Guide to the Psychiatry of Old Age

Second edition

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Second edition dedicated to Richard Marley and Roz Seath

Contents

List of Authors viii
Foreword to the Second Edition ix
Foreword to the First Edition xi
Preface to the Second Edition xiii
Preface to the First Edition xv

1 **What Is the Psychiatry of Old Age and Why Do We Need It?** 1
2 **Psychiatric Assessment of Older Adults** 5
3 **Differential Diagnosis: The Three Ds** 20
4 **The Dementias** 26
5 **Behavioural and Psychological Symptoms of Dementia** 42
6 **Delirium** 50
7 **Mood Disorders in Late Life** 60
8 **Schizophrenia and Related Disorders in Late Life** 76
9 **Neurotic and Personality Disorders** 83
10 **Substance Abuse and Iatrogenesis in Late Life** 99
11 **Services for Older Patients with Psychiatric Disorders** 105
12 **The Future of the Psychiatry of Old Age** 114

Index 121

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Foreword to the Second Edition

It has been one of the great pleasures of my life to observe and participate in the growth of a specialty which hardly existed when I entered it over 40 years ago. The mental health needs of older people are now much more widely recognised than they were in those early days. Dementia, in particular, has risen up the public agenda with the name of Alzheimer now familiar to everyone. For younger readers, it may be difficult to believe that only 40 years ago this name would have rung no bells even with generally well-informed members of the public.

Growth in knowledge has not stopped over recent years. In the little more than a decade since the first edition of this excellent book was published, new evidence has emerged often to support statements made in the first edition which, at that time, were based more on opinion than on scientific findings. For example, in thinking of primary prevention of dementia, the idea that 'what is good for the heart is also good for the brain' is now well established scientifically. Indeed, some new preventable risk items, such as deafness, have been added to the already substantial list of lifestyle factors, such as a healthy diet, regular exercise and total smoking abstinence, that are relevant to prevention.

The main change since I entered the field, well documented in this book, is in the demographics. The vastly increased expectation of life means that the proportion of older people in countries all over the world, but especially in those that are economically less developed, is much, much greater. In 1970, life expectancy in my country, the United Kingdom, was just under 72; now, in 2021, it is just over 81, a 10-year increase. There have also been highly relevant changes in family structure. Increases in the divorce rate mean that there is now far more social isolation and loneliness in the older population with implications for rates of depression and how it needs to be managed.

These demographic changes carry important implications, well described here, for all health professionals dealing with older people, and these are by no means limited to those working in specialist services. Those working in primary care, whether as doctors or nurses or in other para-medical professions need to have a sound knowledge of the variety of mental health problems in older people, how to recognise them, assess them and deal with them. So far, the training of non-specialist health professionals, even in economically developed countries, has been inadequate in this respect. For example, the fact that frail older people are more often than not suffering from *both* physical *and* mental health problems is so little recognised that often one or the other is ignored. The lesson I learned from my first mentor in the field, Professor Tom Arie, recently sadly deceased, is that family practitioners, geriatricians and old age psychiatrists need to train and work together has still not been fully appreciated. This book is an invaluable resource for students and those responsible for such training, not only in economically developed but also in economically less developed countries.

The need for such knowledge is not confined to those working in health settings. It is now widely understood that many of the people receiving residential and social care often have dementia and other mental health problems like depression. Training of all staff working in these facilities requires understanding of the way mental health problems such as dementia develop over time, from the first indications of mild memory loss through to severe

cognitive impairment with its implications extending right through to end-of-life care. The need to train those working in social care as well as to improve their status by giving them better pay and career prospects is clear. Again, those engaged in such training will find this book helpful in planning their courses.

Finally, a word about the future. The authors of this book, while not neglecting other approaches, in their discussion of likely future developments, give main prominence to the neurosciences and genetics. It is certainly the case that this is where research resources and efforts have been and are currently concentrated. My own view is that, despite the vast amount of neuroscience research over the last 40 years, with fascinating findings, the amount of *clinical* impact of this new knowledge has been rather disappointing. I suspect that, in the future, it will be the importance of multidisciplinary work and the nature of the relationship between older people, their family members and the health and social care professionals looking after them that will be seen as of even greater relevance to the quality of their care. Not surprisingly, given my own involvement in it, I would also expect the voluntary sector to assume a higher profile in service provision. But in whichever ways the future develops, this book will remain an invaluable resource.

