

ADRC Dementia Care Training

Module 10:

Supporting People with Serious Mental Illness and Dementia:

Bipolar Disorders, Dementia, and Delirium

ADRC

Aging and Disability
Resource Connection

— of OREGON —



BUILDING PARTNERSHIPS FOR
OLDER ADULT BEHAVIORAL HEALTH

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

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Carlos



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

Wilma

- On hospice
- Socially engaged
- Confused
- Strained family relationships
- History:
 - Alternately animated & withdrawn
 - Few boundaries



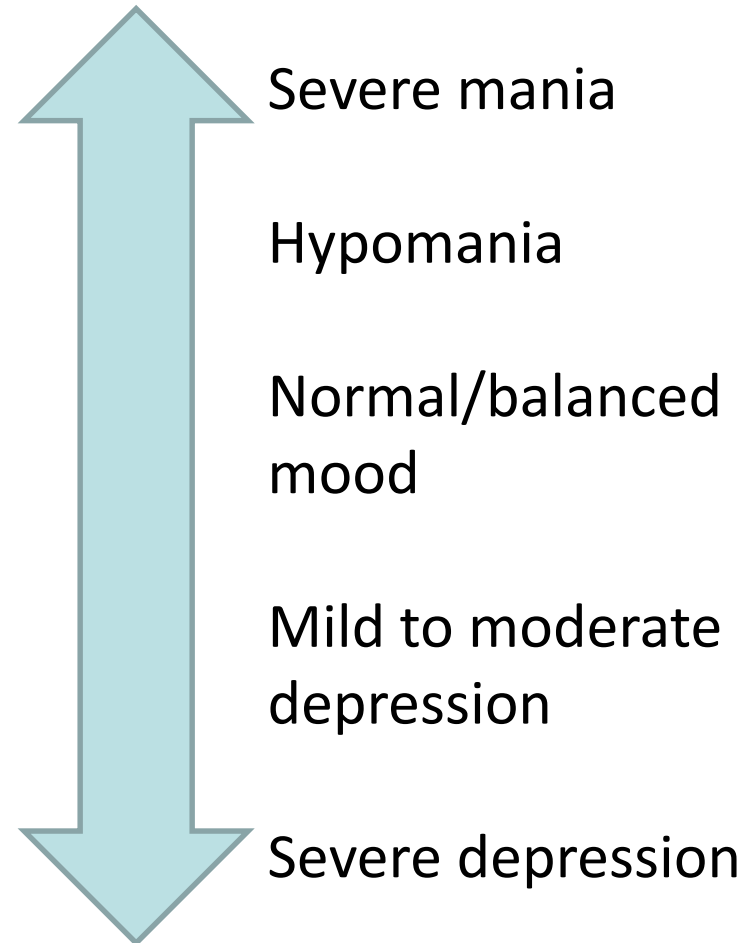


The Experts

- 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



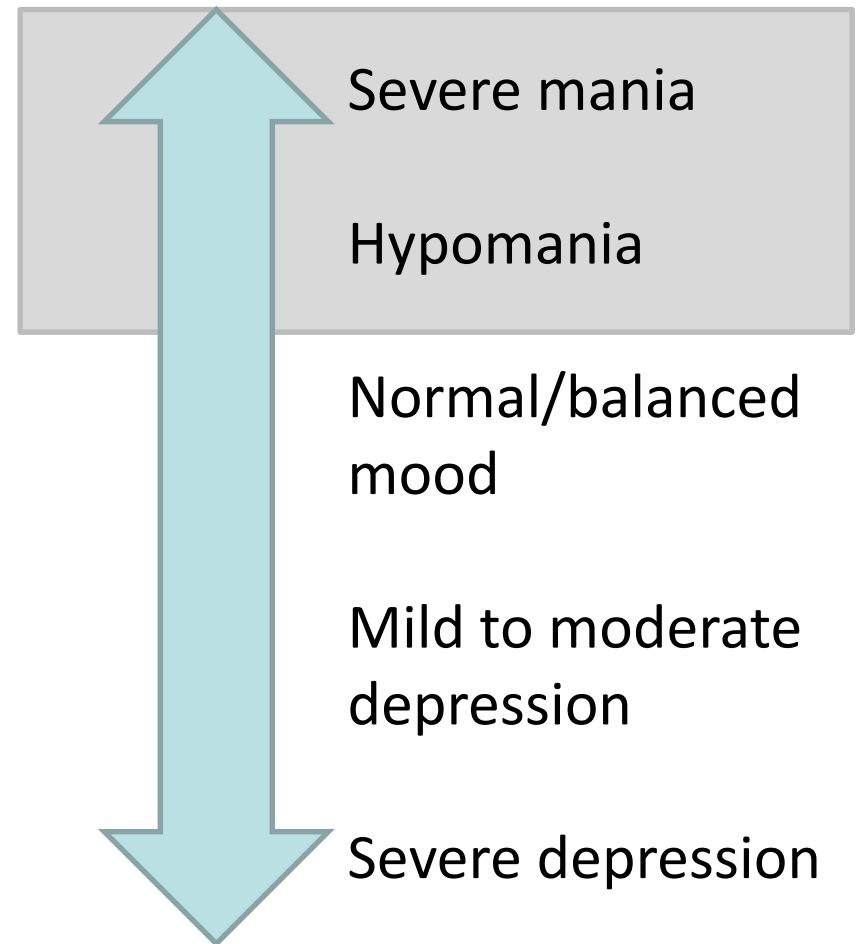
DSM-5 criteria for a manic episode

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

Bipolar I: Mania

- More severe
- Marked impairment in functioning or relationships with others, or
