

Cambridge University Press

978-1-108-72777-8 — Schizophrenia and Psychoses in Later Life

Edited by Carl I. Cohen , Paul D. Meesters

Frontmatter

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# Schizophrenia and Psychoses in Later Life

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New Perspectives on Treatment,  
Research, and Policy

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“Professors Cohen and Meesters have provided a timely, comprehensive, and scholarly review of the state of the science in late life psychotic disorders. This volume bridges epidemiology, diagnostic, treatment, health systems, and health policy issues. It accords special emphasis to the voices of those living with these disorders. The roster of contributors to this volume—scientists, clinicians, health services researchers, policy experts, and consumers—is greatly to be admired. It doesn’t get any better than this.”

Charles F. Reynolds III MD  
 Distinguished Professor of Psychiatry and UPMC Endowed Professor in Geriatric Psychiatry emeritus,  
 University of Pittsburgh School of Medicine  
 Editor-in-Chief, American Journal of Geriatric Psychiatry

Despite the recent focus on schizophrenia that has nearly exclusively targeted the prodrome and early psychosis and despite the unfortunate fact people with schizophrenia have extensively shortened life expectancies, there are lots of older people with schizophrenia and this number will only keep rising. This book does it all: it covers all aspects of functioning, treatment, medical concerns, and policy. It is the definitive current reference on schizophrenia and aging and is required reading for anyone interested in schizophrenia, aging, or both.

Philip D. Harvey, PhD Leonard M. Miller Professor of Psychiatry and Behavioral Sciences

Within Schizophrenia and Psychoses in Later Life, an international panel of distinguished authors comprehensively review the scientific literature, current best practice recommendations and outstanding research questions. Through concise and well-written chapters, features of the most important diagnoses are described, together with interventions and strategies for management. Many of the authors express justified optimism that successful aging for older adults with schizophrenia is possible and the evidence-based ingredients for achieving this are detailed. This brilliant book stands as a definitive and practical state of the art resource for clinicians, researchers and those who plan and commission services for this patient population.

Robert Howard, Professor of Old Age Psychiatry, University College London.

The number of older people living with psychotic illnesses is increasing and it is straining available resources. This outstanding volume provides both a sobering and an optimistic view of the challenges in assisting these individuals. On the one hand, this is a diverse population with a broad range of medical and psychiatric problems; on the other hand, new paradigms are available for meeting the needs of these patients and improving health and functioning. Many older age people with schizophrenia view themselves as having opportunities for enhancing the quality of their lives. Contributions by leading authorities span epidemiology, social needs, pharmacologic and psychosocial treatment. It is essential reading for clinicians and researchers with an interest in this population, especially psychiatrists, psychologists, nurses, and therapists.

Stephen R Marder, M.D.  
 Daniel X. Freedman Professor of Psychiatry

As attention increasingly shifts to early intervention and prevention in both research and treatment of psychosis, this volume provides welcome attention to those at the other end of the spectrum. Cohen and Meesters have marshalled researchers, practitioners and those with lived experience to address the full range of issues that confront us in these patients. The international perspective that animates many of the contributions insures that the volume will be of value to a wide range of readers, including policy makers who can influence provision of services and the future well-being of this underserved population.

Nina R. Schooler, PhD.  
 Professor of Psychiatry & Behavioral Sciences  
 SUNY Downstate Medical Center  
 Brooklyn NY USA

“This book is an important achievement in the field of geriatric psychiatry, integrating new insights from both aging perspectives and recent schizophrenia research in later life. The composition of the chapters have been particularly well chosen with clear sections covering all relevant topics for both clinicians and other disciplines working with geriatric and psychiatric patients in different care settings. For this book the editors, from the USA and Europe, have succeeded in engaging a long list of specialists within the field of psychosis in later life offering the reader a well balanced view on new approaches of this topic e.g. a more dynamic view on outcome in late life psychosis and applying the recovery approach when treating these patients. This book offers a comprehensive view on all topics important for researchers and health workers in the field.”

Max Stek, professor in old age psychiatry, UMC Amsterdam/GGZinGeest.

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## CAMBRIDGE UNIVERSITY PRESS

University Printing House, Cambridge CB2 8BS, United Kingdom  
One Liberty Plaza, 20th Floor, New York, NY 10006, USA  
477 Williamstown Road, Port Melbourne, VIC 3207, Australia  
314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi – 110025, India  
79 Anson Road, #06-04/06, Singapore 079906

Cambridge University Press is part of the University of Cambridge.

