# ADRC Dementia Care Training

## Module 11:

## Supporting People with Serious Mental Illness and Dementia: Schizophrenia and Dementia

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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

# Types of Serious Mental Illness

- **Schizophrenia**
- Bipolar disorders
- Major depressive disorders
- Schizoaffective disorders
- Obsessive-compulsive disorders
- Post traumatic stress disorders

# Natalia

- Withdrawn
- Expressionless
- Doesn’t want to be touched
- Usually does what she’s asked

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# Li

- Lives in a Behavioral Health Adult Foster Care Home
- Is missing appointments
- Symptoms are worsening
- Limited mobility

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# Jerome

- Feels people are trying to get him
- Shouting at caregivers
- Cursing
- Hitting staff
- Aggressive toward residents

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# The Experts

- Glenise McKenzie, PhD, RN
- Karen Shenefelt, MSW
- Tim Malone, LCSW
- Ann Wheeler, PharmD
- Dianne Wheeling, MNE, RN-C

# Schizophrenia

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. A person with schizophrenia may seem like they have lost touch with reality.

www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

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# Schizophrenia in DSM-5

- Two or more of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):
  - Delusions*
  - Hallucinations*
  - Disorganized speech*
  - Grossly disorganized or catatonic behavior
  - Negative symptoms

  *At least one of these must be present

- Level of functioning markedly below levels prior to onset
  - Work
  - Interpersonal relations
  - Self care
- Continuous signs of disturbance present for at least 6 months
- Other psychiatric disorders are ruled out (e.g., Schizoaffective disorder, depressive or bipolar disorders)

DSM-5



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# Schizophrenia

- U.S.:
  - 1% of the population, 45-64 years
  - .05 - .1%, 65+ years
- Oregon:
  - More than 40,000 adults
  - Between 2,000 and 4,000 older adults
- Average age of onset
  - 21 years for men
  - 27 years for women
- Late onset (after 40 years) rare
- Risk factors
  - Genes, environment
  - Brain chemistry, structure
- Economic burden: $6.85 billion
- Increased mortality

(CDC, NIMH, Cohen et al., 2015)

# Schizophrenia in Older Adults

- Much is unknown about the progression of the disease
- .05 - .1% of people 65+
- People with schizophrenia are living longer
- Numbers will double from 2000 to 2025 to 1.1 million
- 85% live in community settings

Harvey & Davidson (2002)

# Schizophrenia

- Symptoms
  - Positive
  - Negative
  - Cognitive

NIMH

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# Positive Symptoms

- Psychotic behaviors not usually seen in healthy people:
  - Hallucinations
  - Delusions
  - Thought disorders

(NIMH, www.webmd.com/guide/schizophrenia-symptoms)

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# Positive Symptoms in Later Life

- Positive symptoms in later life
  - Fluctuating symptoms over the life course
  - Evidence of long term remission for about 25%
  - More likely to hear encouraging, friendly voices (and obey them)
  - Improvement in coping skills

(Cohen et al., 2015)

# Negative Symptoms

- Disruptions to or lack of emotions and behaviors usually seen in healthy people.
- Negative symptoms include:
  - Flat affect
  - Reduced feelings of pleasure in everyday life
  - Difficulty beginning or sustaining activities
  - Reduced speaking

NIMH

# Negative Symptoms and Depression in Later Life

- Negative symptoms
  - Rates are similar to younger populations with schizophrenia
  - Fluctuation throughout the life course
- Depression
  - Rates are similar to younger populations with schizophrenia
    - 44% persistent syndromal or subsyndromal depression
    - 26% fluctuated between depression and nondepression
    - 30% persistently nondepressed

Cohen et al., 2015

# Cognitive Symptoms

- Cognitive symptoms: thinking and processing information
- Great variability among individuals
- Examples:
  - Poor executive functioning
  - Trouble focusing or paying attention
  - Problems with working memory
  - Inability to understand or use information

NIMH

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# Schizophrenia and Cognitive Decline in Older Adults

- Mixed findings
  - 50% stable cognition, 40% slight decline, 10% rapid decline
- Two cohorts
  - 75+ many years of institutionalization and psychotropic medications
  - 55-74 fewer hospitalization, exposure to recovery service models, atypical psychiatric medications
- Accelerated functional and cognitive decline in old age associated with:
  - History of institutionalization
  - Severe and persistent positive or negative symptoms
  - Low levels of formal education

(Cohen et al., 2015; Harvey & Davidson, 2002)



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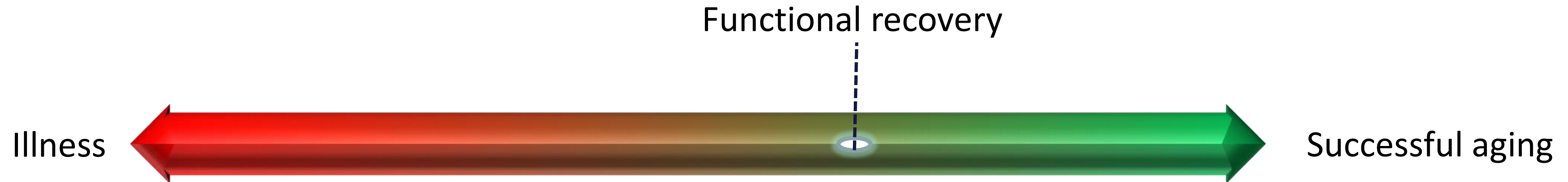
# Schizophrenia and Health in Later Life

- Shorter life expectancy
- 2% positive health and well-being in old age
- Life style factors and psychotropic medications
    - Cardiovascular disease
    - Diabetes
    - Metabolic syndrome
    - Obesity
    - Tobacco use
- Diminished access to health care
- Low levels of disease management

