

# Index

- 3Ds, 23
- Abbreviated Mental Test Score, 11
- abstract ability assessment, 16
- acute anxiety reactions, 107
- advocacy for the elderly, 125–126
- age-associated memory impairment (AAMI), 36
- age of onset of illness, 8
- agoraphobia, 103
- AIDS, 3
- AIDS dementia, 36
- alcohol abuse, 19
  - dementias associated with, 36
  - prevalence in the elderly, 113
- alcohol use disorders, 113–117
  - alcohol consumption and dementia, 115
  - and suicide risk, 115
  - effects of excessive consumption in the elderly, 114–115
  - late onset alcoholism, 115
  - management of alcohol problems in the elderly, 115–117
  - metabolism of alcohol in later life, 114
  - outcome, 117
  - prevalence, 113–114
- Alzheimer's Association (USA), 2
- Alzheimer's disease (AD), 130
  - amyloid hypothesis, 32–33
  - apolipoprotein E status, 19
  - disease process, 32–33
  - genetic factors, 33
  - mixed vascular and Alzheimer dementia, 35
  - neurofibrillary tangles, 32–33
  - potential developments in treatment, 45
  - prevalence of depression, 72
  - risk factors, 33
  - search for a vaccine, 3, *See also* dementia
- Alzheimer's Disease Assessment Scale Cognitive subscale (ADAS-Cog), 16
- Alzheimer's Disease International (ADI), 2
- Alzheimer's Society (UK), 2
- American Association of Geriatric Psychiatry (AAGP), 130
- American Psychiatric Association, 130
- amyloid hypothesis of AD, 32–33
- anaemias, 18
- angiotensin converting enzyme (ACE) inhibitors, 83
- anticholinergic antidepressants, 28
- anticholinergic drugs, 25
  - delirium caused by, 60
- anticonvulsants
  - use in BPSD, 55
- antidepressants, 28
  - use in BPSD, 54
- antipsychotic drugs
  - use in BPSD, 53–54
- anxiety, *See* neurotic disorders
- apolipoprotein E, 33
- apolipoprotein E status
  - and AD risk, 19
- Appleby, Louis, 133
- Arie, Tom, 1, 121, 130
- aripiprazole, 53
- arteriosclerotic heart disease, 81
- arthritis, 3
- assessing the elderly psychiatric patient, 5–20
  - abstract ability, 16
  - access to diagnostic resources, 5–6
  - age of onset of illness, 8
  - capacity assessments, 16–18
  - cognitive assessment, 10–16
  - cognitive assessment instruments, 11–16
  - community based assessment, 125
  - executive impairment, 14–16
  - frontal lobe impairment, 14–16
  - genetic testing, 19
  - GP assessment and referral, 6
  - history taking, 8
  - laboratory services, 5–6
  - medical co-morbidity, 5–6
  - mental status examination, 8–10
  - monitoring change over time, 11, 14
  - multidisciplinary team approach, 5
  - neuroimaging, 6
  - perseveration, 15–16
  - physical examination, 18
  - potential benefits of early detection, 11
  - primary care assessment and referral, 6
  - referral to other specialists for assessment, 19–20
  - role of the carer/informant, 6–7
  - role of the family, 6–7
  - setting for the assessment, 5

Cambridge University Press

978-0-521-68191-9 - Guide to the Psychiatry of Old Age

David Ames, Edmond Chiu, James Lindesay and Kenneth I. Shulman

Index

[More information](#)**138**    Index

- special features with elderly patients, 5
- special investigations, 18–19
- structural brain imaging, 19
- Verbal Fluency tests, 14–15
- where to conduct the assessment, 5
- Automatic Thought Questionnaire, 105
  
