MEDISYSTEM NEWSLETTER



A FOCUS ON SENIORS' MENTAL HEALTH

The proportion of Canadians who are seniors is expected to increase dramatically. By 2021, older adults (i.e. those age 65+) will account for almost 18% of our country's population. Projections for 2031 suggest that the number of LTC beds will triple or even quadruple.

CURRENTLY, 1 IN 4 CANADIAN SENIORS OVER 65 YEARS HAS A MENTAL HEALTH ISSUE AND THERE IS GROWING EVIDENCE THAT THE INCIDENCE OF MENTAL ILLNESS IS INCREASING IN OLDER ADULTS.

There is an extremely high prevalence of mental disorders among nursing home residents. Recent studies report prevalence rates of between 80% and 90%. Mental health and emotional well-being are as important in older age as at any other times of life and it has an impact on physical health and vice versa.

There are many risk factors responsible for mental health problems in the older adults. One of the ongoing problems with diagnosis and treatment of mental illness in seniors is the fact that older adults are more likely to report physical symptoms than psychiatric complaints. However, even the normal physical and emotional stresses that go along with aging can be risk factors for mental illnesses like anxiety and depression.



Mental health issues are often viewed as a natural part of aging when in fact it isn't. It is important to know the difference between the natural changes that occur and mental illness.

THE GERIATRIC MENTAL HEALTH FOUNDATION LISTS A NUMBER OF POTENTIAL TRIGGERS FOR MENTAL ILLNESS IN THE ELDERLY:

- > Physical disability
- ➤ Long term illness (e.g. heart disease or cancer)
- > Dementia causing illness
- > Physical illness that can affect thought, memory and emotion (e.g. thyroid or adrenal disease)
- Change of environment, like moving into assisted living or long term care
- > Illness or loss of a loved one
- > Medication interactions
- > Alcohol or substance abuse
- > Poor diet or malnutrition

THE FOLLOWING COULD BE SIGNS THAT A RESIDENT IS SUFFERING FROM A MENTAL HEALTH ISSUE:

- ➤ Sad or depressed mood lasting longer than two weeks
- ➤ Social withdrawal; loss of interest in things that used to be enjoyable
- ➤ Unexplained fatigue, energy loss, or sleep changes
- Confusion, disorientation, problems with concentration or decision making
- ➤ Increase or decrease in appetite; changes in weight
- ➤ Memory loss, especially recent or short term memory problems
- > Feelings of worthlessness, inappropriate guilt, helplessness; thoughts of suicide
- Physical problems that can't otherwise be explained (e.g. aches, constipation, etc.)

THERE ARE SEVERAL TYPES OF MENTAL HEALTH PROBLEMS SENIORS FACE. SOME COMMON ONES ARE:

- **>** Depression
- > Dementia and Delirium
- > Anxiety
- > Suicide

DEPRESSION

Older adults with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. It is both underdiagnosed and undertreated in primary care settings. Symptoms of depression in older adults are often overlooked and untreated because they coincide with other problems encountered by older adults.

Depression is extremely common in the nursing home setting. Studies suggest that between **15% and 25%** of nursing home residents have symptoms of major depression and another **25%** have depressive symptoms of lesser severity. It can be difficult to confirm a diagnosis of depression, particularly in patients with coexisting dementia and /or chronic medical illness. There is evidence to suggest that depression can contribute significantly to a general deterioration of health in seniors. Decreased food and fluid intake may lead to under-nutrition, dehydration, weight loss and impaired resistance to infection.

STUDIES ALSO SHOW THAT DEPRESSION IS ASSOCIATED WITH INCREASED MORTALITY RATES IN LONG TERM CARE. IT IS IMPORTANT THAT DEPRESSION BE IDENTIFIED AND NECESSARY TREATMENT BE INITIATED ON TIME.

Residents with less severe depression should receive psychosocial interventions as a first step. If the depression persists, an antidepressant should be considered. Treatment for residents with severe





major depression should include an antidepressant. First line antidepressants for long term care home residents include selective serotonin reuptake inhibitors (e.g. citalopram, escitalopram, sertraline), venlafaxine, mirtazapine, bupropion and duloxetine.

Depression is just one of the few mental health issue to be concerned about. Mental health issues can be hard to spot and be easily dismissed because it's something that occurs within us. It also carries a stigma - one that leaves people unwilling to share what is happening with them.

In the long term care industry, there is often a focus on the physical well-being but it is equally important to focus on the mental well-being of residents. Increased awareness of prevalence and the dangers of mental health issues in an institutional setting is key. Staff and management must be aware of the risk factors and signs of mental health issues in order to recognize them. It can be hard to focus on each resident's mental health when there are so many physical concerns to deal with as well.

The Canadian Coalition for Seniors' Mental Health has developed guidelines for the assessment and treatment of mental health issues in long term homes. They have come up with recommendations for screening, detailed investigation and

ongoing evaluation. Their recommendation supports regular mental health screening (including within the early admission phase and periodically thereafter), underscores the value of using screening scales to improve detection of depressive symptoms by nurses, attests to the importance of considering all contributing factors (e.g. comorbid medical conditions) when identifying and interpreting mood and behaviour and advocates for use of a logical and consistent process for connecting assessment findings with interventions.

References available upon request.