

Mental Health for Black Older Americans

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Objectives

- Identify four factors that can impact the outcomes of depression in Black elders
- Learn five core concepts of psychopharmacology for elders
- List five signs of cognitive impairment
- Identify three assessment tools that can help clinicians assess mental health conditions (like depression, cognitive impairment and anxiety)
- Learn four ways to address elder abuse

Warning:

This may be disturbing

This is deeply uncomfortable

You may feel sad, angry, guilty, and sad about the loss of loved ones, over what you've seen and experienced with older patients and clients, too

Explore the emotions and reflect on them

Let's use this time as an opportunity to engage ourselves and others differently

Epidemiology and useful facts

- Geriatrics is one of few medical specialties in the United States that is **contracting even as the need increases, ranking at the bottom** of the list of specialties that...[residents pursue].
- Seniors have **special healthcare needs** that can make their **medical care more complicated**.
- Approximately 20,000 geriatricians are needed now to care for over 14 million older Americans. As of 2016, there were **7,293 certified geriatricians nationwide**.

Instead of these words and cues:

"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older people

"Choice," "planning," "control," and other individual determinants of aging outcomes

"Seniors," "elderly," "aging dependents," and similar "other-ing" terms that stoke stereotypes

"Struggle," "battle," "fight," and similar conflict-oriented words to describe aging experiences

Using the word "ageism" without explanation

Making generic appeals to the need to "do something" about aging

Try:

Talking affirmatively about changing demographics: "As Americans live longer and healthier lives . . ."

Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age."

Using more neutral ("older people/Americans") and inclusive ("we" and "us") terms

The Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities."

Defining ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes."

Using concrete examples like intergenerational community centers to illustrate inventive solutions

More Useful Facts

- The population of older African Americans is expected to triple by 2050
- African Americans have greater risk factors for psychiatric disorders including higher levels of poverty, poorer health, higher rates of discrimination, and greater likelihood of residing in neighborhoods with higher levels of social stressors (e.g., crime).

So...how are we doing?



Depression

- Higher depressive symptom severity was associated with greater use of antidepressants in older Caucasians, but not in African Americans.
- Multiple studies have shown the rate of antidepressant use in older African Americans was about half that of Caucasians
- African Americans had the lowest expenditures from antidepressant drugs compared to other races, and were more likely to use older, generic medications
- Compared to older Caucasian veterans, African Americans with subsyndromal depression were less likely to view antidepressant medication as beneficial.

Anxiety

- 12-month general anxiety disorder,
- social anxiety (or social phobia),
- Agoraphobia without panic (Himle et al., 2009).
- African Americans were also less likely than non-Latino whites to have 12-month or lifetime panic disorder (Levine et al., 2013).

Suicidality Among African American Elders

- The rate of suicide is highest in **middle-aged white men**
- In 2020, **men died by suicide 3.88x more than women.**
- [The Rising Tide of Elderly African-American Suicides: A Call for Action](#)
- Two methods were used in at least 70% of them, firearms and poisons (e.g., pills).

#BTW

Me:

- Psychiatrist
- Consultant
- Former Medical Director at one of the largest health systems in NY
- Trained in Public Health
- Formerly a middle manager at Verizon



Also Me:

- Descendant of enslaved West Africans
- Grandparents = refugees
- Parents : Harlem in the 60's
- Sister to two Black men

Background:

- “...early racial socialization experiences often include listening to their parents’ and grandparents’ stories of living through different periods of racial tension in the U.S., including the Civil Rights movement, Jim Crow laws, and for some slavery (Shenk, 2000).”



Background:

- Conversations about survival and trauma get passed down.
- There is an underlying fear/anxiety of the consequences of discrimination: death? Physical harm? Job loss? Unemployment? Separation from treatment team?

Racism Refresher:

Interpersonal:

- Occurs between individuals
- Public expressions of prejudice, hate, bias, and bigotry
- Burning a cross on someone's lawn, lynching, calling them a derogatory name

Systemic:

- "...the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice" (Krieger, 2017)
- These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.

Racism Refresher 2

- Black Codes
- Jim Crow
- Redlining - Discriminatory lending practices
- Loss of generational wealth available to most Americans (see more on the Social Security Act of 1935)
- GI Bill: denied mortgage and educational subsidies, restricted education access to 4 year colleges

Taxonomy of Microaggressions

- Microaggression
“brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color,”
- Microaggressions are considered small, common, and sometimes ambiguous, yet they are particularly stressful for those on the receiving end, given their ubiquity and deniability

Glossary

- Microinsults: “I like your hair better when it’s straight”
- Microinvalidations: “I don’t see color,” mistaking people of similar background, or “I’m not racist. My last boyfriend was African.”
- Macroaggression: severe acts of racism: e.g., lynchings, beatings, cross burnings, attacking someone for their ethnicity or gender expression or sexual identity

Trauma and Microaggressions

- History
- Violence
- Vigilance
- Microaggressions can have a similar effect as being exposed to a hate crime.
- Hate crimes can be vicariously experienced and sensitize community members
- Microaggressions can be felt intensely because they symbolize hate crimes and their historical force.

Every Day Discrimination Scale

- How is it currently being used?
- What kinds of results are being obtained?

- **Measure:**
In your day-to-day life, how often do any of the following things happen to you?
 1. You are treated with less courtesy than other people are.
 2. You are treated with less respect than other people are.
 3. You receive poorer service than other people at restaurants or stores.
 4. People act as if they think you are not smart.
 5. People act as if they are afraid of you.
 6. People act as if they think you are dishonest.
 7. People act as if they're better than you are.
 8. You are called names or insulted.
 9. You are threatened or harassed.

Recommended response categories for all items:

 - Almost everyday
 - At least once a week
 - A few times a month
 - A few times a year
 - Less than once a year
 - Never
- **Follow-up Question** (Asked only of those answering "A few times a year" or more frequently to at least one question.): What do you think is the main reason for these experiences? (CHECK MORE THAN ONE IF VOLUNTEERED).
RECOMMENDED OPTIONS
 1. Your Ancestry or National Origins
 2. Your Gender

How does this specifically affect the Black body?

