

Psychiatric Consultation in Long-Term Care

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A Guide for Healthcare Professionals

Abhilash K. Desai, M.D., F.A.P.A.

Idaho Memory & Aging Center, Boise, ID

George T. Grossberg, M.D., F.A.P.A.

St. Louis University School of Medicine

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Preface

A coauthored text such as this, unlike edited texts, gives the authors a unique opportunity to present state-of-the-art information regarding biopsychosocial spiritual and environmental approaches in long-term care (LTC) together with our philosophy of caring for older adults who live in LTC settings. Our philosophy of care is that “there is life in the nursing home” and other LTC facilities and that health care professionals in many disciplines – physicians, physician assistants, nurse practitioners, clinical nurse specialists, nurses, administrators, nursing assistants (nurse aides), social workers, various rehabilitative therapists, pharmacists, psychologists, chaplains, clergy, activity therapists, recreational therapists, music therapists, art therapists, and others – all have a lot to offer in improving the quality of life for LTC residents and their families. Every health care provider has an important role to play as a member of the health care team.

Our philosophy of care places the needs and dignity of the LTC resident at its center. It promotes the notion that, to some degree, we can help every LTC resident and his or her family. A caring attitude on the part of all health care professionals in LTC is vital in meeting this goal. Our philosophy sees the LTC environment as warm, nurturing, and supportive. For residents, it is the source of their extended family or, at times, their only family.

Achieving excellence in the care of LTC residents will require physicians not only to be responsible to each individual resident, but also to promote the well-being of family members and other professional caregivers, as well as to understand the systems of care. This means a team approach – in addition to individual assessments – to determine what person-centered, individualized, strength-based approaches and interventions are most effective, to standardize care where possible, and to eliminate errors.

Our philosophy of care promulgates the use of biological therapies, when appropriate, in the context of robust psychosocial, sensory, spiritual, and environmental approaches. In fact, one of the longest chapters in this text is devoted to proactively promoting psychosocial spiritual wellness of LTC residents.

As part of updating the material for this second edition, we have adopted the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*) of the American Psychiatric Association terminology for all mental disorders. We have also made significant modifications in each of the chapters to incorporate the considerable advances in LTC medicine, mental health, and well-being, as well as the person-centered care movement since the publication of our first edition.

This guide is written to be user-friendly and is targeted at physicians, physician assistants, nurse practitioners, clinical nurse specialists, nurses, social workers, administrators, rehabilitation specialists, and other health care professionals involved or interested in improving the well-being of all LTC residents. It can also be useful for students and trainees who desire to learn more about wellness, aging, and LTC. We hope our book will further education and training regarding LTC by describing compassionate care practices complemented by evidence-based, state-of-the-science health care.

We would like to thank our spouses, children, and families for their support of this project. We also appreciate the superb editorial work of Ms. Wendy Harris. Without her help, this book would not have reached its potential. Lastly, we have learned a great deal from our patients, their families, and the staff of the outstanding LTC facilities with which we have been affiliated.

We hope you enjoy reading this book and find it helpful in your work with LTC residents.

Abbreviations

AAMI	age-associated memory impairment	ChEI	cholinesterase inhibitor
ACSH	ambulatory care-sensitive hospitalization	CHF	congestive heart failure
AD	Alzheimer's disease	CIWA	Clinical Institute Withdrawal Assessment
ADE	adverse drug event	CJD	Creutzfeldt-Jakob disease
ADHD	attention deficit hyperactivity disorder	CMAI	Cohen-Mansfield Agitation Inventory
ADLs	activities of daily living	CMS	Centers for Medicare and Medicaid Services
AIDS	acquired immunodeficiency syndrome	CNA	certified nursing assistant
AL	assisted living	CNS	central nervous system
ALS	amyotrophic lateral sclerosis	COPD	chronic obstructive pulmonary disease
aMCI	amnesic mild cognitive impairment	COWAT	Controlled Oral Word Association Test
ANH	artificial nutrition and hydration	CPAP	continuous positive airway pressure
APS	Adult Protective Services	CPE	comprehensive psychiatric evaluation
BEHAVE-AD	behavioral symptoms in Alzheimer's disease	CQI	continuous quality improvement
BIMS	Brief Interview for Mental Status	CR	cognitive rehabilitation
BMI	body mass index	CRP	C-reactive protein
BMP	basic metabolic panel	CSDD	Cornell Scale for Depression in Dementia
BNPS	behavioral, neurocognitive, and psychological symptoms	CSDH	chronic subdural hematoma
BPSD	biopsychosocial-spiritual distress	CSF	cerebrospinal fluid
BUN	blood urea nitrogen	CST	cognitive stimulation therapy
bvFTD	behavioral variant frontotemporal dementia	CT	computed tomography
BZD	benzodiazepine	CTE	chronic traumatic encephalopathy
CADASIL	cerebral autosomal dominant arteriopathy with subcortical infarct and leukoencephalopathy	CVA	cerebrovascular accident
CAM	Confusion Assessment Method	DAST	Drug Abuse Screening Test
CBC	complete blood count	DBS	deep brain stimulation
CBD	corticobasal degeneration	DIP	drug-induced Parkinsonism
CBT	cognitive behavioral therapy	DLB	dementia with Lewy bodies
CBZ	carbamazepine	DNH	Do Not Hospitalize
CCRC	continuing care retirement community	DNI	Do Not Intubate
		DNR	Do Not Resuscitate
		DRM	disease-related malnutrition
		DS	Diogenes syndrome

