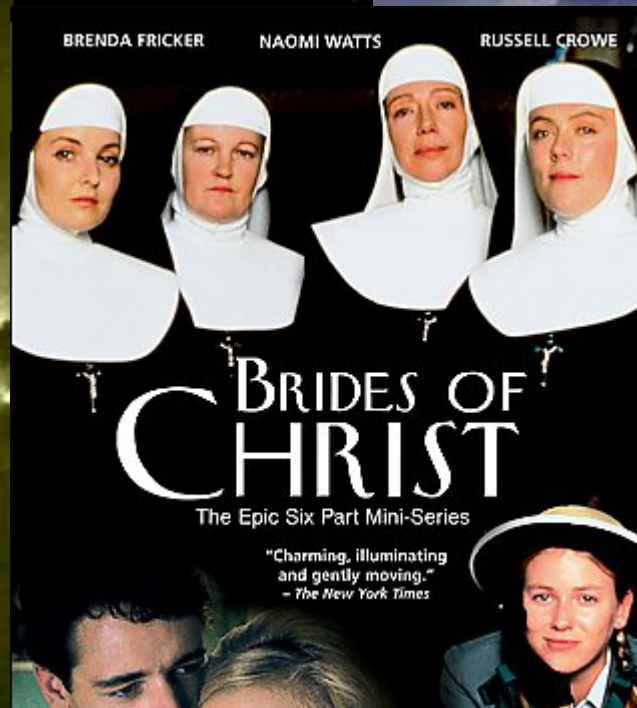
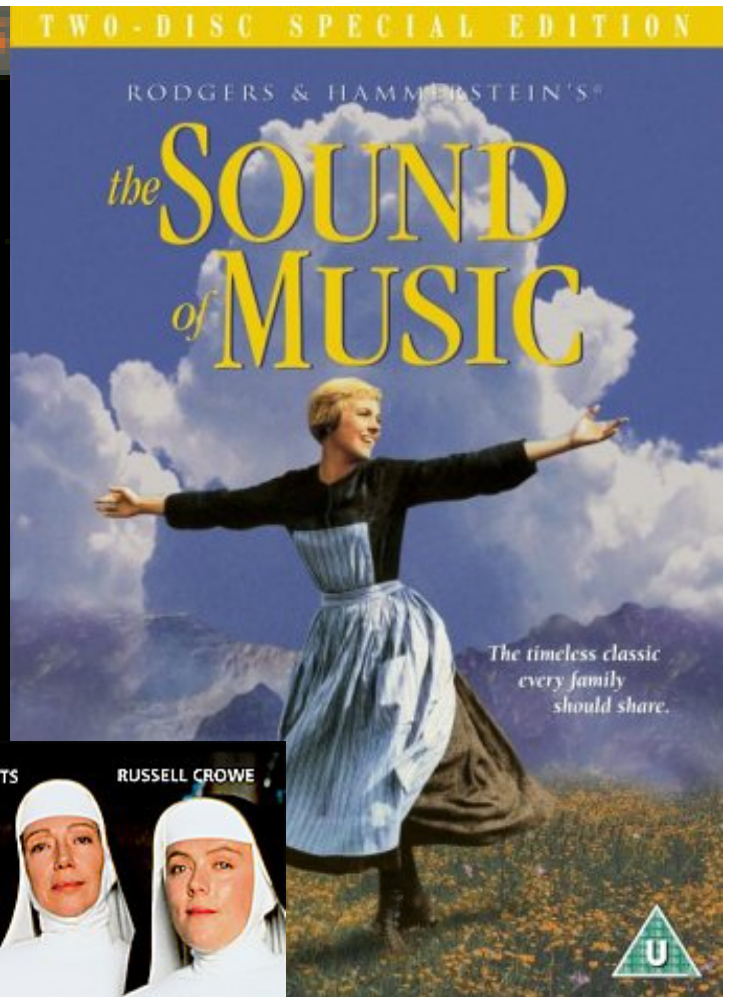
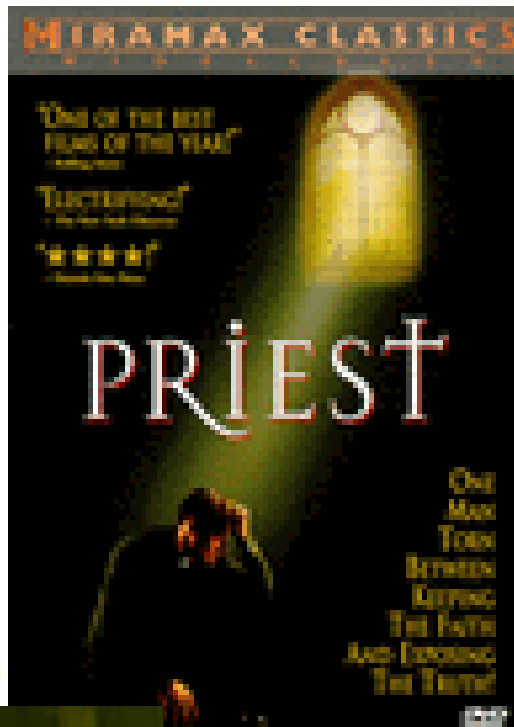


