Clinical Topics in Old Age Psychiatry

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Clinical Topics in Old Age Psychiatry

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Philippa dedicates this book to Fergus Hamilton, who during the editing of this book became my husband.

Julian dedicates this book to Matthew Clay, Architect, and Ben Clements, Building Contractor, and his amazing team for designing and building me a study whilst I edited this book.

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Preface

The *Clinical Topics* series brings together papers from one particular area of psychiatry that have been previously published in *Advances in Psychiatric Treatment*, now called *BJPsych – Advances*. This suggests two distinct advantages for the series. First, as the College's Continuing Professional Development (CPD) journal, *Advances* has always reflected topics and issues that are of current importance to the practising consultant psychiatrist. Papers in *Advances* will often contain cutting-edge science and will be written by cutting-edge scientists or academics. But whether or not the papers are written by leaders in the academic field – and it is noteworthy that the papers are often inspired by front-line clinical staff – the issues and topics they cover will be cutting-edge in terms of their clinical and topical relevance.

Second, *Advances* has always had a unique style, which is a little hard to capture. The papers are not reports of new research. They are not systematic reviews of the literature. Yet they contain new research, and they review the literature anyway. But they do so in a style that is accessible and attractive. There are frequently boxes to summarize key points and case histories to illustrate clinical presentations. The content is inclusive, but not exhaustive. It is educational. It is aimed at the 'jobbing' consultant psychiatrist but is read with interest by many who are still in training. These are papers that provide an overview, an up-to-date summary of the field. The style is rigorous but relaxed.

For the current volume we looked back over the last ten years for papers of relevance to old age psychiatry. The initial selection (by PL) contained papers felt to provide a fair spread of topics, which we then grouped under the broad headings of (i) epidemiology and types of disorders, (ii) assessment and investigations, (iii) approaches to management, and, finally, (iv) law, ethics and philosophy. Where there was duplication, we preferred more recent papers, but we also took into consideration the content. Needless to say, there were a number of good papers we were sadly unable to include.

Still, in addition, we were encouraged by the helpful reviewers of our proposal to commission some new work. The chapter on epidemiology is new. We had some difficulty finding anyone to write it, so we did so ourselves. We are grateful to the reviewers of that chapter and to one of the anonymous reviewers of the book whose comments undoubtedly improved it. With the book in mind we had previously published the chapter on biomarkers. We encouraged the commissioning of the chapter on mental health in Parkinson's disease and are grateful to Dr Henderson and her team for producing such a useful synopsis. The superb chapter by Carole Burrell and Charlotte Emmett on mental health laws is also new and represents a thorough synthesis of the laws from every part of the United Kingdom (UK). Talking of the legal chapters reminds us to say that whilst the chapter by Nick Brindle and Christian Walsh was based on an earlier paper, it has been rewritten to bring us completely up to date with the law in an area where, nevertheless, things are evolving and changing all the time.

It is important to comment that there is inevitably a parochial bias to some of the chapters that appear in the book. The original articles were written with a UK audience in mind – hence the many references to National Institute for Health and Care Excellence (NICE) guidelines and the like – and some chapters, e.g. reflecting the law, are more relevant solely to England and Wales. This was unavoidable. We hope the Burrell and Emmett chapter mitigates this fault to some degree, at least as far as the law in the United Kingdom is concerned. But we would also plead for indulgence. Abroad, NICE guidelines do not carry the weight they do in the United Kingdom, but they remain *intellectually* authoritative. Other jurisdictions have not been through the palaver caused by deprivation of liberty safeguards in England and Wales, but people are still deprived of their liberty in other countries and the *concerns, concepts and principles*, if not the exact laws, remain applicable.

Like the Brindle and Walsh chapter, many of the chapters that follow have been extensively rewritten since their initial publication. We remain very grateful to all of the authors who squeezed this work into their normal busy schedules. It is invidious to name any particular chapters or authors perhaps, but Alex J Mitchell's chapter on the mini-mental state examination (MMSE) is essentially new; and Andrew Kiridoshi's chapter is more or less a complete rewrite of the earlier paper.

One other point, which gives us some satisfaction, is that a number of the chapters have largely been written by psychiatrists who were still in training at the time of writing. Their chapters sit next to those by internationally known experts. Expertise brings a surety of touch, but it is also good to have a freshness of vision brought to bear on familiar topics.

Inevitably, the range of topics represented here reflects our own inclinations. We make no apology for this. One of us (JCH) has been on the editorial board of *Advances* for some years. In this capacity he has often written for the journal in order to encourage attention to old age psychiatry, so it is not too strange that his work appears here more than the work of others. We hope this does not appear egregious.

But we must apologize that some topics commended to us do not appear in the book. We tried hard to encourage experts in the field to write about genome-wide association studies (GWAS) in connection with Alzheimer's disease (AD), but they were seemingly too busy in their libraries! We had a team of authors working on a chapter on personality disorders in older people – surely a topic worthy of much more attention – but the paper did not come to fruition, although we were grateful to the authors for trying to help us. Another important area we failed to cover was assistive technology.

