

# Elderly and Mental Illness

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## Objectives

- Identify effective communications techniques with elders who have mental disorders.
- Become familiar with views and needs of mental health consumers and families.

## Dementia – Normal Aging

- Cognitive Decline
  - Not necessarily associated with normal aging
  - Minor memory problems – normal
  - Mild cognitive impairment
- Key –
  - Does NOT interfere with social or occupational functioning

## Elderly & Mental Illness

- Dementia
  - Sub-types
- Pseudo-Dementia
  - False Dementia
- Delirium
- Depression
- Schizophrenia
  - Paranoid
- Bipolar Disorder
- Mood Disorder
  - Suicide
    - Older white males – 6x higher than the general population
- Anxiety Disorder
- Chronic Mental Illness
  - Due to bed reductions as State Hospital level more and more consumers in the community
- New Diagnosis
  - Dementia/Delirium
  - Depression
  - Bipolar Disorder

## Dementia – Types

- Alzheimer's
  - Most prevalent
- Vascular
  - Multi-infarct
    - Stroke
    - High Blood Pressure
- Lewy Body Dementia
  - Visual Hallucinations
- Mixed Dementia
  - Vascular & Alzheimer's

## Dementia – Less Common Types

- Parkinson's Dementia
  - Hallucinations
- AIDS
  - Advanced
- Pick's Disease
  - Judgment
- Substance – Induced
  - ETOH
  - Often younger
  - Wide – based Stance & Ataxia
- Creutzfeldt-Jakob

## Dementia

- Cognition – Thinking
  - Intelligence – ability to learn
  - Memory - language
  - Problem Solving - Orientation
  - Attention - judgment
  - Concentration

## Delirium

- *Sudden*, fluctuating & usually reversible cognitive disorder
- Key characteristic symptoms
  - Inability to pay attention
    - Hallmark Sx
  - Inability to think clearly/concentrate

### Depression – Pseudo Dementia

- Mimics Dementia
- Lack concentration
- Cognitive impairment
- Difficult to distinguish from Dementia
- May have more insight than Dementia Pt
  - Someone with Dementia might deny they have Dementia/memory loss
- Hx: Depression

### Other Causes of Cognitive changes in Older Adults

- Medications
  - Changes in medications
- Medical problems
  - Infections
  - Pain
- Delirium
  - Skilled nursing facilities
- Change/loss
  - Residence/spouse/peer
- Communication problems

### Agitation/Aggression

- Sudden or gradual
  - Pacing – hand wringing
  - Confusion – pressured speech
  - Angry outbursts - confusion
- Causes
  - Over-stimulation - overwhelmed
  - Pain – approach to fast?

### Communication

- How do you communicate with an older adult with:
  - Dementia
  - Paranoia
  - Mood Disorder
    - Depression
    - Anxiety

### Communication: Cultural & Generational Considerations

- Cultural Considerations
  - Us
  - Them
  - Stereotyping
  - Stigma – Mental Illness
    - Personal failure vs. Weakness
- Generational Differences

- Respect
- Prejudices
- English as a second language
- Personal Space

### Communication Skills

- Active listening
- Validating
- Problem solving
- Verbal & non-verbal statements
- Statements
  - “It’s not always *what* you say – it is *how* you say it.”

### Non-Verbal Communication

- Body language
- Posturing
- Authority figure
  - Uniform
  - Height
- Children
  - Son
  - Daughter

### Communication – Dementia

- Early – middle stages of Dementia
  - Trouble with word finding
  - Expression of thoughts/ideas
    - Frustration, Embarrassing
- Late stages of Dementia
  - Aphasia
  - Inability to express or receive

### Communication Skills

- Face to Face
- Speak
  - Slowly
  - Clearly
- Short sentences
- Do NOT use condescending tone/language
- Remember
  - Tone will be understood – even if words are not

### Re-Directing

- Negative statements
  - “No! You can’t go outside. Why don’t you go to the TV room instead?”
- Positive statements

- *“Let’s sit down and look at these pictures?”*
- *“What’s this over here? Do you use this? Have you seen this before? Can you tell me about this?”*

### Communication

- Do NOT talk about others in front of the client
- Difficult to determine how much a client with Dementia understands
  - Ability to understand may vary
    - Spark plugs firing
- Do NOT ask a lot of questions
  - Especially questions regarding memory
  - Leads to humiliation/anger/agitation
- Re-phrase
  - *“Who is this in the picture?”*
  - *“This must be you son/daughter (pointing to the picture)?”*
- Ask only one question at a time
- Use the same words in the sentence
- Short, simple sentences
- Allow time for response
  - *“Are you cold?” – pause – “Are you cold?”*
  -

### More Interventions

- Reassure
- Reduce stimulation
  - Noise
  - Light
- Approach slowly
- Explain what you are doing
- Minimize talking

### Reminders for Staff

- Has the client has a recent loss/change?
- Medications changed? Added?
- Fall?
- Urinary Tract Infection?
- Bowels?
- Blood Sugar tested?
- Is the staff member overwhelmed? New? Short staffed?

### Family Response to Alzheimer’s

- Natural response to adjustment
- Five stages of response/adjustment
  - Denial
  - Over involvement
  - Anger
  - Guilt

- Acceptance
- Caring for the Caregiver
  - Geriatric Mental Health Foundation – American Association of Geriatric Psychiatry
    - [http://www.gmhfonline.org/gmhf/consumer/factsheet/caring\\_alzheimer\\_diseasecq.html](http://www.gmhfonline.org/gmhf/consumer/factsheet/caring_alzheimer_diseasecq.html)

### Families & Mental Illness

- Home vs. Placement
  - Guilt
  - Frustration
- Family/son/daughter and older adult
- Caregiver
  - Depression
- Resources

### Resources

- Families
  - Support groups
  - Skills training – Alzheimer’s Association
- Geriatric Psychiatrist/ARNP
- Respite services
- Older adult
  - Day Programs – STARRS
- Alzheimer’s Association
  - 1.800.272.3900
  - [www.alz.org](http://www.alz.org)
- National Alliance for Care Giving
  - [www.caregiving.org](http://www.caregiving.org)
- National Family Caregiver’s Association
  - [www.nfcacares.org](http://www.nfcacares.org)
- National Institute of Aging  
Alzheimer’s disease Education and Referral Center
  - [www.alzheimers.org](http://www.alzheimers.org)