# Challenging behaviours in religious elders

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# Overview

- Part 1
  - Older Religious
  - Dementia, Delirium, Depression
  - Psychosis in older people
  - Frontal lobe dysfunction
- Part 2
  - Cases
  - Your Examples
  - Open discussion

# Older religious

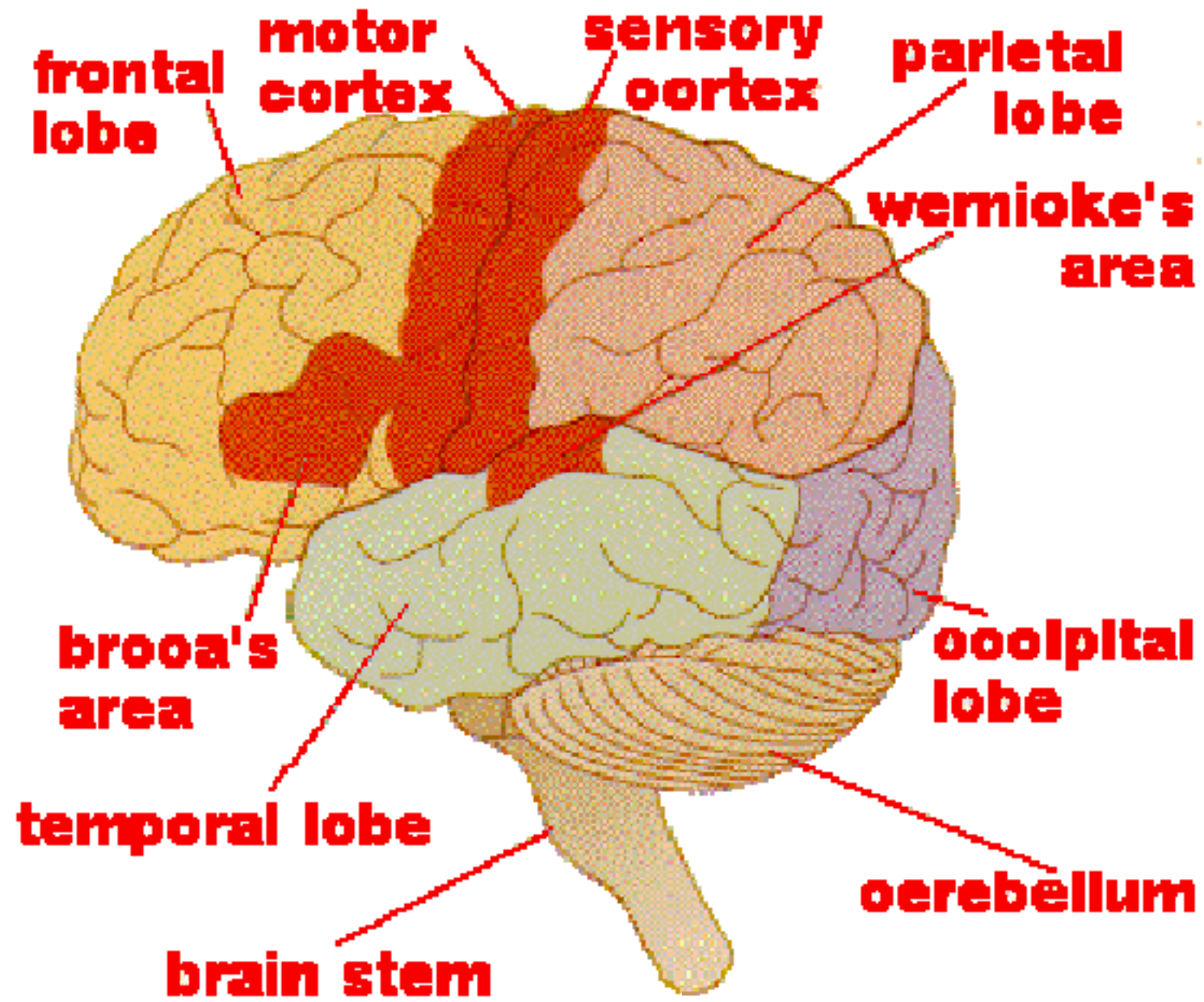
- A perspective from an outsider
- Rare breed, becoming rarer
- Ageing
- Altruistic caring nature, involved in humanistic activities, working for life?
- Spiritual, highly educated
- Crossing social barriers