List of Abbreviations

DSM	<i>Diagnostic and Statistical Manual of Mental Disorders</i>	LFT	liver function test
DWI	diffusion-weighted imaging	LGBT	lesbian, gay, bisexual, and transgender
ECT	electroconvulsive therapy	LPN	licensed practical nurse
ED	emergency department	LTC	long-term care
EDS	excessive daytime sleepiness	MA	multisystem atrophy
EEG	electroencephalogram	MAOI	monoamine oxidase inhibitor
EKG	electrocardiogram	MBSR	mindfulness-based stress reduction
EMDR	eye movement desensitization and reprocessing	MCI	mild cognitive impairment
EMR	electronic medical records	MDD	major depressive disorder
EOL	end of life	MDS	Minimum Data Set
EPS	extrapyramidal symptoms	MHN	mental health navigator
ERP	exposure and response prevention	MHP	mental health professional
ESRD	end-stage renal disease	MMSE	Mini-Mental State Examination
FAQ	Functional Activities Questionnaire	MNA	Mini-Nutritional Assessment
FAST	Functional Assessment Staging for Alzheimer's disease	MNCD	major neurocognitive disorder
FDA	Food and Drug Administration	MOCA	Montreal Cognitive Assessment
FLAIR	fluid-attenuated inversion recovery	MRI	magnetic resonance imaging
FTA	fluorescent treponemal antibody	MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
FTD	frontotemporal dementia	MS	multiple sclerosis
GABA	gamma amino butyric acid	MSA	multiple system atrophy
GAD	generalized anxiety disorder	MVA	motor vehicle accident
GDS	Geriatric Depression Scale; Global Deterioration Scale	NCD	neurocognitive disorder
GERD	gastroesophageal reflux disease	NDRI	noradrenaline dopamine reuptake inhibitor
GNA	geriatric nursing assistant	NH	nursing home
HAART	highly aggressive antiretroviral therapy	NMDA	N-methyl D-aspartate
HAD	HIV-associated dementia	NORC	naturally occurring retirement community
HAND	HIV-associated neurocognitive disorder	NPH	normal pressure hydrocephalus
HCP	health care provider	NPI-NH	Neuropsychiatric Inventory – Nursing Home
HD	Huntington's disease	NSAID	nonsteroidal anti-inflammatory drug
HIV	human immunodeficiency virus	OAB	overactive bladder
HSE	herpes simplex encephalitis	OCD	obsessive-compulsive disorder
IADLs	instrumental activities of daily living	OSA	obstructive sleep apnea
IBS	irritable bowel syndrome	OSAHS	obstructive sleep apnea / hypopnea syndrome
IDT	interdisciplinary team	OTC	over the counter
IED	intermittent explosive disorder	PAS	Pittsburgh Agitation Scale
IEED	involuntary emotional expression disorder	PBA	pseudobulbar affect
iNPH	idiopathic normal pressure hydrocephalus	PCC	person-centered care
IPSRT	interpersonal and social rhythm therapy	PCLTCC	person-centered long-term care community
		PCP	primary care physician / primary care provider
		PCT	palliative care team
		PD	Parkinson's disease