Nori Graham

Foreword to the First Edition

By the time I launched the first dementia programme at Johns Hopkins in 1979, the psychiatry of old age was well established in the UK. Two small gems from those early days of geriatric psychiatry in the UK – the sections on old age psychiatry in *Clinical Psychiatry* by Mayer-Gross, Slater and Roth and the monograph by Felix Post, *Clinical Psychiatry of Late Life* – influenced my decision to pursue a career in the psychiatry of old age.

This new, brief guide makes geriatric psychiatry accessible to generalists, clinicians not medically trained and even patients and families. Such efforts are needed in these days of ageing populations and shrinking resources to persuade doctors and the public to reject the prejudice of ageism, and to teach that clinical signs and symptoms of elderly patients are the products of diseases and vulnerabilities, just as they are in younger people, and not the inevitable consequences of ageing, which require the discovery of the fountain of youth before the ills of the elderly can be prevented and cured.

In addition to the recognition and explanation of pathological processes causing signs and symptoms, this book promotes the narrative, or meaningful, approach, which illuminates the dignity and right to life of the elderly. The privilege of sharing the stories of almost completed lives is one of the rewards of geriatric practice. In an attempt to demonstrate this to a class of medical students, I interviewed a distinguished 90-year-old American psychiatrist, Mandel Cohen. I expected him to describe the changes he experienced as he grew older. I asked, 'Doctor, what is it like to be old?' He replied, 'I don't feel old in my mind', and he wasn't. Another story that illustrates the dignity of older people and their right to life emerged on an Alzheimer's disease (AD) unit in a nursing home. The question arose as to the validity of documents signed by family members requesting that patients not be resuscitated. In order to answer this question, I gathered a group of 10 severely impaired residents, none of whom had a Mini-mental State Examination (MMSE) score greater than 10 out of 30, and asked them if they wanted to be resuscitated. When one said, 'What does "resuscitated" mean?', another member of the group said, 'You know, brought back to life'. The first person responded, 'Well, you have to make allowances for people with memory trouble'. Seven of 10 said they wanted resuscitation. The ones who didn't appeared to be depressed. Too often, we fail to honour the dignity of cognitively impaired elderly by asking them if they want to live, and if they don't want to live by giving them the benefit of an examination to determine if their decision was the product of a pathological process causing dementia or depression. I would highlight a few aspects of the contemporary assessment, diagnosis and treatment of psychiatric disorders of the elderly surveyed by this book. The first is the importance of using a quantitative cognitive examination for clinical decision-making and for educating patients and families. Although cognitive examinations can be performed by specialists such as neuropsychologists, the treating clinician should examine the patient and be able to explain the results in appropriate terms to the patient and family. The important point here is not which of the several available tests is used, but that clinicians should use some quantitative method suitable for the clinical situation and purpose. Just as medicine was advanced by the introduction of the thermometer, psychiatry has been advanced by the introduction of quantitative methods of assessment. Before the

modern thermometer was introduced 150 years ago, physicians felt the skin temperature and judged whether it was too warm. This method was good enough to appreciate the importance of fever, but it was not good enough to measure reliably whether the temperature was rising or falling. Today, it is not enough for the clinician to say that a patient is confused when it is possible to describe quantitatively the severity of the various impairments and to determine by serial measurement whether impairments are improving or worsening.

The second issue I would like to emphasize is the authors' discussion of that murky diagnostic category, pseudodementia. This term was usually intended to mean that a patient's cognitive impairment was not due to a neuropathological abnormality, and it implied that all true dementias were irreversible. Pseudodementia was usually applied to elderly persons with depression and cognitive impairment. Follow-up studies indicate that many of the patients so labelled do deteriorate and some have AD. This kind of evidence has been influential in returning the term dementia to its intended usage: deterioration of multiple cognitive functions in clear consciousness, without specifying either aetiology or reversibility. Instead of pseudodementia, designations such as 'depression with cognitive impairment' or 'dementia of depression' are better descriptors of the condition. This usage also encourages the point of view that depression in the elderly, both in the presence and absence of AD, should be a focus of treatment.