(Cohen et al., 2015, Mayo Clinic)

# Treatment and Recovery




- Eliminating symptoms through:
  - Antipsychotic medication
  - Psychosocial treatments (Cognitive Behavioral therapy, coping strategies, supported employment)
  - Coordinated specialty care
  - Supporting community integration

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# Psychotropic Medications and Schizophrenia

- Symptom management
- Adverse affects with long term use

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# Video clips

- Ann Wheeler

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# Natalia

- Diagnosed with schizophrenia at 27 years
- Long-term use of psychotropic medications
- Multiple psychiatric hospitalizations
- Alcohol and drug use
- Periods of homelessness
- No natural support system

# Natalia – What is going on?

- Observations
  - Withdrawn
  - Expressionless
  - Doesn't want to be touched
  - Usually does what she's asked
- Does she have:
  - Depression?
  - Dementia?
  - Negative symptoms?

# What is going on?

## Depression and schizophrenia

- 40% older adults
- Risk factors:
  - Positive symptoms
  - Poor health
  - Low income
  - Diminished social support
- Increased risk of suicide (though lower than risk in younger adults)

## Dementia and schizophrenia

- Common to both
  - Degree of impairment similar (MMSE)
  - Impaired recognition memory
  - Risk factors (low education, advanced age)
- Specific to Alzheimer's disease
  - More precipitous and progressive decline
  - More global deterioration
  - Worse on delayed recall
  - Presence of plaques and tangles in brain

Desai et al., 2010



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# Video clips

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- Karen Shenefelt

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# Supporting Natalia

- History
- Screen for depression
- Neuropsychological exam
- Medical evaluation, including medication review

# Video clips

- Karen Shenefelt
- Dianne Wheeling

# Li

- Long periods of remission
- Independent with support
- Changes:
  - Increasing forgetfulness
  - Increase in positive symptoms
  - Inability to perform his job
  - Changes in movement
  - Loss of abilities to manage symptoms
  - Getting lost in familiar areas

# Tardive Dyskinesia

- A drug-induced movement disorder (a “extrapyramidal symptom”)
- Symptoms
  - Random and non-rhythmic movements, especially tongue, lips, jaw
  - Repetitive finger and toe movements
  - Rocking, jerking, flexing, or thrusting trunk or hips
- Risk factors
  - Long-term use of antipsychotic medications
  - Older age, female
  - Substance misuse disorder
  - African American or Asian American
- Prevention: Atypical antipsychotics only as needed, low doses, short time as possible

www.nami.org

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# Dementia and Schizophrenia

- Validity of dementia assessment tools
- Dementia masked by deficits related to schizophrenia
- How does the diagnosis affect care and support?
- Focus on **symptoms** and **function**

# Video Clip

- Glenise McKenzie

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# Video clips

- Dianne Wheeling

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# Supporting Li

- Review medications
- Adapt the environment to support aging in place
- Staff training in dementia care
- Provide IADL and ADL support as long as possible
- Long term planning

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# Jerome

- Delusions (paranoia)
- Possible hallucinations
- Disorganized speech
- Violent behaviors
- Agitation

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# Video Clips

- Tim  Malone
- Ann Wheeler
- Karen Shenefelt

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# What's Happening with Jerome?

- Thorough assessment for:
  - Pain
  - Constipation
  - Adverse drug effects
  - Sleep disturbance
  - Delirium
  - Sensory deficits
- Personal, social history
- Environmental assessment

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# Antipsychotic Medications and Dementia

## Dangers – adverse effects

- Death
- Stroke
- Heart attack, cardiac arrhythmias
- Falls
- Diabetes
- Extrapyramidal symptoms (EPS)
  - Parkinsonism, tardive dyskinesia
- Don't address most symptoms associated with dementia!!
  - Chemical restraint
- Reduce well-being, quality of life

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# Video -- clips

- Ann Wheeler

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# Supporting Jerome

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# Behavioral Assessment

- Use of behavioral monitoring log
  - When?
  - What?
  - Where?
  - Who was there?
  - How did the person respond?
  - Why? What were the possible triggers?

# Supporting Jerome

What they learned

- Assault victim
- Poor hearing
- Old injury
- Crowded spaces

What they did

- Calm, approach from front
- Pain medications before care
- Rearranged room
- Followed preferences

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# Summary

- Understand the symptoms
  - Examine medical, social, psychiatric histories for insight
  - Thorough medical exam
  - Assess hearing and vision
  - Environmental assessment
  - Thorough neurological, psychiatric exam
- Review medications
  - Eliminate? Reduce? Change?
  - Anticholinergic Burden?
  - Benzodiazepines?
- Balance
  - Support preferences, quality of life
  - Address safety and care needs

# Implications for Aging Services

- Challenge stigma – don’t be afraid of the diagnosis!
- Be knowledgeable about symptoms and basic treatment
- Understand people with schizophrenia can live successfully
- Understand complications related to co-occurring conditions
- Contact your Older Adult Behavioral Health Specialist!

# Implications for Behavioral Health Providers

- Be knowledgeable about age-related changes
- Understand how they impact service needs and treatment options in old age
- Understand dementia and dementia support
- 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)

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# Implications for Aging and Behavioral Health Providers

- **PARTNER** with each other and with health providers
- Always do a thorough evaluation with changes in behaviors
- Focus on understanding **symptoms** to maximize **function** and quality of life

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# video

- Glenise  McKenzie

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# Feedback Survey

**Please give us your feedback on this training module**

https://www.surveymonkey.com/r/59WVQXY

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