So, we could have produced a much bigger book. But it is important to recognize that this is not a textbook. It was never the intention that we should cover every topic possible in old age psychiatry (which would be difficult enough even in a large textbook). Rather, the book highlights trends and particular areas of current interest. Elsewhere, there are good and famous textbooks of old age psychiatry which provide a broader account of the field. Even so, there may be topics in this book that you will not find covered in other places; and it is likely that some of them are covered here in a fashion not usually seen. Reflecting its roots, the book is mainly aimed at consultants and trainees in old age psychiatry. However, it may be of interest to all those who work with older people, from old age physicians to mental health nurses, general nurses, social workers, occupational therapists, speech and language therapists, general

practitioners and so on. The purpose of this book is not to be a comprehensive review of all topics in old age psychiatry but a closer review of refreshing and noteworthy topics currently relevant to the specialty. We hope to have succeeded in achieving this purpose; and if we have, it is on account of the work of our authors, to whom we again extend our sincere gratitude. If we have not, the fault is solely our own.

On a personal note, we should like to end here by thanking our spouses, Gus and Anne, for their support during the process of editing the book. They are the *sine quibus non*.

Philippa Lilford

Julian C Hughes

Acknowledgement

We should like to thank the authors of the chapters that follow for their patience with us during the gestation of this book. We know how busy clinicians and academics are these days, and we have appreciated the willingness with which the contributors to the book have responded to our requests and nagging with tolerance and even humour.

We particularly wish to thank Anna Whiting (our Editor), Jessica Papworth (Senior Editorial Assistant), Maeve Sinnott (Editorial Assistant) and their colleagues at Cambridge University Press for their kind help, advice, encouragement and sympathy throughout the process of producing the book.

We wish to thank the following for permission to use copyright material: Elsevier for permission to use Figure 12.1, Figure 12.2 and Figure 12.3; John Wiley and Sons for permission to use Figure 15.1; The General Medical Council for permission to use Box 10.2; and Wolters Kluwer Health, Inc. for permission to use Boxes 13.1 and 13.4.

Editors' Note

Any opinions expressed in the book are entirely those of the authors and do not necessarily reflect the views of any organizations with which they are associated. Case histories used in this book are entirely fictional but are based on reality. Every effort has been made to ensure that details about drugs, their indications and their dosages are accurate, but prescribers are urged to check local, contemporaneous and authoritative sources before prescribing any medication. Psychosocial interventions should only be used in appropriate contexts under the supervision of (or by) properly trained and registered practitioners.

A list of abbreviations follows, but this contains only abbreviations which are used more commonly. On the whole, abbreviations used within single chapters (and defined therein) have not usually been included in the list.

Philippa Lilford

Julian C Hughes

Abbreviations

ACh	Acetylcholine
ACP	advance care planning
AD	Alzheimer's disease
ALS	amyotrophic lateral sclerosis
BPSD	behavioural and psychological symptoms of dementia
CADASIL	cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
CBT	cognitive behavioural therapy
ChEIs	cholinesterase inhibitors
CJD	Creutzfeldt–Jakob disease
CNS	central nervous system
CPR	cardiopulmonary resuscitation
CRPD	convention on the rights of persons with disabilities (also UNCRPD)
CSF	cerebrospinal fluid
CT	computerized tomography
CVD	cerebrovascular disease
DLB	dementia with Lewy bodies
DNA	deoxyribonucleic acid
DoLS	deprivation of liberty safeguards
DSM-IV	*The Diagnostic and Statistical Manual of Mental Disorders* (4th edition)
DSM-5	*The Diagnostic and Statistical Manual of Mental Disorders* (5th edition)
ECG	electrocardiogram
ECHR	European Convention on Human Rights (also known as the Convention for the Protection of Human Rights and Fundamental Freedoms)
ECT	electroconvulsive therapy
EEG	electroencephalogram
EMG	electromyography
FDG	fluorodeoxyglucose
FTD	frontotemporal dementia (or degeneration)
GAD	generalized anxiety disorder
GMC	General Medical Council
GP	general practitioner
HIV	human immunodeficiency virus
HMPAO	hexamethylpropyleneamine oxime
ICDs	impulse control disorders
ICD-10	*International Classification of Diseases* (10th edition)
ICU	intensive care unit
IQ	intelligence quotient
MCA	mental capacity act
MCI	mild cognitive impairment
MHA	Mental Health Act 1983

MMSE	mini-mental state examination
MND	motor neurone disease
MRC	Medical Research Council
MRI	magnetic resonance imaging
MS	multiple sclerosis
NHS	National Health Service
NICE	National Institute of Health and Care Excellence
NIHR	National Institute for Health Research
NIMH	National Institute of Mental Health
NINDS–AIREN	National Institute of Neurological Disorders and Stroke and Association Internationale pour la Recherche et l'Enseignement en Neurosciences
NMDA	N-methyl-D-aspartate
NPSA	National Patient Safety Agency
NSAID	non-steroidal anti-inflammatory drug
ONS	Office for National Statistics
PD	Parkinson's disease
PDD	Parkinson's disease dementia
PEG	Percutaneous endoscopic gastrostomy
PET	positron emission tomography
PiB	Pittsburgh Compound B
PTSD	post-traumatic stress disorder
RCT	randomized controlled trial
RR	relative risk
SNRI	serotonin norepinephrine uptake inhibitors
SPECT	single-photon emission computed tomography
SSRI	selective serotonin reuptake inhibitor
SVD	small vessel disease
TCA	tricyclic antidepressant
TIA	transient ischaemic attack
TMS	transcranial magnetic stimulation
TSH	thyroid-stimulating hormone
TSO	The Stationery Office
UK	United Kingdom
USA	United States of America
VaD	vascular dementia
WHO	World Health Organization