- barbiturate dependence problem, 117
- Beck Depression Inventory, 105
- behavioural and psychological symptoms of
  - dementia (BPSD), 49–55
  - antipsychotic drugs, 53–54
  - assessment of the patient, 51
  - in Alzheimer's original patient, 49
  - management principles, 51–52
  - natural history, 50–51
  - non-pharmacological management, 53
  - origin of the term, 49
  - pharmacological management, 53–55
  - specific symptoms, 49–50
  - symptoms at different stages, 50–51
  - use of anticonvulsants, 55
  - use of antidepressants, 54
  - use of cholinesterase inhibitors, 54–55
- benign senescent forgetfulness, 28
- benzodiazepines, 107, 116
  - adverse effects in the elderly, 117–118
  - over-use and dependency in the elderly, 117–118
- bipolar disorders and mania, 77–84
  - age of onset, 79–80
  - classification, 78–79
  - clinical course, 82
  - definition, 77
  - delirium, 60
  - determinants for later life onset, 82–83
  - epidemiology, 79
  - involvement of carers and family, 84
  - late onset, 78–80
  - lithium carbonate use in old age, 83–84
  - mood stabilisers, 83–84
  - neuroimaging, 81
  - neurological comorbidity, 80–81
  - outcome, 82
  - pathological laughing and crying, 80
  - pathophysiology, 80–81
  - risk factors for later life onset, 82–83
  - special considerations, 78
  - treatment, 83–84
  - vascular mania hypothesis, 81
- bone diseases, 19
- BPSD, *See* behavioural and psychological symptoms of dementia
- brain haemorrhage, 19
- brain tumour, 19
- bupropion, 61, 76
  
- Cambridge Cognitive Examination (CAMCOG), 16
- Canadian Association of Geriatric Psychiatry, 130
- capacity assessments, 16–18
- carbamazepine, 84
- carers
  - bipolar disorder patients, 84
  - respite care, 125
  - role in assessment of the patient, 6–7
  - role in the therapeutic alliance, 6–7
  - support and respite for, 52
  - support through education, 53
- CARITAS principles, 122–123
- cataracts, 18
- cerebral reserve theory of dementia, 3–4
- cerebrovascular adverse events (CVAEs)
  - risk with antipsychotic drugs, 54
- cerebrovascular disease, 81
- cholinesterase inhibitors, 43–44, 54–55
- chronic fatigue, 108
- chronic lymphatic leukaemia, 18
- chronic pain, 108
- cimetidine, 63
- citalopram, 54–55
- climate change, 3
- clinical implications
  - links between depression and dementia, 29–30
- clinical neuroscience, 130–132
  - future training in, 132–133
- clinical psychologist
  - referral to, 19–20
- Clock Drawing Test (CDT), 11–14
- clomipramine, 108
- CLOX test, 16
- cognitive assessment instruments, 11–16
- cognitive behaviour therapy (CBT), 76, 104–105, 116
- cognitive disorders
  - neuroimaging, 6
- cognitive impairment
  - and depression, 72–73
- cognitive impairment not dementia (CIND), 36
- Cohen Mansfield Agitation Inventory (CMAI), 51
- community based assessment, 125
- community-based care and support, 2
- computerised tomography (CT), 19
- Confusion Assessment Method (CAM), 59
- Consortium to Establish a Registry for Alzheimer's Disease (CERAD), 14
- coronary artery disease, 6
- Creutzfeldt–Jakob disease, 19
- Cummings, Jeffrey, 133
- cytokines
  - role in delirium, 61
  
- Delayed Recall screening instrument, 11
- delirium, 57–67
  - aetiology, 60–61
  - and bipolar disorder, 60

Cambridge University Press

978-0-521-68191-9 - Guide to the Psychiatry of Old Age

David Ames, Edmond Chiu, James Lindesay and Kenneth I. Shulman

Index

[More information](#)