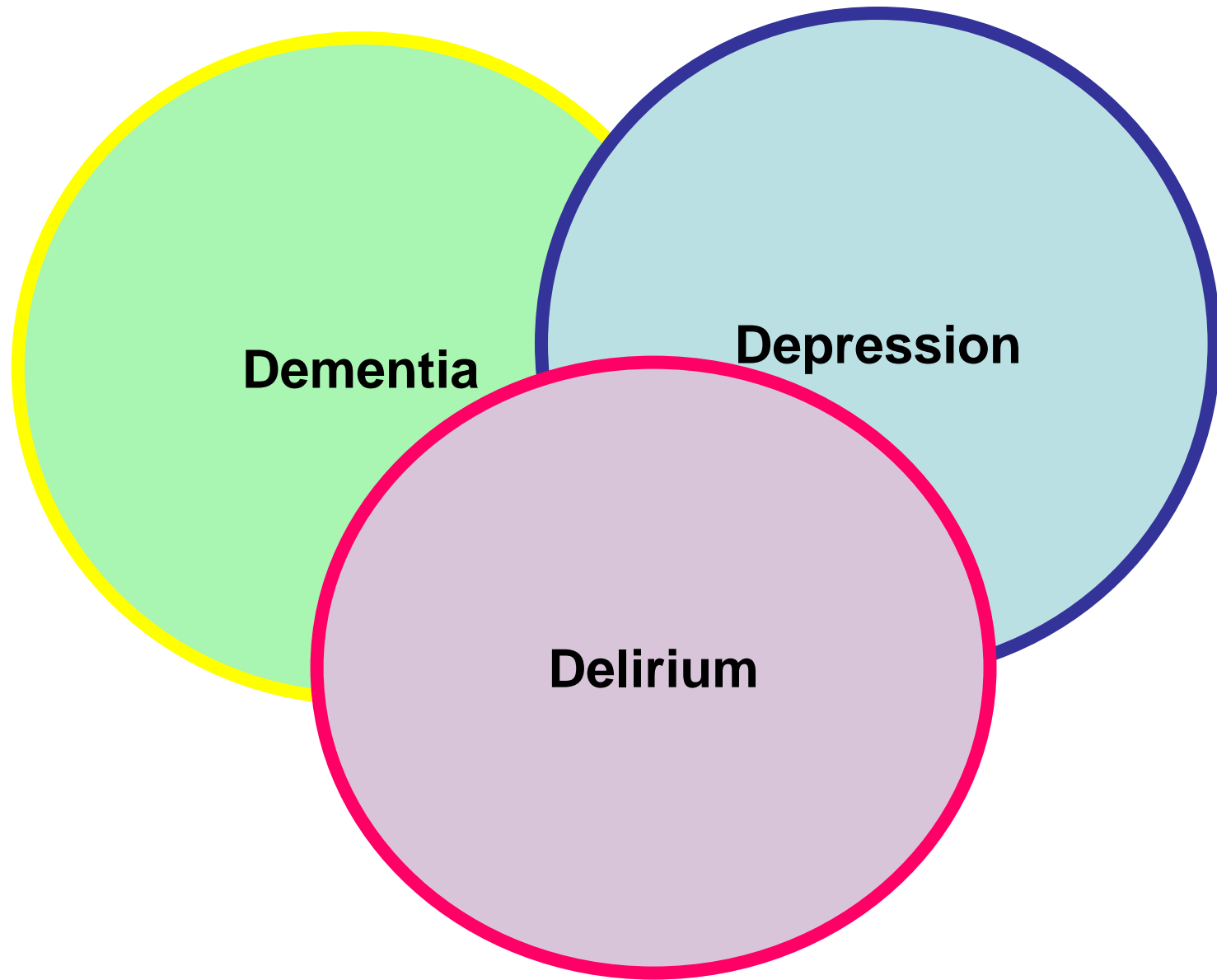
# Older religious

- Living circumstances vary but may be close together, or sometimes separated
- Often living with other religious from the same order
- Have known each other for most of their lives, often all their adult lives
- Having trained those younger than themselves, who have become the leaders
- Working together, or similar endeavours

# Older religious

- Structured and maybe protected existence
- Hierarchy, ordered, changing leadership
- Working for majority of their lives
- Sometimes younger leaders may be legal guardians
- Where does Retirement fit in?
- What does the future hold for the elders?
- What if they don't age gracefully?
- What are the relationships? Family? Friends? Colleagues? Mentors?





**Dementia**

**Depression**

**Delirium**

# Dementia

# What is Dementia?

- Memory impairment
- Acquired
- Progressive decline
- Affects daily living and function
- Leads to loss of independence

# What is dementia

- Impaired memory and at least one of
  - abstract thinking
  - judgement
  - language
  - visuo-spatial ability
- Types of Memories
  - Immediate Recall
  - Short term memory
  - Long term memory
- Important to differentiate from Delirium

# Criteria for severity of Dementia:

- **Mild:** Although work or social activities are notably impaired, the capacity for independent living remains, with adequate personal hygiene and relatively intact judgment
- **Moderate:** Independent living is hazardous, and some degree of supervision necessary.
- **Severe:** Activities of daily living impaired, requiring continual supervision often minimal personal hygiene largely affected