- Chronic exposure to stress:
 - Hypothalamic-Pituitary Adrenal Axis
 - Weight
 - Hypertension
 - Respiratory health
 - Glucose metabolism
 - Maternal Health

Cardiovascular Health

- Black people have a higher odds of reporting discrimination than White people and report discrimination in nearly all aspects of experiences in public and private institutions, including health care and the police. (Bleich, 2019)
- Participants with a history of mood disorder who reported high levels of racial discrimination had the greatest risk of cardiovascular disease (Chae, 2012)

SHUR Study:

- 2017 Survey of the Health of Urban Residents (SHUR) identified connections between police brutality and **medical mistrust**.
- Measures a range of negative encounters with the police, frequency of these encounters, and respondents' assessments of whether the encounters were necessary.
- SHUR assessed likelihood of calling the police if there is a problem, worries about incarceration, and cause-specific stressors such as race-related impression management.
- Definition of **Brutality**: Not merely use of force; police action that dehumanizes the victim, even without conscious intent

CASE 1



Case 1

- Pt Mr. M is a 78 y/o man, domiciled alone in an apt w/dog
- Contracted HIV through IVDU in 1980s
- Has been sober since late 1990s, first through methadone, no MAT currently
- Has been host to multiple relatives, his children and grandchildren who are trying to find work, earn and save money
- Has chronic pain, depression, chronic insomnia and PTSD from multiple violent encounters when he was incarcerated
- He is on an opioid for pain, a benzodiazepine for anxiety, and smokes cigarettes

Case 1 (continued)

- Seven years into treatment, he reports worsening depressive symptoms
- He discloses that he's been having a romantic relationship with a sex-worker who is using heroin. Mr. M is very concerned for her safety and well-being and wants to help her decrease her opioid use.
- When asked how this is impacting his wellbeing, he explains he doesn't like to feel lonely, identifies strongly with his romantic partner, but is also afraid because the relationship is complicated
- She has been helping him manage his money through online bill pay and he does not understand how it works. She might have his passwords.

Case 1 (continued)

- He has noticed significant withdrawals from his bank account and he wonders if he has done something wrong with his attempts to do online bill pay. Or if he has mistakenly trusted his partner.
- She lives with him
- She is married to a violent man who is going to be released from prison in two months.

What problems need to be addressed?

- Trauma history
- Depressed mood
- Anxiety
- Sleep problems
- Chronic pain
- Cognitive Impairment
- Polypharmacy
- Social isolation/Sexuality
- Housing stressor
- Safety

Definition of Elder Abuse

Elder abuse refers to an intentional act or omission occurring in a relationship of trust that causes harm or serious risk of harm to an older adult or deprives an older adult of basic needs. Elder Abuse encompasses physical, sexual, emotional, and financial abuse or neglect toward an older adult

(National Research Council [NRC], 2003)

Aspects of Elder Abuse in the AA Community

- Financial Strain
- Risk of exploitation from scammers
- Great dependence on relatives of network of extended family

Health Equity and Abuse Perspective

- Economic conditions in The South necessitating migration
- Economic conditions in the Bronx upon arrival and for the next 20 years
- What opportunities did he have for education? Economic advancement? Support of his sobriety?
- “Substance use disorders among older populations: What role do race and ethnicity play in treatment and completion?”

Substance treatment to prevent elder abuse?

- The proportion of older adults seeking treatment for OUD rose steadily between 2004-2013 (41.2% increase; p -trend=0.046), then rapidly between 2013-2015 (53.5% increase; p -trend=0.009).
- The proportion of older adults with primary heroin use more than doubled between 2012- 2015 (p <0.001);
- Individuals were increasingly male (p <0.001), African American (p <0.001), and using via the intranasal route of administration (p <0.001)."
- Ortega, et al "SUD in Older Populations"

Cannabis

- **Medical Marijuana May Be Beneficial For Elderly Patients Reducing Pain, Anxiety, And Use Of Opioids, Research Suggests.**
- [MedPage Today](#) reported “medical cannabis was well-tolerated among elderly patients and provided significant symptomatic benefits.”
- Researchers found that older adults with “an average age of 81 experienced relief in chronic pain, sleep, neuropathy, and anxiety with medical cannabis.”
- As reported in [HealthDay](#), reports the researchers found that “a third of” study participants “who took medical marijuana” reduced “their use of opioid painkillers.”

Older Adult Sexuality

- How are we talking about their use of sex workers?
- Older American male customers of sex workers pay for more sex as they age.
- 208 men across 36 US states participated in a study published in 2016
- The majority were having fellatio without a condom and vaginal intercourse with a condom
- Are we offering older adults PrEP?
- Are we offering them condoms?

Social Isolation and older adults

- Increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss.
- Loneliness associated with higher rates of depression, anxiety, and **suicide**.
- Social isolation was associated with about a 50% increased risk of dementia

Case 2

- Ms. A is a 74 y/o widowed woman with a history of depression with psychotic features. She has been adherent to her antidepressant and her low dose antipsychotic for several years.
- When she is transferred from her male psychiatrist of the past 8 years, she starts the appointment by saying she wants to come off her medications.
- Further dialogue reveals Ms. A misses having an orgasm. She is on a special diet because of her poor dentition and difficulty digesting certain foods leaves her bloated and feeling little enjoyment from eating. She doesn't use any substances and misses the simple pleasures of life, she explains.

You react by doing what?

1. Blushing and saying “Ma’am you are too old to be doing that kind of thing!”
2. Reminding her she was hospitalized for psychosis and we can’t stop any medications, so find a new pleasure please.
3. Listen to her concerns and validate.
4. Listen, validate, and problem-solve around

Topics to consider

- Side effects of psychotropic meds
- Female sexuality over 65
 - approximately 50% of postmenopausal women experience vaginal dryness, painful penetration
 - Age-related decrease in genital blood flow and diminished genital sensation, along with decreased pelvic floor tone may contribute to a delayed or a less intense orgasm.
 - Decreasing levels of estrogen and androgens may also contribute to low desire, difficulty with arousal, and impaired orgasm.⁵

Continuation of Topics to Consider



- Normalize talking about sex
- Give the patient permission to discuss
- Counsel the patient based on their health status, NOT their age
- Patients with more complex sexual health issues may need a multidisciplinary approach including psychotherapy or sex therapy.