List of Abbreviations

PDD	Parkinson's disease dementia	SLE	systemic lupus erythematosus
PEG	percutaneous endoscopic gastrostomy	SLUMS	Saint Louis University Mental State Exam
PET	positron emission tomography	SNRI	serotonin and norepinephrine reuptake inhibitor
PHQ	Patient Health Questionnaire	SPMI	severe and persistent mental illness
PIM	potentially inappropriate medication	SPPEICE	strength-based, personalized, psychosocial sensory spiritual environmental initiatives and creative engagement
PIP	potentially inappropriate prescription		
PLMD	periodic limb movement disorder		
PM	psychotropic medication	SSRD	somatic symptom and related disorder
PMT	psychotropic medication therapy		
PNFA	progressive nonfluent aphasia	SSRI	selective serotonin reuptake inhibitor
POLST	Physician Orders for Life-Sustaining Treatment	SUD	substance use disorder
PPI	proton pump inhibitor	TBI	traumatic brain injury
PPN	peripheral parenteral nutrition	TCA	tricyclic antidepressant
PSMS	Physical Self-Maintenance Scale	TD	tardive dyskinesia
PSP	progressive supranuclear palsy	TENS	transcutaneous electrical nerve stimulation
PTSD	post-traumatic stress disorder		
RAI	Resident Assessment Instrument	TIA	transient ischemic attack
RBD	REM sleep behavior disorder	TMS	transcranial magnetic stimulation
REM	rapid eye movement	TMT	Trail Making Test
RLS	restless leg syndrome	TPN	total parenteral nutrition
RN	registered nurse	TSH	thyroid-stimulating hormone
RPD	rapidly progressive dementia	UTF	universal transfer form
rTMS	repetitive transcranial magnetic stimulation	UTI	urinary tract infection
SCI	subjective cognitive impairment	VaD	vascular dementia
SD	semantic dementia	VNS	vagal nerve stimulation
		WMH	white matter hyperintensities

Commonly Used Psychotropic Drugs

Generic Names: Brand Names

Acamprosate: Campral	Mesoridazine: Serentil
Alprazolam: Xanax	Methylphenidate: Ritalin
Amitriptyline: Elavil	Milnacipran: Savella
Armodafinil: Nuvigil	Mirtazapine: Remeron, Remeron Sol
Aripiprazole: Abilify, Aripiprazole Lauroxil	Modafinil: Provigil
Asenapine: Saphris	Naltrexone: Revia
Bupropion: Wellbutrin, Zyban	Nortriptyline: Pamelor
Bupirone: Buspar	Olanzapine: Zyprexa, Zydys Zyprexa
Cariprazine: Vraylar	Oxazepam: Serax
Carbamazepine: Tegretol	Oxcarbazepine: Trileptal
Chlordiazepoxide: Librium	Paliperidone: Invega, Invega Sustenna, Invega Trinza
Citalopram: Celexa	Paroxetine: Paxil
Clomipramine: Anafranil	Perphenazine: Trilafon
Clonazepam: Klonopin	Pimavanserin: Nuplazid
Clozapine: Clozaril, Fazaclor	Quetiapine: Seroquel, Seroquel XR
Desipramine: Norpramin	Ramelteon: Rozerem
Desvenlafaxine: Pristiq	Risperidone: Risperdal
Diazepam: Valium	Selegiline: EMSAM, Eldepryl
Disulfiram: Antabuse	Suvorexant: Belsomra
Doxepin: Sinequan, Silenor	Tasimelteon: Hetlioz
Duloxetine: Cymbalta	Temazepam: Restoril
Escitalopram: Lexapro	Thioridazine: Mellaril
Eszopiclone: Lunesta	Thiothixene: Navane
Flunitrazepam: Rohypnol	Topiramate: Topamax
Fluoxetine: Prozac	Trazodone: Desyrel
Fluphenazine: Prolixin	Triazolam: Halcion
Flurazepam: Dalmane	Trimipramine: Surmontil
Fluvoxamine: Luvox	Valproate, Valproic acid: Depakote, Depakote DR, Depakote ER, Depakene, Depakote sprinkles
Haloperidol: Haldol	Venlafaxine, Venlafaxine ER: Effexor, Effexor XR
Iloperidone: Fanapt	Vilazodone: Viibryd
Imipramine: Tofranil	Vortioxetine: Trintellix
Lamotrigine: Lamictal	Zaleplon: Sonata
Levomilnacipran: Fetzima	Ziprasidone: Geodon
Lithium: Eskalith, Lithobid	Zolpidem: Ambien, Ambien CR, Zolpimist, Intermezzo
Lorazepam: Ativan	
Lurasidone: Latuda	