- Requires hospitalization to prevent harm or self to others, or
- Psychotic features

Bipolar II: Hypomania

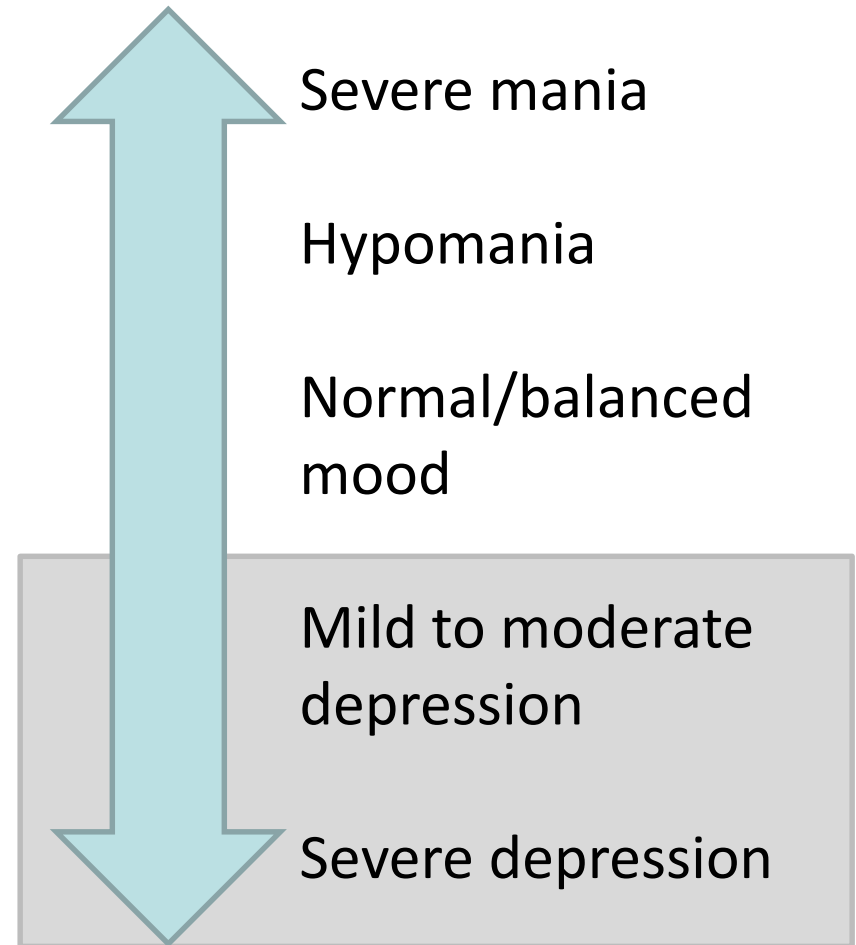
- Somewhat less severe
- No marked impairment in functioning
- Does not require hospitalization
- No psychotic features
- Noticeable change in mood
- Often paired with depression

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

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?

Delirium: A Medical Emergency

- 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

Medical condition

- Infection
- Trauma
- Medications
- Impaction
- Sensory impairment
- Dehydration

Risk factors

- Dementia
- Frailty
- Age-related changes

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



- 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 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.ADRCofofOregon.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>

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