Case 3

- Ms. T, never married, retired, mother of 9, has 6 adult children living with her
- Referred to psychiatrist by her PCP for c/o “I have bugs in me”
- Ms. T has brought in jars of what looks like dandruff and there are scabs along her hairline where she has been using a paring knife to excise the bugs
- What considerations should we make?

Case 3, continued

- Social History: Ms. T was born in North Carolina to a very low-income family of tenant farmers, was sexually abused by her stepfather and became pregnant at age 12.
- She was sent to live with a relative who kept her hidden in the back of the home and made her work as a maid until Ms. T and her child were given enough money for them to go to New York to make a new life.
- Ms. T worked hard to provide for her and her child and had new relationships and 8 more children
- She was sexually assaulted two more times

Case 3, continued

- Ms. T started drinking at 30, when her sexual trauma symptoms became overwhelming
- She drank heavily for 43 years as she raised her children as a single parent
- Ms. T has been sober about 3 years.
- She no longer craves alcohol and through her faith has come to accept the traumatic events of her life and doesn't feel haunted by them the way she used to.

Case 3, continued

- When asked about her relationship with the mix of six adult children (and grandchildren) currently living in the apartment, she simply states, “I wasn’t the best mother to them. They’re addicted now and I have to be there for them.”
- Let’s talk about infestation
- Trauma
- Substance Use/Sobriety
- Medical complications of long term alcohol use

What is your differential for psychiatric diagnoses?

Complex PTSD

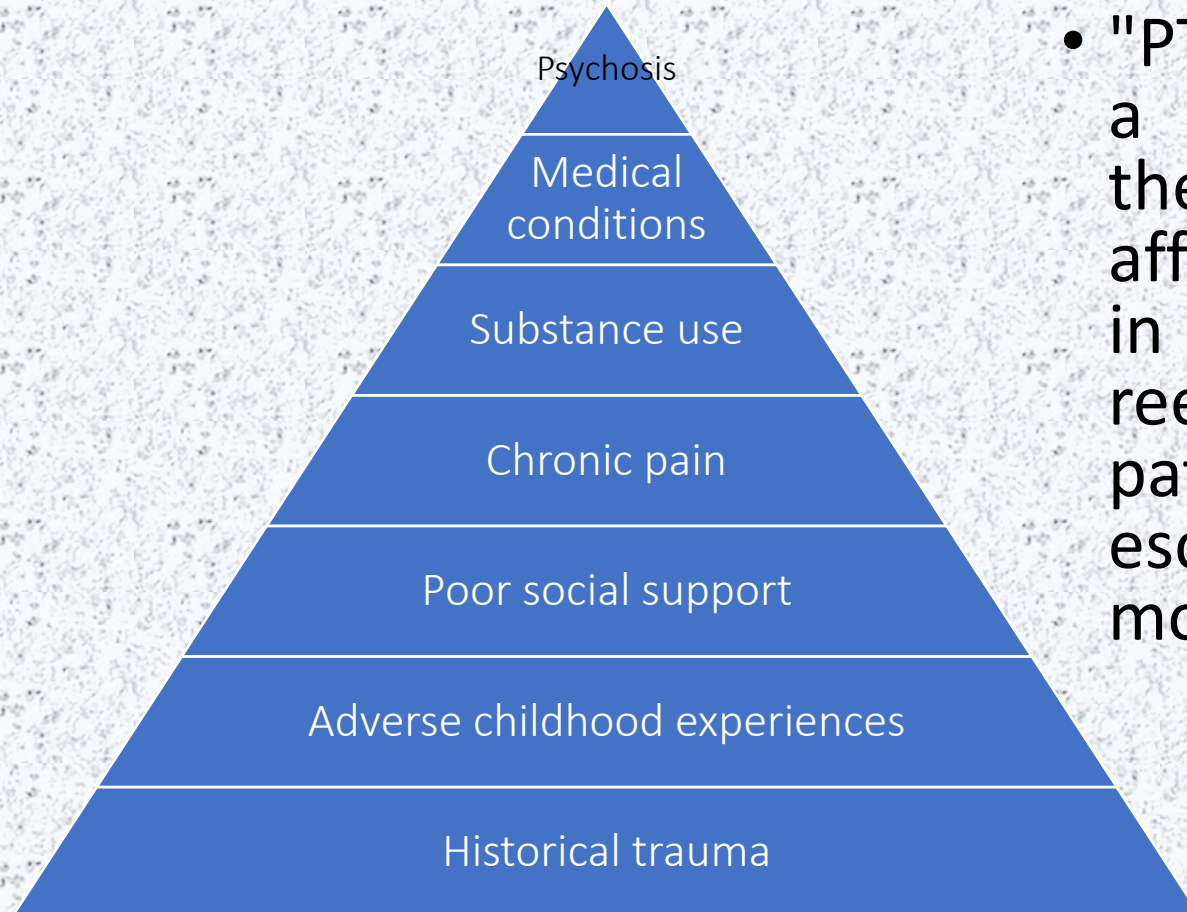
Dementia

Psychotic Disorder

Major depressive disorder

Delusional Disorder

Understanding the patient's experience



- "PTSD and addiction are a marriage made in the avoidance of unbearable affect; an avoidance that is costly in the resulting traumatic reenactments experienced by patients whose attempts to escape the past keep them ever more tightly bound to it."

