



Elders, Mental Health & Meds

Oregon Attorney General Rosenblum's Elder Abuse Conference

October 25, 2024

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Disclosures

I have no actual or potential conflicts of interest in relation to this presentation or topic in general



Objectives

- Understand common mental health concerns and how these may present in elders
- Recognize common psychotherapeutic agents
- Understand the informed treatment decision making process



Common Mental Health Concerns

Depression

- Formal Dx: Major Depressive Disorder or MDD
- Common Symptoms: low mood, poor energy, lack of enjoyment; changes to sleep, attention, appetite; limited hope for future, suicidality (irritability/anger)
- Duration: 6mos – lifelong
- Severity: potentially life threatening – suicidality, lack of self-care, cognition

(American Psychiatric Association (APA), 2022)



Anxiety

- Formal Dx: Panic Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, Agoraphobia
- Common Symptoms: sense of fear inappropriate to the current situation
- Duration: symptoms may be situational; disorder can be lifelong
- Severity: can feel life threatening; untreated can lead to suicidality

(APA, 2022)



Trauma

- Formal Dx: Post-Traumatic Stress Disorder; Acute Stress Disorder
- Common Symptoms: Intrusive thoughts/memories of trauma, efforts to avoid reminders of traumatic event
- Duration: Acute – < 6mos post-event; Post – > 6mos post event, up to lifelong
- Severity: varied

(APA, 2022)



Bipolar Disorder

- Formal Dx: Bipolar I d/o; Bipolar II d/o; Cyclothymia
- Common Symptoms: distinct periods of Major Depression and Mania; Mania: increased energy, reduced/no sleep, racing thoughts, reward-seeking behavior
- Duration: lifelong; specific mood state: 1 week – 6 mos
- Severity: potentially life threatening – suicidality, risk taking behaviors

(APA, 2022)



Psychosis

- Formal Dx: Schizophrenia, Schizoaffective Disorder, Substance-Induced
- Common Symptoms: Delusions, Hallucinations, Disorganized Speech and Behavior, Negative Symptoms (social w/d, blunted emotions/affect)
- Duration: lifelong – onset late teens, early 20s; Psychotic symptoms often reduce in elders
- Severity: potentially life threatening – suicidality, command hallucinations, delusions

(APA, 2022)



Dementias

- Formal Dx: Alzheimer's disease; Lewy body dementia; Vascular dementia; Frontotemporal dementia; Parkinson's w/ dementia
- Common Symptoms: Cognitive decline from prior level of functioning (attention, learning, memory, executive functioning, language)
- Duration: onset primarily late life, depends on type; irreversible,
- Severity: most symptoms increase with time; increased risk of suicide compared to people w/o dementias

(APA, 2022)



Delirium

- Formal Dx: Med-induced Delirium; Delirium d/t medical condition; Substance intoxication Delirium; Substance w/d Delirium
- Common Symptoms: disrupted attention, organization, orientation, memory; rapid onset; r/t medical, physical, substance etiology
- Duration: usually resolves quickly (hours/days)
- Severity: increased risk of functional and cognitive impairment, functional decline, institutionalization

(APA, 2022)



	Delirium	Depression	Dementia
Onset	Sudden	Recent (1-2wks)	Gradual
Course	Reversible; fluctuating	Reversible	Progressive, irreversible
Thinking	Fluctuating	Reduced concentration, memory, thinking	Cognitive decline
Sleep	Disrupted, no pattern	Disrupted, early waking, hypersomnic	Possibly disrupted, with pattern
Mood	Labile	Depressed, sad, withdrawn, irritable	Apathy; depression in early stages
Thinking	Hallucinations, misperceptions common	Negative thinking, guilt, somatic complaints	Delusions of theft, persecution possible. Depends on type

Substance Use Disorders

- Formal Dx: EToH Use d/o; Cannabis Use d/o; Opiate Use d/o; etc
- Common Symptoms: depends upon substance of use
- Duration: intoxication vs withdrawal vs associated behaviors
- Severity: potentially life threatening – withdrawal states, poor decision-making d/t intoxication; consequences/means of obtaining substance

(APA, 2022)



Psychotropic Medications





Note about medications...