Finally, I would like to draw attention to the authors' discussion of currently used medications and their side effects. In some circumstances, 'reverse pharmacology' – stopping many if not all medications – leads to cognitive improvement. In other circumstances, doctors recommend medications even though treatment options are limited, because there are no curative drugs and the available symptomatic remedies carry substantial risk. In this unhappy situation, the doctors must explain the options to the patient and family and encourage them to collaborate in the decision as to whether the benefits are greater than the risks. This discussion is useful because it offers hope that something can be done or at least that no harm will be done, and it conveys to the patient and family the physicians' respect for cognitively impaired people, who often perceive that their clinicians do not consider them worthy of their efforts.

This brief guide is a welcome addition to the distinguished publications about geriatric psychiatry from the UK and more recently from many other countries. In addition to introducing the field to students and generalists, this brief book might even persuade some young student to join the field, just as 40 years ago one small book and a small part of a larger book written by their predecessors steered me into a satisfying career, which gave me the opportunity to teach, to learn from and to collaborate with many elderly patients and their families in order to enable them to choose to live as best they could, given their individual circumstances.

Marshal Folstein

Preface to the Second Edition

In 2014 the late Richard Marley suggested to David Ames that a second edition of this text should be prepared. Three of the four original authors, having progressed to various stages of retirement, graciously consented to forego authorship and for the text of the first edition to form a basis for a second edition to be revised and rewritten by a new team led by Ames. We thank them for their excellent work on the first edition and for opening an opportunity for three younger colleagues to become authors. Thus, three new collaborators from Toronto, Melbourne and Edinburgh, together with Ames, set about the work of updating and improving the text and recommended reading for each of the original 12 chapters. The eminent psychiatrist Professor Marshal Folstein, famous for developing the Mini-mental State Examination, was kind enough to write a generous foreword for the first edition; we were fortunate in being able to persuade Dr Nori Graham to provide one for this second edition. Nori Graham oversaw the initiation of, and then ran, psychiatric services for older people in the London borough of Camden for many years, facilitating the training of a large number of old age psychiatrists, nurses and allied health staff, and running a model service for older people with dementia and functional psychiatric disorders. She mentored Ames in both clinical work and his doctoral research and was a highly influential president of Alzheimer's Disease International during a long career devoted to helping those with psychiatric disorders in late life, and their carers. We thank her for taking the time out of a still busy schedule to write the foreword for this book.

Any tardiness in the production of this volume is entirely due to dilatoriness and distraction on the part of Ames, himself now close to retirement as well (the title of Emeritus Professor having been conferred in 2016 can be decoded as 'E' means you're out and 'meritus' means you deserve to be; these lines were uttered by Barry Humphries playing the part of Rupert Murdoch in the TV show *The Hitler Diaries*). However, delay is not always a bad thing. The 11 years between the release of the first edition to the submission of the text for the second have seen a number of new developments in the psychiatry of old age; many of these are reflected in this updated version of the book. All chapters have been revised, their reading lists enhanced with more recent publications, and one of them has been rewritten from scratch.

We hope that a new generation of medical students, trainee psychiatrists, general practitioners and geriatricians, nurses and allied health professionals, from a multitude of countries, will find this second edition as useful as some of their predecessors have told us they found the first one.

Our thanks are due to the patient staff at Cambridge University Press, whose gentle encouragement kept the show on the road when it looked like grinding to a halt or veering into a ditch. This edition is dedicated to Richard Marley, a superb editor, generous colleague and good friend, taken before his time, but not forgotten by those of us who had the privilege to work with him, and to Roz Seath, secretary extraordinaire to Ed Chiu, David Ames and their colleague Nicola Lautenschlager, whose dedication to her role was reflected in the high regard she was held by many international and Australian colleagues who came to know her through her work with three professors of old age psychiatry over more than three decades.