- and dementia, 59
- and depression, 59–60
- and mania, 60
- and neurotic disorders, 101
- and quality of hospital care, 57, 67
- caused by anticholinergic drugs, 60
- clinical features, 57–59
- course and prognosis, 63–64
- diagnosis, 57–59
- differential diagnosis, 59–60
- epidemiology, 61–62
- hospital-acquired delirium, 57
- hospital incidence rates, 61–62
- hyperactive form, 58
- hypoactive form, 58
- neuropathophysiology, 60–61
- outcome, 63–64
- prevalence and incidence rates in the elderly, 61–62
- prevention, 66–67
- relationship with depression and dementia, 27
- risk factors, 62–63
- role of cytokines, 61
- delirium differential diagnosis, 23–30
  - family history, 25–27
  - history of the onset, 23–25
  - medical history, 25
- delirium management, 64–66
  - address the underlying causes, 64–65
  - maintain behavioural control, 65
  - prevent common complications, 65–66
  - rehabilitation, 66
- Delirium Rating Scale (DRS), 59
- delirium tremens, 58
- dementia
  - AIDS dementia, 36
  - and alcohol consumption, 115
  - and delirium, 59
  - and neurotic disorders, 101
  - associated with syphilis, 36
  - cerebral reserve theory, 3–4
  - definitions, 31
  - dementia with Lewy bodies (DLB), 35
  - dementias associated with alcohol abuse, 36
  - depression as risk factor, 69–72
  - diagnostic criteria, 31
  - early-onset dementia, 19, 37–38
  - epidemiology, 37–38
  - false theories about, 27–28
  - genetic factors, 33, 37–38
  - implications of demographic ageing, 2–3
  - mild cognitive impairment (MCI), 36–37
  - mixed vascular and Alzheimer dementia, 35
  - natural history, 38–39
  - prevalence, 2–3, 37
  - relationship with depression, 28–30
  - relationship with depression and delirium, 27
  - reversible dementia, 24–25
  - risk factors, 37–38
  - symptoms of mild dementia, 38
  - symptoms of moderate dementia, 38–39
  - symptoms of severe dementia, 39
  - types and causes, 31–37
  - uncommon dementias, 36,
    - See also* Alzheimer's disease (AD);
    - behavioural and psychological symptoms of dementia (BPSD);
    - frontotemporal dementias (FTD);
    - vascular dementia (VaD)
- dementia assessment and diagnosis, 39–41
  - informant history, 39–40
  - medical assessment, 40–41
  - neuroimaging, 6
  - neuropsychological tests, 41
  - special investigations, 41
- dementia differential diagnosis, 23–30
  - family history, 25–27
  - history of the onset, 23–25
  - medical history, 25
- dementia management
  - carer support, 45
  - cholinesterase inhibitors, 43–44
  - comorbid medical conditions, 42–43
  - drug treatment of VaD, 44
  - drug treatments, 43–45
  - end of life care, 46
  - future developments, 46
  - impairing the diagnosis, 42
  - implications of the diagnosis, 42
  - memantine, 44
  - outcome, 46
  - social management and support, 45
- dementia praecox, 87
- dementia with Lewy bodies (DLB), 35,
  - See also* dementia
- demographic ageing
  - implications for health care, 2–4
  - increase in dementia prevalence, 2–3
  - social and economic implications, 3
- depression
  - and cognitive impairment, 72–73
  - and delirium, 59–60
  - and loss in old age, 69
  - and losses associated with old age, 27
  - and neurotic disorders, 100–101
  - and personal care, 10
  - classification, 69
  - comorbidities, 69–73
  - due to a medical condition, 72
  - efficacy-effectiveness gap in treating older people, 76–77
  - electroconvulsive therapy (ECT), 77
  - epidemiology, 75
  - false theories about, 27–28
  - in Alzheimer's disease, 72
  - nosology, 69

Cambridge University Press

978-0-521-68191-9 - Guide to the Psychiatry of Old Age

David Ames, Edmond Chiu, James Lindesay and Kenneth I. Shulman

Index

[More information](#)