• - Margaret A Cramer, PhD

Post-traumatic stress disorder criteria

- Post-traumatic stress disorder (PTSD)
 - Exposure
 - Intrusions
 - Avoidance
 - Negative alterations in mood or cognition (2 or more)
 - Hyperarousal (2 or more)
 - Symptoms last >1 month
 - Functional impairment
- Complex PTSD
- Occurs when individuals experience:
 - Multiple traumas
 - Prolonged and repeated trauma during childhood
 - Repetitive trauma in the context of significant interpersonal relationships
- Consists of difficulties in the following areas:
 - Emotional regulation
 - Consciousness
 - Self-perception
 - Distorted perceptions of the perpetrator
 - Relationships with others
 - One's system of meanings

Goals of Intervention

- **Repairing and Restoring**
 - Radical Health
 - How are we protecting and maintaining family ties?
- **Protect the patient**
 - Remove pt from dangerous environment : The potential for houselessness and further intergenerational trauma)
 - Increase number of caregivers and amount of oversight
 - Consider guardianship.. B U T we're still applying an equity lens, so what can it look like if we routinely assess for remaining abilities
- **Reduce the risk of future mistreatment**
 - Try to improve functional capacity (decrease dependence and caregiver stress)
 - Explore entitlements and resources (ie. Managed Long Term Care Programs)
 - Caregiver education and support when appropriate

Where (health) inequities intersect with abuse

- Racial trauma > Mental Health > Heightened Vulnerability and Increased complexity
- Vulnerability and experience of help (familial vs institutional)
 - Impact on reporting
- Power and privilege in helping professions
 - Can bias be encoded in assessments?
 - Resistance vs Mistrust
 - “Poor decisions”
 - Understanding of what remedies are helpful

What will we see in an equitable elder protection system?

Summary of techniques

Take a patient-centered approach

- Generate empathy
- Validate suffering
- Create a space to tolerate and contain affective states

Co-create a treatment plan

- Be clear and honest about goals and expectations

Regularly reflect on the treatment and relationship

- Identify countertransference
- Seek support from peers
- Elicit feedback from patient

- For our older adults of color, substance use and advanced age (which can come with additional discrimination, cognitive impairment, sensory deficits, chronic pain, frailty) adds additional layers of vulnerability

Substance use disorder criteria

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Mild = 2-3 | Moderate = 4-5 | Severe = 6+

History of opioids (1800s-1900s)

- Timeline
 - 1800s – Opium predominated
 - Post-Civil War – Rise of morphine
 - Early 1900s – Heroin and cocaine promoted to "cure" morphine addiction
 - 1930s – Methadone developed by German scientists as an effective and less addictive substitute for opioid painkillers
 - WWII – German medics used methadone when morphine stores ran low
 - 1947 – use of methadone reached the US
 - 1955-1975 – Post-Vietnam War rise in heroin use
 - 1971 – FDA approved methadone as a treatment for opioid addiction
 - 1980s – Crack epidemic
 - 1990s – Rise of prescription opioid use
- *Our older adults ≥ 65 years old were born on or before 1957

History of opioids (2000s)

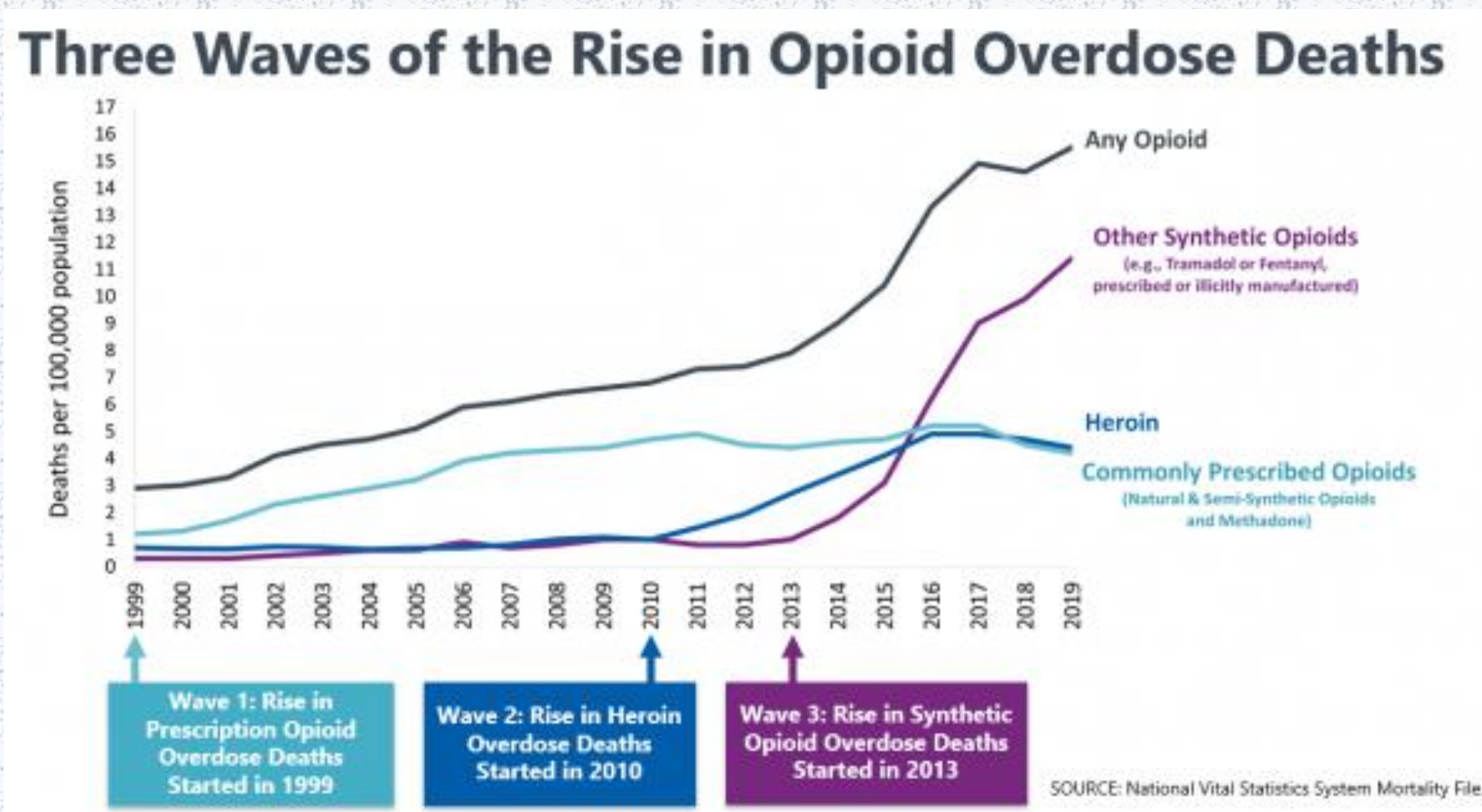


Image credit: CDC

Opioid use in older adults

- The population of adults with opioid use disorder on methadone is aging
 - Adults over age 50 admitted for substance treatment tripled from 1994 to 2004
 - In 2003, largest cohort in methadone treatment was 40-50 years old (now 60-70)
 - Approximately 5% of the 160,000 patients in methadone treatment programs are ≥ 55 years old