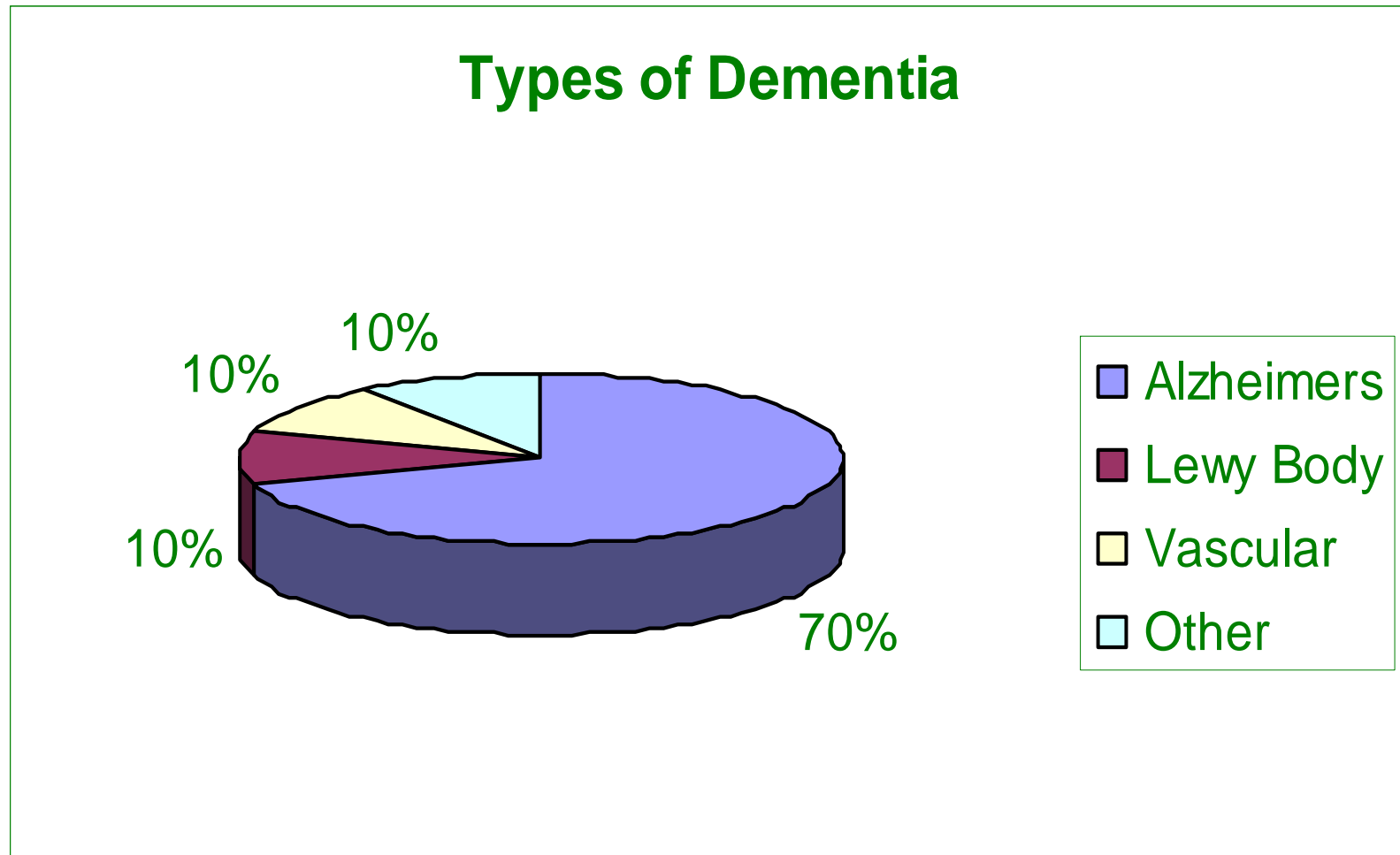
# How Common is Dementia

- More common with age
- 1997 135,000 people > 65years
- rare under 60, but does occur
- 6% over 65, doubles every 5 -10 years
- 25-30% over 85 have dementia
- unclear incidence in the oldest of old
- most older people do not get dementia
- natural history is variable, approximately 8-10 year survival