## 140 Index

- outcome, 77
- pathophysiology, 74
- psychotherapeutic treatments, 76
- relationship with delirium and dementia, 27
- relationship with dementia, 28–30
- risk factor for dementia, 69–72
- risk factors, 69–72
- suicide risk, 73–74
- treatment, 75–77
- vascular depression hypothesis, 73
- depression differential diagnosis, 23–30
  - family history, 25–27
  - history of the illness, 23–25
  - medical history, 25
- Detre, Thomas, 132
- developing world
  - prevalence of dementia, 2–3
- diabetes, 3, 18–19, 81
- differential diagnosis, 23–30
  - delirium, 59–60
  - false theories of depression and dementia, 27–28
  - family history, 25–27
  - history, 23–25
  - linkage between depression and dementia, 28–30
  - medical history, 25
  - neurotic disorders, 100–102
  - onset of illness, 23–25
  - progression of the illness, 23–25
  - relationship between the '3Ds', 27
- digoxin, 63
- disinhibition syndrome, 80
- diuretics, 19, 83
- donepezil, 43
- dopamine agonist drugs, 61
- drug interactions, 25
- drug toxicity, 25
- Dysfunctional Attitude Scale, 105
- dysthymia, 69
- early-onset dementia, 19, 37–38
- electrocardiogram, 19
- electroconvulsive therapy (ECT), 77
- electroencephalography, 19
- electrolyte imbalances, 6
- epilepsy, 19
- executive impairment assessment, 14–16
- extra-pyramidal side effects
  - antipsychotic drugs, 54
- eyesight impairment, 18
- family
  - role in the assessment of the patient, 6–7
  - role in the therapeutic alliance, 6–7
- family history, 25–27
- family involvement
  - bipolar disorder patients, 84
- fatigue syndromes, 104
- fibromyalgia, 104, 108
- focal atrophy, 19
- focal signs, 81
- Folstein, *See* Mini-mental State Examination (MMSE)
- frontal assessment battery (FAB), 16
- frontal lobe impairment assessment, 14–16
- frontotemporal dementias (FTD), 19, 36, *See also* dementia
- future of psychiatry of old age, 129–135
  - age-based vs. needs-based services, 133–135
  - developments in clinical neuroscience, 130–132
  - developments in geriatric medicine, 129
  - developments in geriatric services, 133–135
  - effects of developments in psychiatry, 129
  - future training in clinical neuroscience, 132–133
  - historical influences, 129–130
- galantamine, 43
- generalised anxiety disorder (GAD), 102, 107
- genetic factors in dementia, 33, 36–38
- genetic testing, 19
- geriatric medicine, 129–130
  - emergence of, 1–2
- gerontology
  - emergence of, 1–2
- glucocorticoid cascade hypothesis, 29
- government health policy
  - service provision for elderly people, 2
- GPCOG screening instrument, 11
- haloperidol, 53, 65
- head injury, 81
- hearing impairment, 18
- heart failure, 6
- hepatic dysfunction, 6
- hippocampal volume
  - and AD, 19
  - and depression, 74
  - reduction in depression and dementia, 28–29
- history of mental illness care, 1–2
- HIV tests, 19
- hydrocephalus, 19
- hyperactive delirium, 58
- hypertension, 3, 81
- hypoactive delirium, 58
- hypokalaemia, 19
- hyponatraemia, 19
- hypothalamic pituitary adrenal (HPA) axis, 133
- hypothyroidism, 6
- iatrogenesis
  - prescribed medicines in the elderly, 117–118
- iatrogenic substance-induced psychotic symptoms, 93
- illicit substances abuse in the elderly, 117
- infection

Cambridge University Press

978-0-521-68191-9 - Guide to the Psychiatry of Old Age

David Ames, Edmond Chiu, James Lindesay and Kenneth I. Shulman

Index

[More information](#)