Methadone

- Mechanism of action: Slow-acting opioid agonist
- Indication: Opioid use disorder and opioid withdrawal management
 - Suppresses opioid withdrawal
 - Blocks the effects of illicit opioids
 - Reduces opioid craving
 - Facilitates engagement in nonpharmacological interventions
- Side effects
 - Physical: QTc prolongation, syncope, lightheadedness, respiratory depression, sedation, dry mouth, urinary retention, gastrointestinal distress, erectile dysfunction
 - Psychological: depression, anxiety, suicidal ideation, paranoia, hallucinations, delusions
 - Cognitive: impaired processing speed, poor concentration, executive dysfunction, working memory deficits
 - Sleep: decreased REM and slow wave sleep, central sleep apnea

Comorbidities in older adults on MMT

- Study of 140 participants >50 years old on methadone maintenance through a Pittsburgh clinic
- There is a high comorbidity with other psychiatric disorders
- 87% reported that they currently smoked cigarettes
- 58% reported fair to poor physical health with high rates of arthritis, hypertension and hepatitis C

12-month prevalence of mental health disorders in older adult methadone patients (N=140)	
Major depressive disorder	32.9%
Generalized anxiety disorder	29.7%
Post-traumatic stress disorder	27.8%
Specific phobia	26.4%
Social phobia	16.9%
Agoraphobia	13.6%
Panic disorder	13.6%

Prescription misuse in older adults

- High prescription medication utilization
- Prone to medication errors due to complex regimens
- Adults 65 and older are vulnerable to misusing prescription medication to address sleep problems, chronic pain and anxiety
- Rates of death and suicide caused by prescription opioid misuse are increasing
- Benzodiazepines are linked to dependence, falls, cognitive impairment, motor vehicle accidents and overdose death

EXHIBIT 1.6. Substance Misuse Risk Factors in Older Adults^{104,105}

- Retirement (when not voluntary)
- Loss of spouse, partner, or family member
- Environment (e.g., relocation to assisted living)
- Physical health (e.g., pain, high blood pressure, sleep and mobility issues)
- Previous traumatic events
- Mental disorders (e.g., disorders related to depression and anxiety)
- Cognitive decline (e.g., Alzheimer's disease)
- Social changes (e.g., less active, socially disconnected from family and friends)
- Economic stressors (rising medication and healthcare costs, living on reduced income)
- Lifetime or family history of SUDs
- High availability of substances
- Social isolation

Treatment recommendations

- PTSD
 - Trauma-focused therapy
 - Monotherapy with sertraline, paroxetine, fluoxetine, or venlafaxine
- Opioid use disorder
 - Over-standard doses of methadone (up 120 mg/day) are needed with comorbid affective disorders
 - Sleep evaluation
 - Cognitive testing
- Tobacco use disorder
 - Motivational interviewing
 - Medication-assisted treatment
- Benzodiazepine use disorder and dependence
 - Medically supervised taper
 - Harm reduction – clonazepam is a safer alternative to other benzodiazepines
 - Concomitant therapy

Table 2. Medication Monotherapy for the Treatment of PTSD by Recommendation and Strength of Evidence

Quality of Evidence*	Recommend For	Suggest For	Suggest Against	Recommend Against	No Recommendation For or Against
Moderate	Sertraline^ Paroxetine^ Fluoxetine Venlafaxine		Prazosin (excluding the treatment of PTSD associated nightmares)		Prazosin for the treatment of PTSD associated nightmares
Low		Nefazodone †	Quetiapine Olanzapine Citalopram Amitriptyline	Divalproex Tiagabine Guanfacine	Eszopiclone
Very Low		Imipramine Phenelzine †	Lamotrigine Topiramate	Risperidone Benzodiazepines D-cycloserine Hydrocortisone Ketamine	Bupropion Desipramine D-serine Escitalopram Mirtazapine
No Data †					<u>Antidepressants</u> Doxepin Duloxetine † Desvenlafaxine Fluvoxamine † Levomilnacipran Nortriptyline Trazodone Vilazodone Vortioxetine <u>Anxiolytic/Hypnotics</u> Buspirone † Cyproheptadine Hydroxyzine Zaleplon Zolpidem