It furthers the University's mission by disseminating knowledge in the pursuit of education, learning, and research at the highest international levels of excellence.

[www.cambridge.org](http://www.cambridge.org)

Information on this title: [www.cambridge.org/9781108727778](http://www.cambridge.org/9781108727778)

DOI: 10.1017/9781108539593

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First published 2019

Printed and bound in Great Britain by Clays Ltd, Elcograf S.p.A.

*A catalogue record for this publication is available from the British Library.*

ISBN 978-1-108-72777-8 Paperback

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Every effort has been made in preparing this book to provide accurate and up-to-date information that is in accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors, and publishers can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors, and publishers therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.

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## Preface

There is a looming crisis in the care of older adults with schizophrenia. During the first quarter of the twenty-first century, the number of older adults (defined as age 55 and over) with schizophrenia is expected to double in the United States and Europe. By 2025, in the United States, older adults will comprise one-fourth of the population with schizophrenia. Worldwide, the number of people aged 60 years and older with schizophrenia will double by 2050 and will reach about 10 million people. This growth will place enormous strains on a care system that has been structured to treat younger people. This prediction is especially ominous in developing countries because of the pronounced changes occurring in traditional social structures in the wake of increased urbanization and industrialization, and the resultant isolation or even abandonment faced by elderly persons.

There have been no recent books that have addressed the gaps in research, policy, and treatment with this population. A seminal publication by Nancy Miller and Gene Cohen, *Schizophrenia and Aging*, appeared in 1987. In 2003, one of the editors of this volume (Carl Cohen) published *Schizophrenia into Later Life* that largely updated the findings of the 1987 book and included more information on clinical care and policy. Two subsequent books, *Schizophrenia in Late Life: Aging Effects on Symptoms and Course of Illness* by Phillip Harvey, published in 2004, and *Psychoses in the Elderly* by Anne M. Hassett, David Ames, and Edmond Chiu, published in 2005, covered many of the same topics as the Cohen book. Thus, it has been more than a decade since the last book on this topic was published.

### There has been an increase in new research about older adults with schizophrenia

Notably, over the past decade there has been an appreciable expansion in the quantity and quality of research papers on the course, associated risk factors, and treatment of older adults with schizophrenia. For example, there have been a range of studies in the United States and Europe on remission, recovery, depression, negative symptoms, quality of life, community integration, successful aging, cognitive functioning, adaptive functioning, coping strategies, and physical health. Novel treatment strategies have been fashioned, such as cognitive remediation therapy, social skills training, cognitive behavioral treatment, and self-management techniques along with various model programs such as collaborative care and case management strategies. Moreover, in recent years, longitudinal data have emerged that provide important insights into the course of symptoms and long-term outcomes. Importantly, the longitudinal data have challenged prevailing beliefs about late adulthood being a “state of quiescence” for individuals with schizophrenia.

### There is a growing interest in other psychoses occurring among older adults

There is increased interest in the diagnosis and management of other psychotic illnesses in older adults. Psychosis is one of the most common experiences in later life, with a lifetime

risk of 23%. Among persons aged 55 and over, the prevalence rate of psychoses is 3%, and this rate rises considerably with age. Psychoses can be either primary (caused by a psychiatric disorder) or secondary (due to a medical or neurological disorder). About three-fifths of psychotic disorders in later life are secondary conditions. Elderly patients with late-life-onset psychosis require careful evaluation. There are no reliable pathognomonic signs to distinguish primary from secondary psychosis. Moreover, symptoms thought to indicate a primary disorder may reveal themselves over time to be due to a secondary disorder. Although this book focuses primarily on schizophrenia, we have added material on psychoses in later life in recognition of the need to pay greater attention to its diagnosis and treatment.

A new paradigm of schizophrenia in later life is emerging

Much of the work in this volume will incorporate results of studies conducted with community-dwelling middle-aged and older adults with schizophrenia by research groups in North America and Europe. These studies have provided important data about symptom outcomes (e.g., positive symptoms, cognition) as well as global outcomes (e.g., remission, recovery). As they have generally included age-matched community comparison groups, readers are able to assess the relative performance of the older adult with schizophrenia. Notably, investigators have found a wide range of favorable outcomes. Moreover, many of the individual and global outcome measures are associated with a variety of potentially ameliorable social and clinical variables.