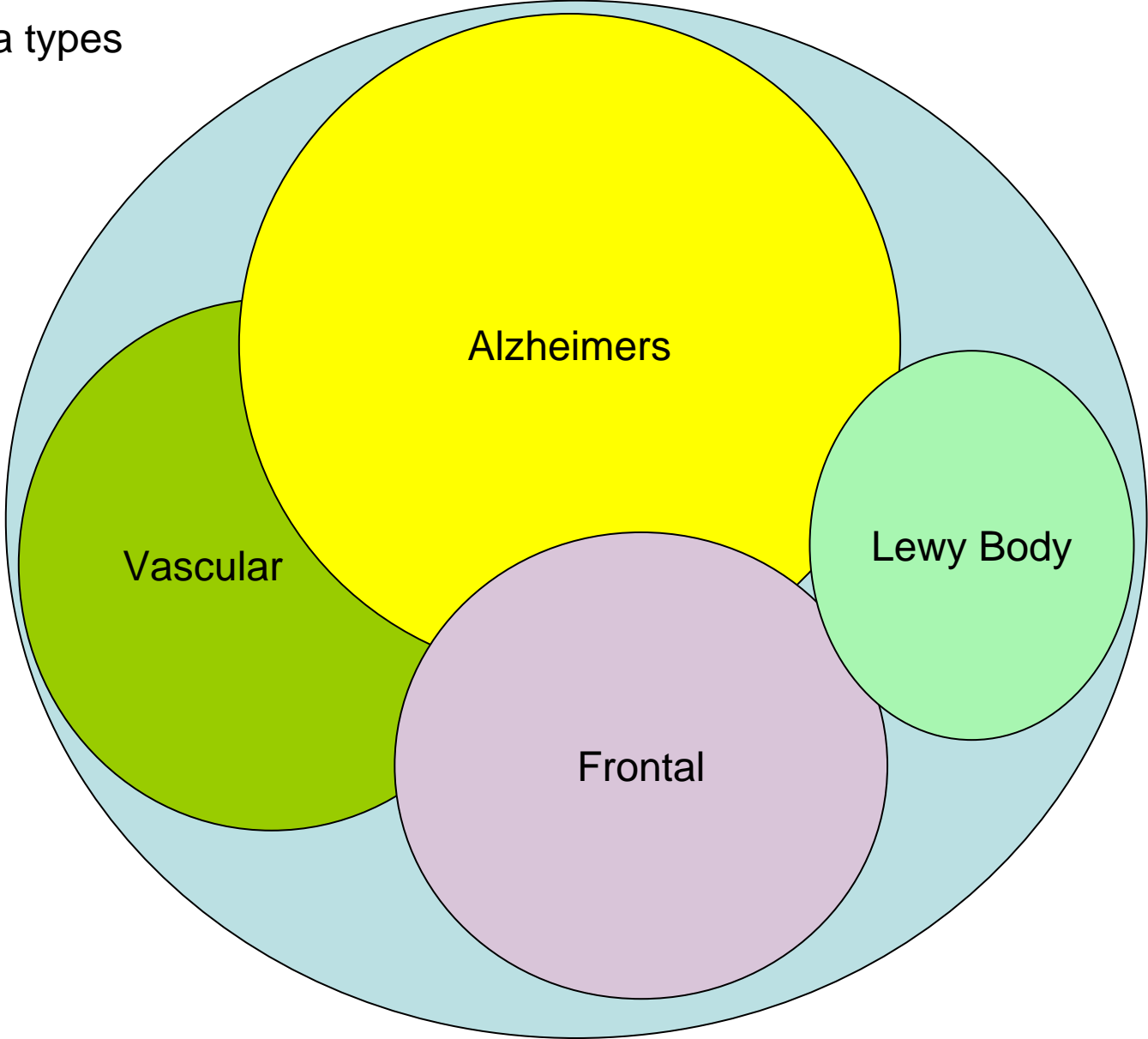
# Types of Dementia

- Alzheimers
- Dementia with Lewy Body
- Vascular
- Parkinson's Disease
- Frontotemporal
- Vitamin deficiency and Low thyroid
- Alcohol
- Normal pressure hydrocephalus
- AIDS      Picks disease      Boxers      Others

# Types of Dementia



Dementia types



# Risk factors for dementia

- Established:
- Older Age
- Down syndrome
- Family history
- APOE4 genotype
- Likely:
- Female sex
- Head injury
- Vascular risks

- **Vascular**
  - Hypertension
  - Peripheral vascular disease
  - Stroke
  - Heart attack
- **Alzheimers**
  - genetic
  - education
  - toxins
  - hypertension
  - environmental?

# Alzheimer Dementia

- Slow insidious onset memory loss
- Alzheimers is a clinical diagnosis
  - language problems, memory problems
  - perceptual problems, judgement impaired
  - motor skills become impaired late
- Histopathology: neuritic plaques and neurofibrillary tangles
- A Beta amyloid deposition

# Alzheimer Dementia

- Normal CT scan brain
- Hippocampal atrophy
- Chemical changes (acetylcholine) in specific areas of the brain ( no test for this)
- SPECT scans may show reduced cerebral blood flow in important areas

# Vascular dementia

- More rapid onset
- stepwise deterioration
- can have a history of stroke
- different parts of brain affected
- may have physical signs of stroke
- CT or MRI changes show stroke lesions
- Risks
  - Heart disease /hypertension / peripheral vascular disease / atrial fibrillation

# Dementia with Lewy Bodies

- Lewy Body Disease:
  - fluctuating course
  - visual hallucinations
  - parkinson like stiffness
  - repeated falls
  - sensitivity to sedating drugs
  
  - Lewy bodies are a histopathological finding in the brain

# Treatable causes of memory loss

- Vitamin deficiency
- Hormone deficiencies
- Depression
- Medications
- Infection
- Tumour

# Diagnosis of dementia

- 1) Does this patient have dementia ?
- 2) what sort of dementia does this person have?
- 3) could this person have a treatable or reversible process?