Suicide risk factors

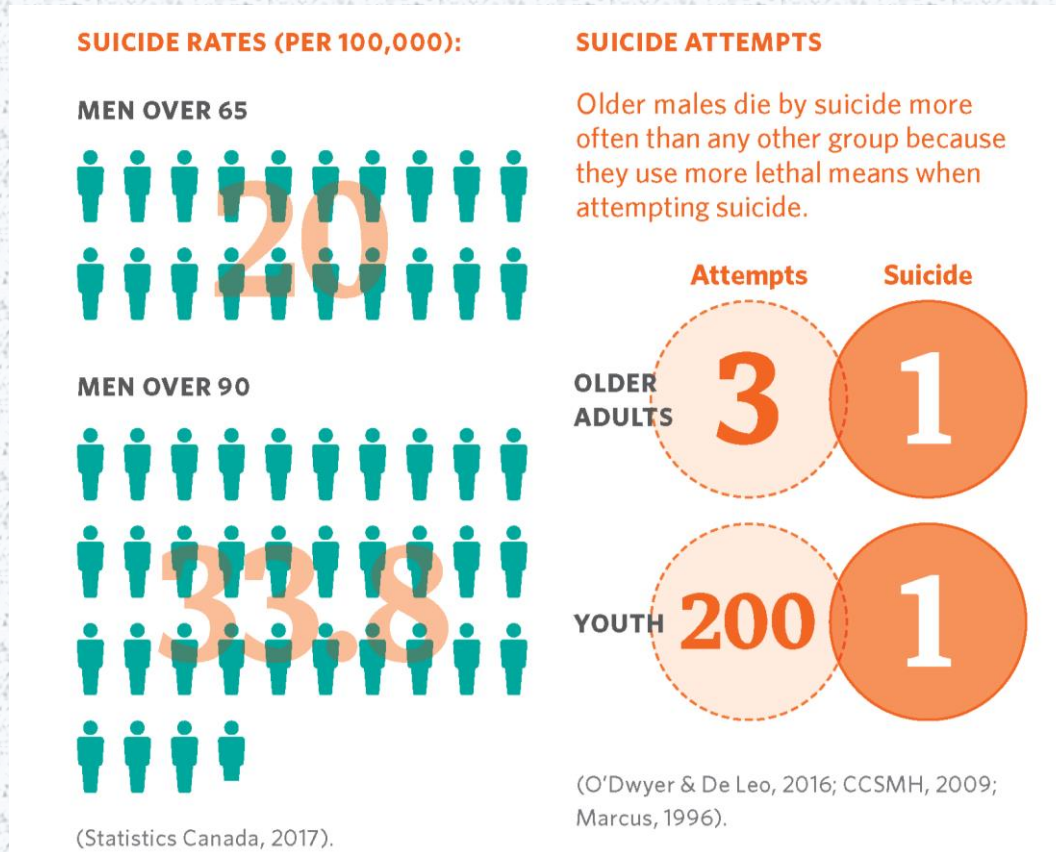


Image credit: Ardent Solutions, Centre for Suicide Prevention

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NEWS

Who Is Amelia Baca? Woman With Dementia Shot to Death by New Mexico Police

Fatal Police Shooting in Bronx Echoes One from 32 Years Ago

Is help/intervention equitable?

- Calling the police on Black elders can be the ultimate abuse
- Resources for mental health crises
- Primary Care
- Leveraging Case Management Services
- Mobile Crisis (do we know about 1M4.org ?)
- Effectively partnering with law enforcement
- Preparing the clients for the presence of law enforcement
- Making use of 988

Structural Racism and Your Step Count



Structural Racism and Step Counts

- Increased dementia risk and sedentary lifestyle
- Where can aging people walk safely?
- Daily step count
- What's the walking like where you live or work?

Walking and dementia risk

- “Routine annual assessments of gait speed and cognition will need to be established in clinical settings to identify dual decliners.”
- Compared with the adults who did not experience any declines, adults who had gait decline along with either memory decline or global cognition decline were more than 20 times likely to develop dementia, Collyer et al found. Those experiencing slowing gait along with processing speed or verbal fluency decline were about 4 to 5 times more likely to develop dementia, although this risk was about the same as for adults experiencing gait decline alone.
- <https://jamanetwork.com/journals/jamaneurology/fullarticle/2795819>

Sleep and Dementia

- Daytime sleepiness
- Sleep equity
- A study of 3000 older adults showed that excessive daytime sleepiness in cognitively normal elderly leads to a buildup of amyloid
- Amyloid is associated with preclinical stage of Alzheimer's
- Treating clinical sleep disorders must be a current priority for mental health in older adults

Dementia vs cognitive impairment

- Dementia: typically diagnosed when acquired cognitive impairment has become severe enough to compromise social and/or occupational functioning.
- Mild cognitive impairment (MCI): between normal cognition and dementia, with essentially preserved functional abilities.

Symptoms of cognitive impairment

- Forgetting things more often.
- Missing appointments or social events.
- Losing train of thought/can't follow the plot of a book or movie.
- Having trouble following a conversation.
- Having difficulty making decisions, finishing a task or following instructions.
- New onset difficulty navigating places that are well-known.
- Having poor judgment.
- Family and friends notice any of these changes.

What can help isolation?

1. [AARP](#)—Provides helpful information to seniors and shares Community Connection Tools.
2. [Area Agencies on Aging \(AAA\)](#)—A network of over 620 organizations across America programs including nutrition and meal programs (counseling and home-delivered or group meals), caregiver support, and more.
3. [Eldercare Locator](#)—A free national service that helps find local resources for seniors such as financial support, caregiving services, and transportation.
4. [National Council on Aging](#)—The place to find senior programs to assist with healthy aging and financial security.
5. [National Institute on Aging \(NIA\)](#)— Provides materials on social isolation and loneliness for older adults, caregivers, and health care providers.

Chronic Pain and Cognitive Decline

- Older adults troubled by persistent pain may be at a greater risk of rapid memory decline, according to a study published in *JAMA Internal Medicine*.
- Participants reporting persistent pain had more depressive symptoms, a greater prevalence of limitations in activities of daily living, and more comorbid medical conditions than those not experiencing pain.

Recommendations for mental well-being

- Expand suicide prevention efforts
- Prevent the recurrence of psychiatric disorders such as mood and anxiety disorders, which are common in older populations
- Treat older patients for substance use disorders
- Investigate the impact of mental illness on general medical disorders

Diet and Depression

- **Elderly People Who Follow DASH Diet May Have Lower Rates Of Depression, Researchers Say.**
- Investigators “studying 964 elderly participants over six and a half years found those who followed the DASH diet, which emphasizes whole grains, fruits, and vegetables, had lower rates of depression, while those who ate a traditional Western diet were more prone to depression.”
- “...other researchers have found similar antidepression benefits from the DASH diet, which was developed by the US National Heart, Lung, and Blood Institute.”

