



Full Diagnosis Rather Than Dual Diagnosis

Focusing on the Whole Person with Aging and Behavioral Health Concerns

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October 24, 2019

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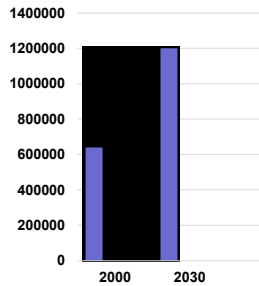


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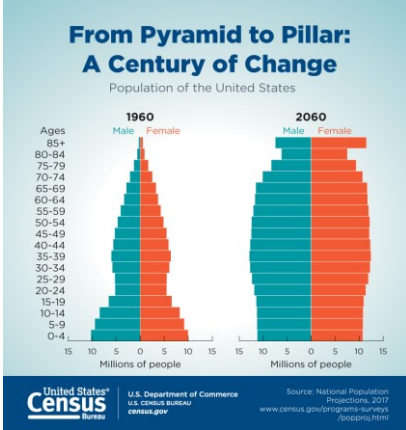
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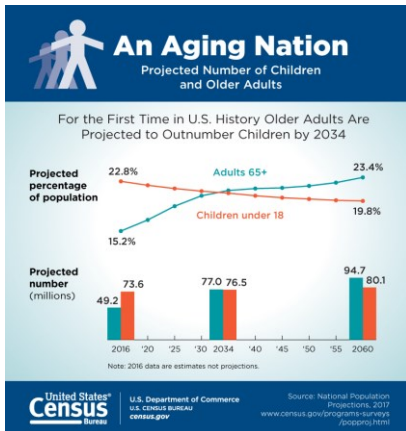


- In the US, the number of adults with intellectual and developmental disabilities (I/DD) aged 60 and older is projected to double from about 640,000 in 2000 to 1.2 million people by 2030.



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Issues In Aging



- Definition of “elderly” varies
 - Specific age
 - Age related changes in functioning

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- Think about the aging individuals you are supporting
- Are they doing well?
- What challenges are they facing?
- Have those challenges changed in the process of aging?
- What challenges are attributed to mental health issues?

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Areas for Refocusing

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- Diagnostic clarity
- Health status
- Evaluation of medications
- Opportunities for wellness

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Issues In Aging

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- Psychiatric disorders are common in elderly persons with developmental disabilities
- Studies vary from 20% to 40%

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Dual Diagnosis vs Full Diagnosis

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Intellectual Disability	Mental Health Diagnosis	Autism Spectrum Disorder
Genetic Diagnosis	Neurologic Diagnosis	Other Physical Diagnosis

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Issues In Aging

- All types of psychiatric disorders can be seen in elderly persons with I/DD
- Psychiatric assessment for a person with I/DD is the **same general process** that would be followed for a person without I/DD

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Psychiatric Assessment



- Presenting Symptoms/Chief Complaint
- History of Present Illness
- Past Psychiatric History
- Past Medical History
- Social History
- Developmental History
- Family History
- Substance Use History
- Mental Status
- Physical Examination

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- Tendency to focus solely on the problematic behavior.
- Full assessment for presence of any type of psychiatric disorder
- Easy to miss important predisposing, precipitating and perpetuating factors, particularly if presenting concerns are dramatic

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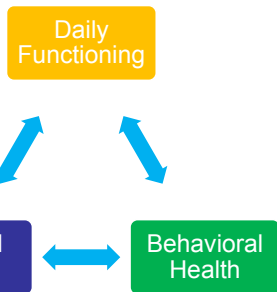
- Mood disorders
- Anxiety disorders
- Psychotic disorders
- Trauma related disorders
- Autism spectrum disorder
- Neurocognitive disorders

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Challenges



- DSM-based criteria for mental illness frequently based on neurotypical populations
- Historically, intellectual disability and autism have been exclusion criteria for field trials and pharmacological trials.





- Health goals for adults with I/DD match those of the general population
 - Maintain or improve community participation
 - Support a good quality of life
 - Promote wellness
 - Minimize need for acute hospitalizations and urgent care visits.