# Diagnosing the *type* of dementia

- Why is it important ?
  - Prognosis
  - treatment and prevention of side effects
- no single acceptable test
- history
- examination
- neuropsychometric testing
- CT brain/ MRI

# What are some signs ?

- Subtle and vague - longer with tasks
- unable learn new info / follow directions
- confusion as to day/ whereabouts
- repeat same question/ same story
- difficulty finding right word
- jumbling words/ phrases
- losing things
- forgetting every day tasks

# What are some signs ?

- Accusing
- Apathy / withdrawal
- Delusions
  - false belief, paranoia
  - theft, spousal infidelity, unwelcome strangers
- Night and day reversal
- Hallucinations - sensory misperception
- Wandering

# How do you treat dementia?

- Exclude reversible causes
- Remove precipitating causes
- Medications
  - Treatment with cognitive enhancers
  - Rationalise existing medications
- Supports
  - Patients: adequate care, diversion, activities
  - Carers: support groups, education, respite

# Delirium

- An sudden onset state of confusion with disordered thinking and behaviour
- Sudden change over hours to days  
important determinant

# Definition of Delirium

- “An alteration of mental status characterised by an inability to appreciate and respond normally to the environment, often with altered awareness, disorientation, inability to process auditory and visual stimuli, and other signs of cognitive dysfunction.”

# Synonyms

- Acute confusional state
- Acute organic brain syndrome
- Acute organic psychosis
- Acute brain failure
- Toxic confusion
- Metabolic encephalopathy
- Pharmacotoxic psychosis

# Incidence

- Delirium is more common in the elderly than young. Frail elderly: up to 60% of those hospitalised may develop delirium
- More common in those with pre-existing cognitive impairment (<24/30 Folstein) - 45% incidence in hospital admissions
- 13 to 40% of medical admissions > 70 yrs
- 32 to 79% of older patients undergoing elective cardiothoracic surgery
- 32 to 62% of post op delirium in hip fracture patients

# Salient features:

- Acute onset
- Fluctuating course
- Inattention/ distractibility
- Disorganized thinking
- Altered consciousness: from hypervigilant to drowsy/stuporose/unconscious

# Host vulnerability

- Inverse relationship between the host susceptibility and precipitating event for delirium:
- eg: frail elderly with dementia develops constipation
- cf: cognitive normal healthy elderly following major surgery such as knee replacement

# History for Delirium

- Usually corroborative history is required
- History of onset - sudden or rapid?
- The duration of confusion is important
- Related events: change in medication, recent onset of infection
- Diurnal pattern - sleep wake cycle, sundowning
- Fluctuation in lucidity and confusion
- Previous episodes of confusion

# Delirium history

- Medication history
- Alcohol history
- Pre-existing cognitive decline
- Home assessment - chronicity of cognitive decline usually reflected in the living environment
- Recent bereavement, depression
- Nutrition