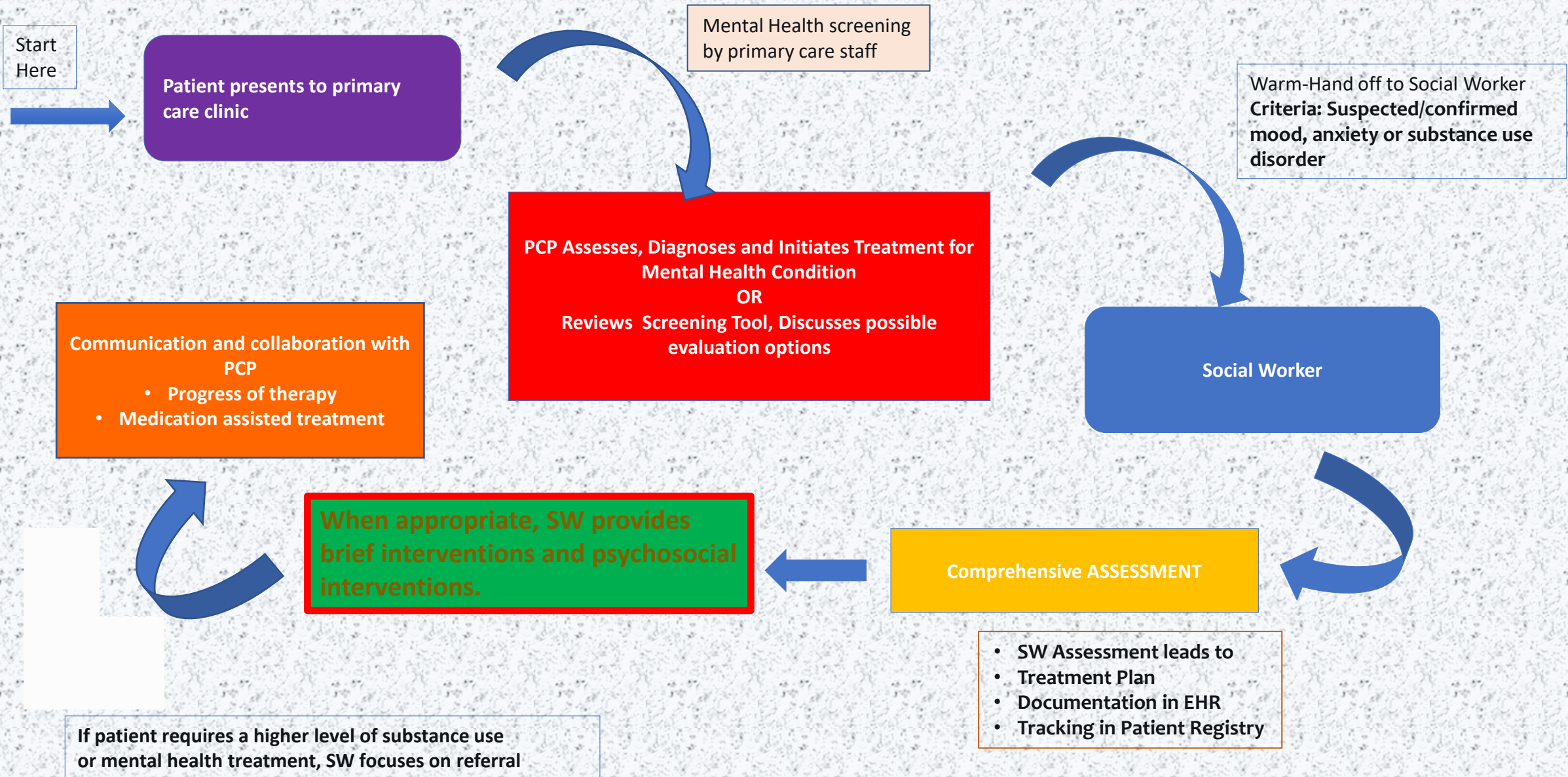
A note about “food deserts”

- A better term might be “food apartheid”
- Affordability and ease of access to the foods recommended in the DASH diet
- How easy is it to bring that food home if the elder has mobility issues?
- How easy is it to prepare?

The Role of Collaborative Care (a healthcare model)

- Psychiatrist and social workers embedded in primary care
- Able to identify depression, anxiety, and problem alcohol use through routine screening in primary care
- Tracking symptoms
- Working across systems

Typical COLLABORATIVE CARE WORK FLOW



Collaborative Care can also create/perpetuate Inequity

- PROVIDER

- How to assess? Bias within assessment tools
- Where to go for help? What we consider to be helpful?
- Not enough time
- Negative effect on relationship with pt
- Fear of reprisal
- “Not my job”
- Avoidance of legal system
- Not mandated reporters in NYS

- PATIENT (when we discount...)

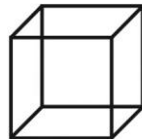
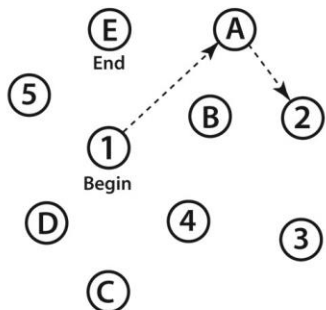
- Shame
- Guilt
- Embarrassment
- Desire to keep family intact
- Fear of retaliation e.g. nursing home placement
- Patient consent and willingness for particular help

Telemedicine and the elderly

- Broadband access
- Technology assistance
- How are we doing to do assessments like the GDS? GAD-7?
- What about cognitive testing?

- | | | |
|---|-----|----|
| 1. Are you basically satisfied with your life? | yes | no |
| 2. Have you dropped many of your activities and interests? | yes | no |
| 3. Do you feel that your life is empty? | yes | no |
| 4. Do you often get bored? | yes | no |
| 5. Are you in good spirits most of the time? | yes | no |
| 6. Are you afraid that something bad is going to happen to you? | yes | no |
| 7. Do you feel happy most of the time? | yes | no |
| 8. Do you often feel helpless? | yes | no |
| 9. Do you prefer to stay at home, rather than going out and doing things? | yes | no |
| 10. Do you feel that you have more problems with memory than most? | yes | no |
| 11. Do you think it is wonderful to be alive now? | yes | no |
| 12. Do you feel worthless the way you are now? | yes | no |
| 13. Do you feel full of energy? | yes | no |
| 14. Do you feel that your situation is hopeless? | yes | no |
| 15. Do you think that most people are better off than you are? | yes | no |

VISUOSPATIAL / EXECUTIVE



Copy cube

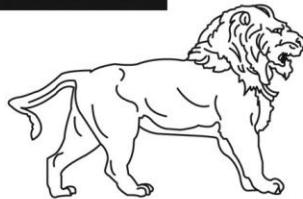
Draw CLOCK (Ten past eleven) (3 points)