- blood tests, 18
- insomnia, 102
- International Psychogeriatric Association (IPA), 11, 49, 130
- interpersonal psychotherapy, 76, 116
- Jorm, Tony, 29
- Kandel, Eric, 131
- lamotrigine, 84
- late-onset schizophrenia (LOS), 87,
  - See also* schizophrenia (late-onset), 87
- late paraphrenia, 87
- leisure needs of elderly people, 126
- levodopa, 61
- Lewy, Friedrich, 35
- lithium carbonate
  - use in old age, 83–84
- liver function tests, 19
- lorazepam, 65, 107
- losses associated with old age
  - and depression, 27
- lumbar puncture, 19
- macrocytosis, 18
- magnetic resonance imaging (MRI), 6, 19
- major depression, 69
- malaria, 3
- mania, *See* bipolar disorders and mania
- marital/family therapy, 116
- medical care for the elderly, 124–125
- medical comorbidity, 5–6, 25
- memantine, 44
- mental illness
  - history of care and interventions, 1–2
- mild cognitive impairment (MCI), 28, 36–37
- Mini-Cog screening instrument, 11, 14
- Mini-mental State Examination (MMSE), 11–12, 59
- mirtazapine, 76
- monoamine oxidase inhibitors (MAOIs), 77
- Montreal Cognitive Assessment (MoCA), 11
- mood disorders, *See* bipolar disorders
  - and mania; depression
- mood stabilisers, 83–84
- multidisciplinary team, 5, 123
- National Health Service (NHS), 130
  - creation of geriatric medicine, 1–2
- neurasthenia, 104
- neurofibrillary tangles in AD, 32–33
- neuroimaging
  - use in assessment and diagnosis, 6
- neuropathophysiology
  - delirium, 60–61
- Neuropsychiatric Inventory (NPI), 51
- neuropsychologist
  - referral to, 19–20
- neurotic disorders, 95–108
  - acute anxiety reactions, 107
  - aetiology, 97–98
  - and delirium, 101
  - and dementia, 101
  - and depression, 100–101
  - and physical illness, 102
  - and schizophrenia, 101
  - and sleep disorders, 102
  - behavioural disturbance, 100
  - characteristics, 95
  - classification, 95
  - clinical features, 98–100
  - cognitive behaviour therapy (CBT), 104–105
  - concept of neurosis, 95
  - destabilisation factors, 97–98
  - differential diagnosis, 100–102
  - drug treatments, 106–108
  - epidemiology, 98
  - generalised anxiety disorder (GAD), 102, 107
  - hysterical symptoms, 100
  - management, 104–108
  - obsessive-compulsive disorder (OCD), 103, 108
  - panic disorder, 103, 107–108
  - phobic disorders, 103, 108
  - post-traumatic stress disorder (PTSD), 103, 108
  - psychodynamic therapy, 105–106
  - psychological interventions, 104–106
  - psychological symptoms, 99
  - restitution factors, 98
  - sleep disturbance, 100
  - somatic symptoms, 99–100
  - somatiform disorders, 99–100, 103–104, 108
  - vulnerability factors, 97
- non-steroidal anti-inflammatory drugs (NSAIDs), 83
- obesity, 3
- O'Brien, John, 133
- obsessive-compulsive disorder (OCD), 103, 108
- olanzapine, 53–55, 65, 84
- oxazepam, 107
- oxcarbazepine, 84
- pandemic influenza, 3
- panic disorder, 103, 107–108
- paraphrenia, 87
- parathyroid disease, 19
- Parkinsonism, 54
- Parkinson's disease, 35
- Parkinson's disease dementia (PDD), 44
- paroxetine, 107–108
- pathological laughing and crying, 80
- periodic leg movements syndrome, 102
- perseveration, 15–16

Cambridge University Press

978-0-521-68191-9 - Guide to the Psychiatry of Old Age

David Ames, Edmond Chiu, James Lindesay and Kenneth I. Shulman

Index

[More information](#)