# Depression

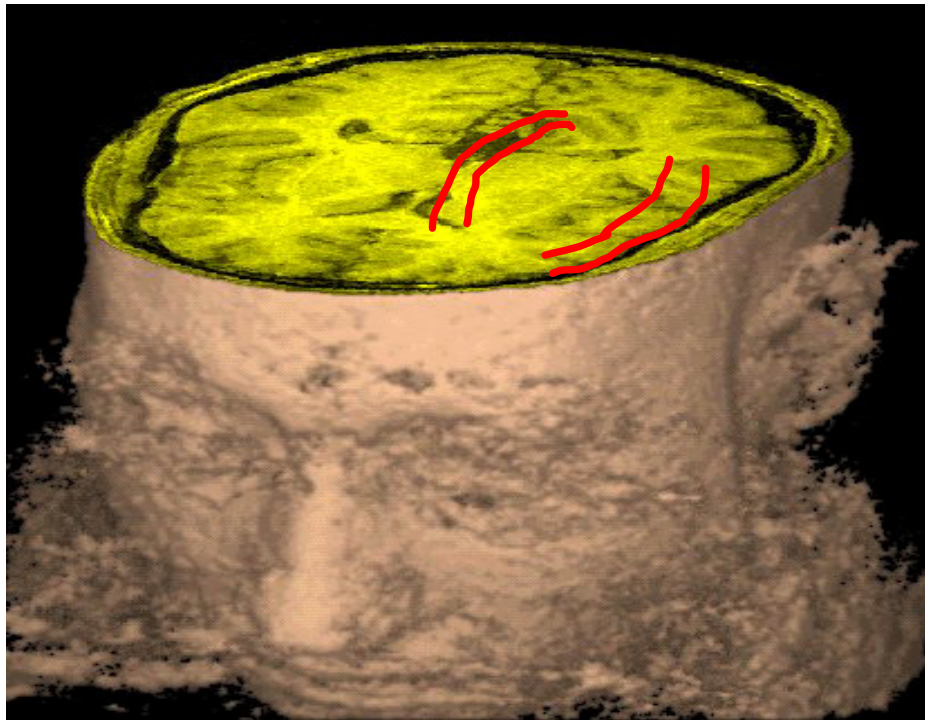
# Depression

- Chronic illness which has mood, cognitive and physical aspects
- Relapses and recurrences – recurrence in late life depression up to 90% in 3 years after first episode
- Coexisting medical illness increases risk of recurrence
- Coexisting depression exacerbates disability from diseases
- Advanced age, female, medical burden, depression severity, cognitive dysfunction predicts level of disability

## Consequences of late life depression

- Occurs often in states of multiple medical illness – frailty
- Increased mortality
- NH residents: presence of depression on admission = 59% mortality increase in 1 year compare with peers
- Increased disease morbidity, poorer recovery
- Large proportion will go on to develop dementia/ cognitive impairment

# Neural pathways in Depression



# Diagnosis of Major Depression

- At least 5 of the following symptoms:
  - Depressed mood
  - Diminished interest in usual activities
  - Loss of pleasure in activities “anhedonia”
  - Weight loss or gain
  - Insomnia or hypersomnia
  - Psychomotor agitation or retardation
  - Fatigue
  - Feelings of worthlessness or inappropriate guilt
  - Reduced concentration
  - Recurrent thoughts of death or suicide

# Diagnosis of Depression

- Must include either depressed mood or anhedonia
- Last more than 2 weeks, constant
- Leads to distress
- Functional impairment
- Not directly due to drugs (or withdrawal) acute medical condition or bereavement

# Psychosis

- **Psychosis** is a generic psychiatric term for a mental state often described as involving a loss of contact with reality.
- Hallucinations
- Delusional beliefs
- Loss of awareness of reality
- Poor insight

# Psychosis in the Elderly

- In younger people known as schizophrenia
- Schizophrenia does not occur in age >65
- Most commonly a feature of cognitive impairment – organic structural brain disease
- Paranoia, conspiracy, delusions of theft, perceptions of harm
- Hallucinations are more commonly visual in elderly, especially if visual impairment
- Rarely “paraphrenia”

# Frontal lobe function

- Executive centre of function
- Coordination of many of the brain's functions
- Impairments occur in a number of dementia processes:
  - Alcohol dementia
  - Alzheimer dementia
  - Vascular dementia
  - Frontotemporal dementia
- Should not be affected by Depression

# Frontal signs

- Amotivation or apathy
- Self neglect, poor personal hygiene
- Poor medical attendance
- Emotional lability – fluctuating emotions rapidly
- Disordered thinking, inability to reason and logic
- Poor planning and impaired task sequencing
- Impaired judgement
- Rigidity, inflexibility, resistance to change, inertia
- Poor insight into limitations

# Frontal signs

# How to differentiate?

- Most importantly to exclude Delirium
- Delirium in general is treatable, reversible, good prognosis if treated, high mortality if missed
- Depression and Cognitive impairment often coexist
- Depression may manifest as “Pseudodementia”
- Depression is treatable and is important to reverse, especially for quality of life

# How to differentiate

- Depression treatment initiated
- Reassess cognition
- MMSE
- Frontal testing
- History of behaviours is usually the clue
- Content of thoughts important – are they anxious/ negative
- Often can be a combination of problems existing

# Questions