POINTS

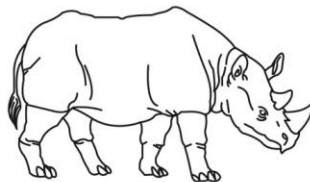
[] Contour [] Numbers [] Hands

___/5

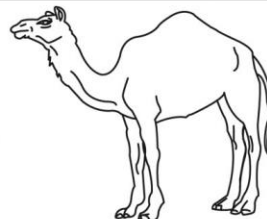
NAMING



[]



[]



[]

___/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

FACE VELVET CHURCH DAISY RED

1st trial

2nd trial

No points

ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [] 2 1 8 5 4
Subject has to repeat them in the backward order [] 7 4 2

___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[] FBACMNAAJKLBAFAKDEAAAJAMOFAB

___/1

Serial 7 subtraction starting at 100

[] 93 [] 86 [] 79 [] 72 [] 65

4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

___/3

LANGUAGE

Repeat : I only know that John is the one to help today. []

The cat always hid under the couch when dogs were in the room. []

___/2

Fluency / Name maximum number of words in one minute that begin with the letter F [] _____ (N ≥ 11 words)

___/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler

___/2

DELAYED RECALL

Has to recall words

WITH NO CUE

FACE VELVET CHURCH DAISY RED

[] [] [] [] [] []

Points for UNCUED recall only

___/5

Optional

Category cue

Multiple choice cue

ORIENTATION

[] Date [] Month [] Year [] Day [] Place [] City

___/6

Considerations of our own biases

- Stereotype can have a significant impact on our interactions
- What stereotypes might be have about older persons of color?
- How might those impact mistreatment and intervention?

Collaborative Care can also create/perpetuate Inequity

- PARTNERSHIPS

- How to preserve agency?
- Are communities being represented through the advisory board?
- Would we consider having an elder in an advisory role?

- SYSTEMS AND INTERVENTION

- Infrastructure that helps us understand and intervene appropriately
- Is there data on the communities we serve?
- Who is showing up for
- Are we asking the right questions?
- Is there a restorative justice approach to the work we are doing?

Physical Changes with Aging and Psychopharmacology

The Body Changes With Age

- Less muscle, more fat
- Slower drug metabolism
- Increased sensitivity to certain kinds of medications
- Decreased balance
- Decreased vision
- Decreased hearing

How we metabolize medication as we age

- The increased body fat resulting from the ongoing conversion of muscle mass to fat and connective tissue in old age leads to an increased concentration and uncontrolled deposition of lipophilic drugs in the fat depots of the body





Pharmacology

- 5–10% of hospital admissions among the elderly are attributable to undesired side effects of medication
- Polypharmacy, which is defined as the simultaneous use of five or more drugs, is a particular problem among persons aged 75 to 85
- Adverse Drug Effects: psychoactive drugs (24.8%)
- Anticholinergic drugs and sedating psychoactive drugs are risky.

Psychopharmacology and Pharmacokinetics

- longer persistence of drugs in the body
- stronger drug effects at lower doses
- increased side effects and toxicity

- In elderly patients, citalopram, venlafaxine, and mirtazapine should be used instead of sertraline.
- Paroxetine and fluoxetine should be avoided

Anti-cholinergic medications



Spiritual Aspects of Black Elder Mental Health

- Older African Americans who resided in the South were less likely to have any lifetime anxiety disorder, any lifetime substance disorder, and overall any lifetime disorder than their counterparts outside of the South.
- The lower rates of lifetime disorders were thought to be attributable to higher levels of religious participation and more supportive family networks for older African Americans in the South as compared to other regions ([Ford et al., 2007](#)).

Spiritual Aspects of Black Elder Mental Health

- African Americans were more likely to utilize religious coping strategies than their White counterparts
- African Americans had a more elaborate prayer life than did Whites, including higher rates of praying for guidance and for one's health.
- A number of studies indicate that the use of prayer to cope with health concerns is especially prevalent among African Americans as compared to Whites.

Spirituality and Mental Health

- Faith and spirituality played a vital role in depression risk, course, and treatment in older African Americans ([Jimenez et al., 2012](#)).
- Attending religious services regularly significantly reduced the odds of a lifetime mood disorder (AOR = 0.74, 95% CI = 0.59 – 0.92) ([Chatters et al., 2008](#)).
- African Americans were more reliant on religion or religious counsel to help improve their mood because of skepticism of biological agents ([Givens et al., 2007](#)).
- African Americans felt it was important to address and incorporate their faith practices into the depression treatment plan ([Wittink et al., 2009](#)).

Spirituality and Mental Health

- The role of clergy as a mental health provider: most were thought to act as gatekeepers to mental health services ([Taylor et al., 2000](#)).
- Although many clergy were able to recognize symptoms in their congregants, they had a wide range of expertise in counseling for depression ([Stansbury et al., 2009](#)), and were found to be an important source of referral for older African Americans.
- African American elderly less likely to describe their depression in terms of worthlessness, failure and sadness

Protective Factors

- Physical activity
- Having a social life that is positive and fulfilling
- Engaging with primary care
- Processing discrimination with a supportive circle

Substance use tx for Black Elders

- Sometimes means less likelihood of completing the program
- The treatment setting is overwhelmingly male
- Stigma from family, friends, church and community

Substance use tx for Black Elders

- Research has shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment as simple as not being able to find child care or being prescribed treatment that has not been adequately tested on women.

The best ways to preserve cognitive function

- Regular exercise
- Low fat diet
- Treatment for mental health disorders

Primary care considerations

- Most docs are not asking about mental health
- Most docs are not asking about substances

Measurable Learning Objectives:

- Describe five core concepts of psychopharmacology for elders
- List five signs of cognitive impairment
- Identify three assessment tools that can help clinicians assess mental health conditions
- Describe four ways to address elder abuse
- Identify four factors that can impact outcomes of depression in Black elders

Resources

- Kratz T, Diefenbacher A: Psychopharmacological treatment in older people—avoiding drug interactions and polypharmacy. *Dtsch Arztebl Int* 2019; 116: 508–18.
- www.alz.org Publications section
- [Late-life Depression in Older African Americans: A Comprehensive Review of Epidemiological and Clinical Data](#)

Thank you for your kind attention!

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