## 142 Index

- personal care
  - and mood disorders, 10
- personality disorders, 108–112
  - adjustment to ageing, 108–109
  - and psychiatric disorders, 111
  - characteristics, 109
  - classification, 109
  - management in old age, 112
  - personality and organic brain disorders, 111
  - prevalence at different ages, 109–111
- phenelzine, 77
- Philp, Ian, 133
- phobic disorders, 103, 108
- physical examination of the elderly patient, 18
- physical illness and neurotic disorders, 102
- physostigmine, 60
- Pitt, Brice, 5–6, 130
- positron emission tomography (PET), 19
- Post, Felix, 10, 129
- post-traumatic stress disorder (PTSD), 103, 108
- prednisolone, 63
- prescribed medications
  - dependency in the elderly, 117–118
- primary prevention, 3–4
- problem-solving therapy, 76
- pseudodementia, 24–25
- psychiatry of old age
  - future challenges, 2–4
  - history of development, 1–2
  - implications of demographic ageing, 2–4
  - scope of concerns, 1, *See also* future of psychiatry of old age
- psychodynamic therapy, 105–106
- psychometric testing, *See* cognitive assessment instruments
- psychosis (late-onset)
  - historical notes, 87–88
- psychotic symptoms, 92–93
  - iatrogenic substance-induced, 93
- public education
  - mental illness in old age, 4, 125
- quetiapine, 84
- renal dysfunction, 6
- residential care, 123–124
- respite care, 125
- restless legs syndrome, 102
- reversible dementia, 24–25
- risperidone, 53–55, 65, 84
- rivastigmine, 43–44
- Roth, Martin, 1, 129
- Rowland Universal Dementia Assessment Scale (RUDAS), 11
- Royal College of Psychiatrists, 130
- Sapolsky, Robert, 29
- schizophrenia
  - and neurotic disorders, 101
  - classification, 87–88
- schizophrenia (early-onset), 88
  - pharmacological management, 90–91
  - physical management, 90
  - psychosocial management, 91
  - residential care, 91–92
- schizophrenia (late-onset), 87–93
  - and personality disorders, 111
  - causes of psychotic symptoms, 92–93
  - clinical features, 89
  - cognitive change, 90
  - epidemiology, 89
  - historical notes, 87–88
  - neuroimaging, 89–90
  - pharmacological management, 90–91
  - physical management, 90
  - psychosocial management, 91
  - residential care, 91–92
- secondary mania, 79
- secondary prevention, 4
- selective serotonin reuptake inhibitors (SSRIs), 75–76, 107–108
- Self Test screening instrument, 11
- sensory impairments, 3, 10, 18
- serotonin and noradrenergic reuptake inhibitors (SNRIs), 75–76
- sertraline, 54–55, 108
- services for older psychiatric patients, 121–127
  - advocacy, 125–126
  - CARITAS principles, 122–123
  - community-based assessment, 125
  - historical notes, 121
  - information and advice, 125
  - innovation, 127
  - International Consensus Model on Organizations of Care, 121–123
  - leisure needs, 126
  - medical care, 124–125
  - multidisciplinary team, 123
  - necessary components of a service, 126–127
  - public education, 125
  - residential care, 123–124
  - respite care, 125
  - spiritual needs, 126
- Similarities screening instrument, 11
- single photon emission tomography (SPET), 6, 19
- sleep apnoea, 102
- sleep disorders and neurotic disorders, 102
- smoking, 3
- sodium valproate/divalproex, 83
- somatoform disorders, 99–100, 103–104, 108
- speech pathologist
  - referral to, 19–20
- spiritual needs of elderly people, 126
- stigma of mental illness and ageing, 125
- stress and hippocampal volume, 29

stroke, 19, 60, 81	tranylcypromine, 77
structural brain imaging, 19	tricyclic antidepressants (TCAs), 75–76
substance abuse in the elderly, 113–118	
benzodiazepines, 117–118	vascular cognitive impairment, 28
iatrogenesis with prescribed medications, 117–118	vascular dementia (VaD), 28, 35
illicit substances, 117	drug treatment, 44
prescribed medication dependency, 117–118	mixed vascular and Alzheimer dementia, 35,
suicidal ideation, 74	<i>See also</i> dementia
suicide risk	vascular depression hypothesis, 28, 73
and alcohol use disorders, 115	vascular disease, 3, 19, 28
depression, 73–74	vascular mania hypothesis, 81
supportive psychotherapy, 76	vasculitis, 18
Sydenham's chorea, 103	venlafaxine, 107
syphilis, 19	Verbal Fluency tests, 11, 14–15
dementia associated with, 36	very-late-onset schizophrenia-like psychosis (VLOSP), 88
	vitamin deficiencies, 6
tacrine, 43	
therapeutic alliance	warfarin, 44
role of carers and families, 6–7	Wertheimer, Jean, 122
Tourette's syndrome, 103, 130–131	Whitehead, Tony, 1
Trail Making Test, 11	World Psychiatric Association, 2
transient ischaemic attack (TIA), 81	