirium:
- Disturbed consciousness
- Poor environmental awareness
- Decreased attention
- Changes in cognition
- Perceptual disturbances
Delirium

- Sudden onset
- Fluctuations in: Alertness, cognition, thinking, perceptions, emotions
- Hyperactivity and/or hypoactivity
- Visual illusions, misperceptions, and hallucinations
- Often reversible with treatment
## Delirium

<table>
<thead>
<tr>
<th>Medical condition</th>
<th>Risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>Dementia</td>
</tr>
<tr>
<td>Trauma</td>
<td>Frailty</td>
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<tr>
<td>Medications</td>
<td>Age-related changes</td>
</tr>
<tr>
<td>Impaction</td>
<td></td>
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<tr>
<td>Sensory impairment</td>
<td></td>
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<tr>
<td>Dehydration</td>
<td></td>
</tr>
</tbody>
</table>
Video Clip

- Ann Wheeler
Anticholinergic Medications

- Blocks acetylcholine, a neurotransmitter
- Some medications with Anticholinergic properties:
  - Antihistamines
  - Cardiovascular medications
  - Antidepressants
  - Gastrointestinal medications
  - Anti Parkinson medications
  - Antipsychotic medications
  - Muscle relaxants
  - Medications for urinary incontinence
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Increased Risk for Delirium & Dementia
Video Clip

- Dianne Wheeling
What’s going On? Delirium!

- Medications
  - Anticholinergic burden
  - Valium (Benzodiazepine)
- Weight loss
- Limited mobility
- Poor nutrition
Video Clip

- Ann Wheeler
Benzodiazepines

- Central nervous system depressants
- 5% of American adults,
- Frequently prescribed for:
  - Anxiety and panic
  - Mood disorders (e.g., bipolar disorders)
  - Trouble sleeping
  - Seizures

(NIH, Mayo Clinic)
Benzodiazepines

- **Side effects**
  - Sedation
  - Dizziness
  - Weakness
  - Unsteadiness

- **Serious risk with for older adults**
  - Impairments in Cognition (including risk of Alzheimer’s disease), Mobility, Driving skills
  - Adverse drug interactions
  - Physical dependence
  - Death due to overdose (especially 65+)

(NIH, Mayo Clinic)
➢ Ann Wheeler
What can be done about it?

- How can we best support Carlos?

- How do use the combined expertise of aging services, mental/behavioral health services, and health services to provide this support?
Video Clips

- Dianne Wheeling
Delirium

- Delirium is a medical emergency!
Video Clip

- Glenise McKenzie
What’s going on? Manic Episode

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Video Clip

- Ann Wheeler
- Dianne Wheeling
Bipolar disorder and dementia

- Higher risk for people with bipolar disease
- Lithium may provide protective factor

Gerhard et al. (2015)
Dementia affects:

- **Memory**
  - Short term
  - New learning
  - Ability to retrieve information
- **Ability to do self-care**
  - IADL (e.g., medication management, transportation, shopping, housework)
  - ADL (e.g., bathing, dressing, walking, toileting)
- **Judgment**
- **Thinking**
- **Reasoning**
- **Problem-solving**
- **Mood and/or personality**
Video Clip

- Marilyn Sanguinetti
Support for Wilma
Video clips

- Ann Wheeler
- Tim Malone
- Marilyn Sanguinetti
Dementia and Bipolar Disorder
Marilyn Sanguinetti
End of Life Care
Video Clip

- Marilyn Sanguinetti
Summary

What’s going on? How can we help?

- Manic episodes
- Delirium
- Dementia
Video Clip

- Glenise McKenzie
Implications for providers

➢ Aging services
  • Be knowledgeable about symptoms and basic treatment
  • Understand complications related to comorbidities
  • Don’t be afraid of the diagnosis!
  • Contact your Older Adult Behavioral Health Specialist!
Implications for providers

➢ Behavioral health providers
  • Be knowledgeable about age-related changes
  • Understand how they impact service needs and treatment options in old age
  • Don’t be afraid to take care of ADL needs!
  • Be prepared to support people in the setting they prefer by providing ADL and IADL support
  • Contact aging services!  www.ADRCofOregon.org
    1-855-ORE-ADRC (673-2372)
Implications for providers

- Aging AND Behavioral Health providers
  - PARTNER with each other and with health providers
  - Always get a thorough medical evaluation with changes in behaviors
  - Focus on ways to meet client needs where they are
Feedback Survey

Please give us your feedback on this training module

https://www.surveymonkey.com/r/NZ2NRJ2

This training was developed by Portland State University on behalf of Oregon Department of Human Services – Aging & People with Disabilities. Funding for this project was provided by an Administration for Community Living grant (#90DS2001) and funding through the Older Adult Behavioral Health Investment
Acknowledgements

- Diana White & Serena Hasworth, PSU Institute on Aging
- Cheryl Green, videography, editing, captioning
- David Loftus, narrator
- Experts:
  - Glenise McKenzie, PhD, RN
  - Karen Shenefelt, MSW, Administrator
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