

Cognitive Decline in Older Adults with Severe and Persistent Mental Illness

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Learning Objectives:

After today you should be able to:

- Describe the impact of schizophrenia on older adults
- Identify the differences between severe mental illness and cognitive decline
- Identify treatment options
- Explain how both severe mental illness and cognitive decline progress in older adults
- Identify resources and advocacy tools older adults with severe mental illness and cognitive decline

I. Severe and Persistent Mental Illnesses

- a. Schizophrenia
- b. Paranoid and other psychotic disorders
- c. Bipolar disorders (hypomanic, manic, depressive, and mixed)
- d. Major depressive disorders (single episode or recurrent)
- e. Schizoaffective disorders (bipolar or depressive)
- f. Activity

A. What do we know about these diagnosis?

- Schizophrenia, Paranoid and other psychotic disorders, Bipolar disorders, Major depressive disorders, Schizoaffective disorders

1. Schizophrenia

- a. Prodromal Symptoms
- b. Age of onset

A. Risk Factors

- Medication Non-compliance
- Medical problems
- Homelessness
- Limited Financial Resources
- Other mental illnesses (Developmental Delays)

- Limited or Lack of Support System
- Substance Abuse
- Scenario

2. Major Depressive Disorder

- Symptoms
- Risk Factors

3. Schizoaffective Disorder

- A condition in which a person experiences a combination of schizophrenia symptoms. Hallucinations or delusions, and mood disorder symptoms, such as mania or depression.
- Extremely rare (Fewer than 1,000 cases per year in US)
- Over diagnosed in hospitals

4. Paranoid personality disorder= paranoia and a pervasive, long-standing suspiciousness and generalized mistrust of others.

Delusional disorder= (previously called paranoid disorder) is a type of serious mental illness called a "psychosis" in which a person cannot tell what is real from what is imagined. The main feature of this disorder is the presence of delusions, unshakable beliefs in something untrue or not based on reality.

A. Risk Factors

- Minimal support system
- Substance Abuse
- Medication non-compliance
- Medical problems
- Limited Financial Resources
- Limited/lack of Support System

B. Treatment

1. Bipolar Disorder

- Scenario
- Treatment

2. Schizophrenia

- Medication
- Psycho-education- compliance

- Therapy
 - Reducing symptoms
 - Reintegrating in to community
 - Independence
 - Living a “normal” life
3. Bipolar
 - Medication
 - Psycho-education
 - Therapy
 - Safety
 4. Major Depressive Disorder
 - Medication
 - Therapy
 -

C. Impact on Older Adults

1. Placement
2. Financial Resources
3. Re-hospitalizations
4. Support Systems
5. Baby boomers
6. Onset in adulthood

D. Prognosis with Age

Symptoms: Positive

Sustained remission

E. Cognitive Decline in Older Adults

1. Similarities Alzheimer’s disease
2. Alzheimer’s disease patients experience more cognitive functioning decline
3. Psychological Testing

II. Neuro-cognitive Disorders

- Alzheimer’s Disease
- Vascular Dementia

- Mixed Alzheimer's Disease/Dementia
- HIV Dementia
- Huntington's Disease
- Parkinson's Disease

A.Cognitive Testing

- Mini-Mental State Examination (MMSE)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
- Montreal Cognitive Assessment (MOCA)
 - Administering
 - Scoring
 - Norms
 - Differences

B.Alzheimer's Disease

- https://youtu.be/LL_Gq7Shc-Y
- Most common
- Anterograde memory

C.Vascular Dementia

- Stroke
- Attentional and visuospatial functions

D. Mixed Alzheimer's Disease/Dementia

- Severe short-term memory

E. HIV Dementia

- Neurocognitive compromise- infection of the brain
- Infection of the central nervous system
- Attention/working memory impairments
- Lowest RBANS total scale score
- Highest on RBAN=Language Index

F. Huntington's Disease

- Rare
- Inherited neurological disease

- Midlife onset
- Choreiform movement disorder
- Progressive dementia
- Various neuropsychiatric features
- Lowest RBANS

G. Parkinson's Disease

- Involuntary movement
- Resting tremor, bradykinesia, rigidity
- Average age of onset= 50-60
- Affects 1% of individuals over 60
- Dementia is common
- Attention and Visuospatial

III .Effects of Age on Cognitive deficits in Schizophrenia

- Little research about elderly with schizophrenia
- Younger and older adults have similar impairments
- Lower performance than Alzheimer's patients
- Risk factors

VI. Differentiating between Neurocognitive Disorders and Schizophrenia

- Symptoms
- Psychological Testing

V. Dementia in Schizophrenic Population

- Dementia in Schizophrenia differs from Alzheimer's disease
- Risks in developing cognitive impairments in early onset vs late onset of schizophrenia
- Diagnosing and managing dementia in Schizophrenic population
- Prognosis of dementia in Schizophrenic population
- Treatment

VI. Treatment for Neuro-cognitive Disorders

- Medication
- Neurologist Monitoring
- In-home care

- Scenarios
- Scenarios

VII. Resources and Tools

- NAMI- National Alliance of Mental Illness
- Walk-in Clinics-
 - Jane Westin, 1045 9th Ave San Diego, 619-235-2600
 - Areta Crowell- 1963 4th Ave San Diego, 619-233-3432
 - Family Health Centers of San Diego
- County Case Management
 - Telecare Age Wise