- FDA approval is for specific diagnosis
 - MDD, GAD, Bipolar d/o – mania, moderate – severe
- Pharmaceutical company funded
 - Drug research, FDA approval process



Note continued...

- Most common research participants?
- FDA approved vs off-label use
 - Majority of mental health uses are off-label

Beers Criteria

- List of ‘Potentially Inappropriate Medications’ best avoided by older adults
- All psychiatric medications are listed





Antidepressant Medications

- SSRI – selective serotonin reuptake inhibitors
- SNRI – serotonin norepinephrine reuptake inhibitors
- Other – newer antidepressants
- TCA – tricyclic antidepressants

SSRI's

- **Common drugs:** Prozac, Zoloft, Paxil, Lexapro
- **Primary Mechanism of Action:** block synaptic reuptake of serotonin
- **Usual Therapeutic Uses:** depression, anxiety, PTSD
- **Common side effects:** GI upset, sexual dysfunction, weight gain
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; electrolyte imbalances possible

(Proeyslyn, Bezchlibnyk-Butler, & Kim, 2023)



SNRI's

- **Common drugs:** Effexor, Cymbalta, Fetzima
- **Primary Mechanism of Action:** block synaptic reuptake of serotonin & norepinephrine
- **Usual Therapeutic Uses:** depression, anxiety, neuropathic pain
- **Common side effects:** GI upset, sexual dysfunction, BP increases
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; electrolyte imbalances possible; BP/HR increases possible

Bupropion

- **Common drugs:** Wellbutrin
- **Primary Mechanism of Action:** block synaptic reuptake of dopamine & norepinephrine
- **Usual Therapeutic Uses:** depression, smoking cessation
- **Common side effects:** anxiety, insomnia, BP increases, seizures possible
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; seizure risk

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)



Mirtazapine

- **Common drugs:** Remeron
- **Primary Mechanism of Action:** increased release of norepinephrine and serotonin
- **Usual Therapeutic Uses:** depression, anxiety, insomnia
- **Common side effects:** sedation, wt gain, increased appetite, elevated glucose & lipids
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)

TCA's

- **Common drugs:** amitriptyline, nortriptyline, imipramine, doxepin
- **Primary Mechanism of Action:** multiple actions
- **Usual Therapeutic Uses:** depression, anxiety, insomnia, pain
- **Common side effects:** strong anticholinergics; sedation, GI & sexual SE; cardiac SE – prolonged QTc, elevated HR, arrhythmias
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; ACh effects – confusion/disorientation/delirium; cardiac SE

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)



Antipsychotics

- Second Generation Antipsychotics
- Traditional Antipsychotics

SDA or Atypical Antipsychotics

- **Common drugs:** Risperdal, Seroquel, Zyprexa, Clozaril, Abilify
- **Primary Mechanism of Action:** blocks specific Serotonin & Dopamine receptors
- **Usual Therapeutic Uses:** schizophrenia, bipolar d/o, agitation/aggression
- **Common side effects:** sedation, ACh, QTc, wt gain, elevated glucose & lipids; movement d/o's possible
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; ACh effects – confusion/disorientation/delirium; cardiac SE; dementia - increased risk of death

Traditional Antipsychotics

- **Common drugs:** Haldol, Trilafon, Prolixin, Thorazine
- **Primary Mechanism of Action:** blocks specific Dopamine receptors
- **Usual Therapeutic Uses:** schizophrenia, bipolar d/o, agitation/aggression
- **Common side effects:** sedation, ACh, cardiac SE – prolonged QTc, elevated HR, arrhythmias; movement d/o's,
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; ACh effects – confusion/disorientation/delirium; cardiac SE; dementia - increased risk of death

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)

Oral vs Injection vs LAI

- **Oral** – medication taken orally daily
- **Injectable** – medication usually used for emergency situations; med immediately available to address agitation, aggression, severe symptoms
- **Long-Acting Injectable** – long term treatment, medication effective for 2wks – 3mos



Mood Stabilizers

- Anticonvulsants
- Lithium
- Atypical Antipsychotics

Anticonvulsants

- **Common drugs:** Depakote, Tegretol, Lamictal
- **Primary Mechanism of Action:** multiple actions
- **Usual Therapeutic Uses:** seizures, bipolar d/o, aggression
- **Common side effects:** sedation, cognitive blunting, GI, tremor
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; decreased clearance of drug