Taken together, recent studies support the emergence of a new paradigm that conceptualizes the outcome of schizophrenia in later life as a more dynamic process comprising diverse, predominantly non-overlapping indicators. *This paradigmatic shift has implications with respect to how we conceptualize research, policy, and clinical care for this aging population.* The scaffolding for this book will be this new paradigm that is emerging with respect to schizophrenia in later life. The paradigm includes several elements that will be elaborated in this volume:

1. A more nuanced approach to outcome has emerged based on symptoms (e.g., positive and negative symptoms, depression, cognitive functioning) and global parameters (e.g., remission, recovery, community integration, successful aging) that are only weakly associated with each other.
  2. Diagnostic assessment is much more complex in later life and sharp demarcations of disorders may not be obtained.
  3. In general, outcomes for most measures are more favorable than had been believed during much of the twentieth century, although long-term remission appears to be more modest and there are many possible trajectories.
  4. Schizophrenia in later life is not a state of quiescence with little change in symptoms or outcome.
  5. Course and outcome of schizophrenia in later life can well be viewed within the psychiatry recovery model and the life course perspective of gerontology.
  6. Treatment requires a combination of comprehensive pharmacological and innovative psychosocial approaches that address the various outcome dimensions.
- Given the variety of outcomes, an individualized approach to care is essential.

The book will provide guidelines for clinical care, research, and policy that are consistent with these emerging paradigmatic changes occurring with respect to schizophrenia

in later life. A particular strength of this volume has been to merge various perspectives about aging and schizophrenia. Many authors have backgrounds in aging as well as other disciplines, e.g., biological psychiatry, social psychiatry, sociology, anthropology, social work, psychology, neuropsychology. Clinicians, researchers, service providers, and policy makers are among the target audiences for this book that provides in-depth information on demographic and clinical characteristics of older persons with schizophrenia, treatment approaches, research strategies, and economic and health policy issues.

Finally, the book should also be of value to patients and their relatives. In this respect, we quote Mary V. Seeman, psychiatrist and Professor Emerita at the University of Toronto. In 2005, at age 70, in a paper titled *Parallels Between Aging and Schizophrenia* she offered some highly personal insight: “As I grow old and struggle to cope with the infirmities of age, I marvel at the resilience of my patients who grapple with and overcome the indignities of schizophrenia. Schizophrenia research is mainly about the deficits, about the many difficulties patients face. It rarely celebrates the accomplishments of patients, their ability, on the whole, to accommodate and adapt to the constraints of their illness.” Clearly, patients do not have a choice on whether or not to deal with their schizophrenia, but clinicians and society as a whole certainly do. Clinicians should overcome their prejudices about older schizophrenia patients, who still too often are merely seen as “lost cases.” Society may actively seek ways to counteract the double stigma that is attached to being old and having a severe mental illness. Doing so will benefit not only patients, but society itself.

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## Acknowledgments

We express heartfelt thanks to the late Richard Marley who persisted in encouraging us to develop this book. He was unwaveringly kind and supportive. He will be missed. We also thank the rest of the Cambridge staff who helped guide this book through production: Catherine Barnes, who picked up Richard's baton, Noah Tate, Jessica Papworth, Susan Skakel, and Jo Tyska. Carl Cohen thanks SUNY Downstate Medical Center and his Chair in the Department of Psychiatry, Dr. Ayman Fanous, for providing resources and assistance, Barbara Singh for administrative assistance, and the National Institute of Health that provided funding over his career for studies of mental illness in later life. Most importantly, thanks to his family – his wife Kate, his children Sara and Zack, and grandchildren Melanie, Libby, and Max – for just being there. Paul David Meesters thanks his colleagues Willeke van der Plas, Paul Mutsaers, Lex Wunderink, Ton Dhondt, and Adriaan Jansen at GGZ Friesland (Leeuwarden, the Netherlands), for facilitating his studies of schizophrenia in later life. Last, but not least, thanks to his wife Maaïke, his sons Michaël and Simon, and their partners Katharina and Kristien for their unconditional love and encouragement.

Finally, we thank those who generously participated in our research studies and the patients who taught us so much.

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