Clinical Pearls: Challenging Cases in Geriatric Psychiatry

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Disclosures

- Board Certified in Adult and Geriatric Psychiatry
- I have no potential or actual conflict of interest in relation to this presentation
Question 1

- An 86 year old widowed white retired physician is brought to the ED after stating “I want to end it all, we are all going to die, what is the point?”. He reports insomnia, irritability, feeling lonely. He admits to having a loaded gun at home. Which individual risk factor puts him at highest risk for suicide?
  a. Former Profession
  b. Age
  c. Widowhood
  d. Access to guns
  e. Presence of irritability
Answer Question 1

a. Former Profession
b. Age
c. Widowhood
d. Access to guns
e. Presence of irritability

Recommended Reference
Answer Question 1

Risk factor

a characteristic, variable, or hazard that increases the likelihood of development of an adverse outcome, which is measurable, and precedes the outcome.

- One fourth of all suicides occur in persons ≥ 65
- Other major risk factors: depression, physical illness, living alone, male sex, substance use
- Violent suicides (e.g. firearms, hanging) are more common than non-violent methods, despite the potential for drug overdosing

Highest risk group: elderly white male over age 85
Answer Question 1

- a. **physician** - higher rate of suicide compared to general population
  - undiagnosed/untreated mental illness
  - treatment less sought out, stigma of receiving treatment
  - better understanding of lethal means (in US firearms, in Europe overdose)
- c. **widowhood** – being single, suffering loss, is a risk factor, often increasing in later life, but not as significant as age alone.
- d. **access to firearm** – ready availability is associated with increased risk for suicide
  - Risk changes with quality – loaded/unloaded, locked/unlocked, storage
  - Most firearm related suicides have had guns in home for months to years
Question 2

Which of these non-pharmacologic (psychosocial) approaches have the most extensive and consistent evidence supporting its use in managing neuropsychiatric symptoms of a patient with dementia?

a. Participation in pleasant events
b. Training of caregivers and staff
c. Exercise
d. Personalized Music
**Answer Question 2**

a. Participation in pleasant events
   - individual 20 min interactions 2-3 x per week
   - outcomes: less depressive symptoms, some decline in agitation

b. Training of caregivers and staff
   - psycho-education, patient centered care, communication strategies
   - outcome: less agitation

c. Exercise
   - studied in long term care setting
   - outcomes: decreased NPS, improved physical function

d. Personalized Music
   - better than group music
   - outcomes: decreased agitation when administered before times of risk

**Recommended Reference**

Question 3

Which of the following medications are FDA approved for dementia with agitated behaviors?

a. Valproic Acid  
b. Citalopram  
c. Risperidone  
d. Lorazepam  
e. None of the Above
Answer Question 3

a. Valproic Acid
b. Citalopram
c. Risperidone
d. Lorazepam
e. None of the Above – Any medication used for agitation in dementia is off-label.

Recommended Reference
Answer Question 3

evidence is limited, but there is more literature supporting modest efficacy of antipsychotics and citalopram compared to other medications

a. valproic acid – antiepileptic medication, mood stabilizer
   - Limited small studies suggesting improvement of aggressive behaviors
   - Risk: gait imbalance, tremor, elevated LFT/ammonia, sedation, increased progressive brain volume loss

b. citalopram – selective serotonin reuptake inhibitor
   - CIT-AD study showed some benefit over 9 week period (at 30mg dose)
   - Risks: cardiac risk factors at doses over 20mg.

c. risperidone – antipsychotic
   - APA recommends that nonemergency antipsychotic medication should only be used for the treatment of agitation or psychosis in patients with dementia when symptoms are severe, are dangerous, and/or cause significant distress to the patient
   - Importance of risk/benefit discussion with caregiver, including FDA black box warning for antipsychotic medications

d. lorazepam - benzodiazepine
   - Limited small studies showing temporary benefit (1-2 hours)
   - Side effects: oversedation, exacerbation of confusion and disinhibited behaviors, fall risk, tolerance
Question 4

- A 67yo man has lost 40 lb in the past 6 months, is weak, spends most of his time in bed, and no longer participates in family activities or watches sporting events on television. His family is concerned that he has a serious undiagnosed medical problem. He tends to sit quietly and let his family answer questions, but when pressed, he indicates that he cannot swallow solids or liquids because his throat is blocked. His family reports that he eats and drinks small amounts. The patient believes he has cancer that the doctors have yet to find. According to the medical records he provides, radiography and computed tomography of the chest are normal, and upper endoscopy is unremarkable. Several sets of blood work have been obtained, none of which indicate dehydration, anemia, or hepatic or renal dysfunction. What is the most effective treatment for his illness?

a. Sertraline
b. Electroconvulsive Therapy
c. Olanzapine
d. Donepezil
Answer Question 4

a. Sertraline
b. Electroconvulsive Therapy
c. Olanzapine
d. Donepezil

Recommended Reference
Delusions have a higher prevalence in late-onset major depression (>60 yo). Psychotic depression has a poorer prognosis than nonpsychotic depression and is less responsive to antidepressants.

Electroconvulsive Therapy shows better efficacy, faster response, and higher remission rates for management of psychotic depression.

- a. sertraline – can treat depression alone, but must also treat somatic symptoms of psychosis rapidly.
- c. olanzapine – can treat psychotic symptoms, but must treat underlying depression.
- d. donepezil – may be modestly protective for cognition, but not mood.
Question 5

- 76 yo female with memory complaints in context of depression, pain from osteoarthritis, neuropathic pain, along with urinary incontinence, diabetes, dyslipidemia, reflux, hypothyroidism, insomnia. MoCA is 20/30, and attention poor, but no major functional deficits. Her blood work was normal. Amongst the medications in her list, which of these has the lowest risk for confusion?

  a. oxybutynin
  b. quetiapine
  c. mirtazepine
  d. amitriptyline
  e. acetaminophen/diphenhydramine
Answer Question 5

a. oxybutynin - anticholinergic
b. quetiapine - dose dependent anticholinergic properties
c. mirtazapine - at low doses, very weak antagonism of muscarinic receptors
d. amitriptyline - anticholinergic
e. acetaminophen/diphenhydramine - anticholinergic

Recommended Reference:
Questions?

Old age is not a disease - it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses.

- Maggie Kuhn