(Procyshyn, Bezhlibnyk-Butler, & Kim, 2023)

Lithium

- **Common drugs:** Lithium, Lithobid
- **Primary Mechanism of Action:** multiple; modulates 2nd messenger system inside neuron
- **Usual Therapeutic Uses:** bipolar d/o, depression, suicidality
- **Common side effects:** tremor, GI, Cardiac SE - slowed HR, Thyroid & Kidney function
- **Concerns in Elders:** sensitivity to side effects; lower doses generally required

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)



Benzodiazepines

- Traditional benzodiazepines
- Z-drugs (hypnotics)

Benzodiazepines

- **Common drugs:** Xanax, Klonopin, Valium, Ativan
- **Primary Mechanism of Action:** increases neuronal sensitivity to GABA
- **Usual Therapeutic Uses:** Anxiety, Insomnia, Seizures, EToH w/d
- **Common side effects:** sedation, slowed cognition, memory deficits, confusion, incoordination
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; increased dementia risk

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)

Z-drugs (or sleep aids)

- **Common drugs:** Ambien (zolpidem), Sonata (zaleplon), Lunesta (eszopiclone)
- **Primary Mechanism of Action:** increases neuronal sensitivity to GABA
- **Usual Therapeutic Uses:** Insomnia
- **Common side effects:** Sedation, memory deficits, rebound insomnia, complex sleep behavior (Ambien)
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; decreased clearance, increased levels in elders

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)



Other common medications...

- Alpha agonists
- Beta blockers
- Anti-cholinergic medications

Alpha agonists

- **Common drugs:** clonidine (Kapvay); guanfacine (Intuniv)
- **Primary Mechanism of Action:** stimulate alpha-2 receptors (autoreceptors)
- **Usual Therapeutic Uses:** ADHD, hypertension, PTSD, Anxiety
- **Common side effects:** hypotension, reduced HR, sedation, ACh
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis;

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)



Beta blockers

- **Common drugs:** propranolol (Inderal)
- **Primary Mechanism of Action:** block Beta receptors, adrenaline
- **Usual Therapeutic Uses:** Anxiety, akathisia, Hypertension
- **Common side effects:** hypotension, reduced HR, sedation, (may cause/exacerbate depression, asthma)
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)

Anti-Cholinergic Meds

- **Common drugs:** Benadryl, Cogentin, (Ditropan)
- **Primary Mechanism of Action:** decrease acetylcholine activity
- **Usual Therapeutic Uses:** manage drug side effects - dystonia
- **Common side effects:** dry mouth, urinary retention, sedation
- **Concerns in Elders:** sensitivity to side effects; balance/falls/orthostasis; high risk for confusion, memory issues, delirium

(Procyshyn, Bezchlibnyk-Butler, & Kim, 2023)



Making Treatment Decisions

- Symptom presentation & severity
- Impact on daily life
- Identified cause (formal diagnosis)
- Comorbidities
- Evidence supported intervention



Making Treatment Decisions

- Treatment options
 - Example: elder increased confusion, possible dementia, frequent agitation, violence towards caregivers & family; at risk of losing housing
 - Atypical Antipsychotic?
 - Effective to reduce agitation
 - Increased risk of death

Medication Treatment Concerns

- **Efficacy** – are we positively impacting the intended targets
- **Tolerability** – are side effects causing problems? Usual vs Individual effects
- **Comorbidities** – are other health concerns present?
How do they impact medication recommendations?

Medication Treatment Concerns

- **Appropriate vs Excessive Use** – effectively addressing symptoms? Overprescribing? Overusing?
- **Chemical Restraint vs Therapeutic Tx**
 - excessively sedated? Or managing symptoms & aggressive behavior?

Medication Effects on:

- **Memory & Cognition**
 - Benzodiazepines (Xanax, Valium, etc) can impair memory formation, dull cognition, increase risk of dementia
- **Delirium**
 - Anticholinergics (Benadryl) can result in highly confused states
- **Sedation**
 - Antipsychotics, benzodiazepines can cause significant sedation, particularly at high dosages

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Thank You