David Ames, Damien Gallagher, Samantha Loi and Tom Russ

Preface to the First Edition

With rapid ageing of the world population, the psychiatry of old age (POA) has become a crucial discipline, because rates of dementia, delirium and late life functional psychiatric disorders, such as depression, are increasing quickly in both the developed and developing world as a consequence of the sustained and unprecedented increase in the number of older people. In many developed countries the subspecialty of psychiatry of old age (also known as old age psychiatry, psychogeriatrics, geriatric psychiatry, geropsychiatry) is now well established, with over 500 subspecialists in the UK and 200 in Australia. Special training programmes for the discipline have been operating in several countries for some years now, and often completion of these programmes leads to the award of a certificate of competence in the psychiatry of old age. In developing countries, especially those with rising affluence, there is emerging interest in the subspecialty and recognition of the need for service providers to acquire expertise in the area. In addition, most basic training programmes for general psychiatrists now require some exposure to and knowledge of POA, and we hope that this trend will strengthen as old people approach one quarter of the total population in many places.

Despite this need, although there are excellent comprehensive, detailed and expensive texts on POA, there are fewer good, short, inexpensive books on this subject, and those that exist tend to have a national rather than an international focus.

For this reason, supported by Cambridge University Press and with the endorsement of the International Psychogeriatric Association (IPA), the four of us resolved to write a book on POA that would be short, comprehensive and affordable. In making this decision we were mindful of both an apparent unmet need and the involvement that all four of us have had with IPA over many years (all of us have been members of IPA's Board of Directors, Edmond Chiu was IPA secretary and then president and Ames has edited IPA's peer reviewed journal *International Psychogeriatrics* since 2003). This, after a prolonged gestation and writing process, is the result. It is aimed at trainee psychiatrists, higher trainees in the psychiatry of old age, geriatricians and trainee geriatricians, general psychiatrists, neurologists, physicians in training, general practitioners, allied health staff, nurses and medical students. We hope that our audience will be international, so the book's content is not limited solely to the experiences of POA in the three countries in which the authors have lived and worked, but is informed by our experiences of visiting, teaching and talking to our colleagues in a wide variety of countries around the world.

In order to keep the book at a relatively manageable size, the text is not referenced with citations for every statement made, but we hope that the suggestions for further reading given at the end of each chapter (many of which are available free of charge to members of IPA) will be found to be up to date and helpful by our readers.

We trust that health practitioners around the world will find this to be a useful book and that in due course a second edition will be needed. To that end we encourage readers to suggest to us how this edition could be improved.

Books like this do not appear without the help and assistance of a large number of people. We are grateful to Richard Marley and his colleagues at Cambridge University Press (Cambridge University Press is an IPA corporate partner and has published *International*

Psychogeriatrics, IPA's peer-reviewed journal, since 2004) for their encouragement to write the book and their patience when the first author's numerous other responsibilities slowed down its creation. Nisha Doshi has worked tirelessly to refine the copy that was submitted into the elegant text that you now hold. Susan Oster, the executive director of IPA, was consistently enthusiastic about this project, especially the idea of offering copies to IPA members at discounted cost. Leonardo Pantoni (IPA publications committee chair) and Michael Philpot (book review editor of *International Psychogeriatrics*) checked the text rapidly at short notice to ensure that its content was compatible with IPA's mission and values, and we are very grateful to them for doing this so quickly and cheerfully, and for their many useful and thoughtful suggestions which improved the final text. Roz Seath gave tireless and invaluable secretarial support to this project, as she has done for more books than we, or she, would care to count. The book was completed during the last three months of 2009 when Ames was on sabbatical leave from his research institute and university – the hospitality and kindness of Craig Ritchie and his Imperial College colleagues at Charing Cross Hospital, London, during this time helped to make possible the book's completion. Finally, we would like to thank our patients and their families – from them we have learned most of what little we know about this expanding and intriguing branch of medicine.

David Ames, Edmond Chiu, James Lindesay and Ken Shulman