- Individuals with I/DD will generally have similar rates of age-related health conditions
 - Heart disease
 - Type 2 diabetes
 - Cancer
 - Osteoarthritis
 - Vision/hearing
 - Dementia



- Risk factors for age-related health conditions are similar to the general population
 - Obesity
 - Hypertension
 - High cholesterol
 - Inactivity
 - Smoking
 - Alcohol use




- **Pain and distress:** Nonverbal patients can be assessed with a caregiver’s help as well as pain assessment tools adapted for adults with I/DD.
- **Vision and hearing:** Screen for cataracts and glaucoma (yearly for those aged 45 and older) and assess hearing, especially in light of reported changes in behavior. (Cerumen impaction may be a common cause.)
- **Dental disease:** General oral examinations may reveal the need for further investigation or closer monitoring by a dental professional.

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- **Musculoskeletal disorders:** Adults with I/DD are at high risk of osteoporosis and contractures related to reduced or limited activity. Osteoporosis occurs earlier in the I/DD population compared with the general population. Osteoarthritis also is an area of concern.
- **Gastrointestinal disorders:** Screening plays an important role in the identification of gastroesophageal reflux disease. Colon cancer screening follows the same protocol used in the general population.
- **Vaccinations:** adults with I/DD may not receive vaccinations at the same rate as adults in the general population.

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Mimics of Anxiety: THINC MED  **pennsylvania**
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- **Tumors**
- **Hormones**
 - Hyperthyroidism
 - Estrogen
- **Infectious diseases**
 - Streptococcal infection
 - Lyme disease
- **Nutrition**
 - Vitamin B¹² deficiency can present with anxiety symptoms and, in some cases, panic attacks.
- **Central nervous system**
 - Head trauma—even when it is mild—can result in psychiatric symptoms, including those of anxiety.
- **Miscellaneous/Metabolic**
 - Wilson's disease
- **Electrolyte abnormalities and environmental toxins**
- **Drugs**

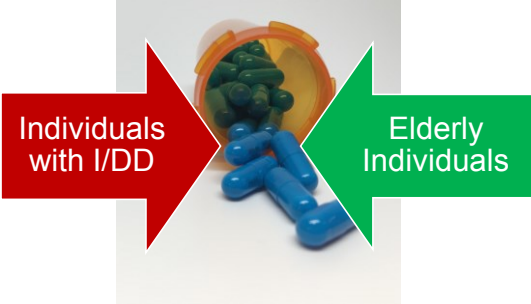
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- **Polypharmacy**
 - Use of multiple medications
 - Interclass
 - Intraclass
 - Increased risk for drug interaction
- Individuals with I/DD often have numerous medications prescribed, sometimes by various providers.

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Individuals with I/DD

Elderly Individuals


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Understanding Drug Effects

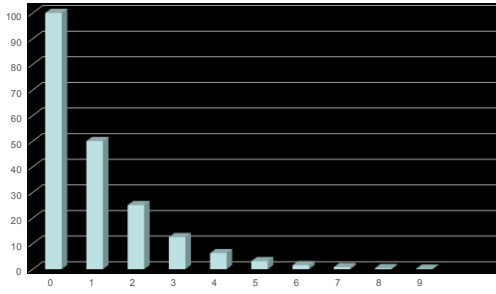
- Half-life ($t_{1/2}$)
- Steady-state
- Pharmacodynamics
- Pharmacokinetics

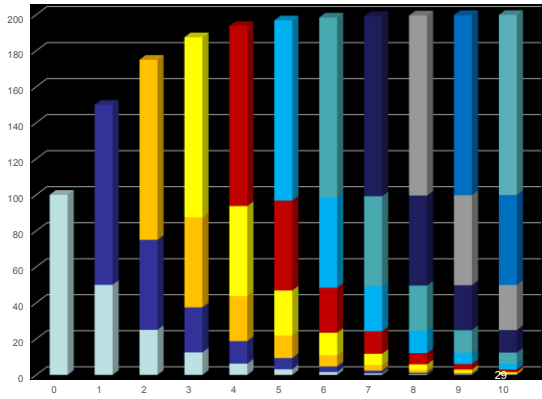
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- Half-life of a medication
 - Period of time required for the concentration or amount of drug in the body to be reduced by **one-half**
- Steady state concentration
 - Situation where the overall intake of a medication is fairly balanced with its elimination

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- Describes what a medication does to the body (both desirable and undesirable effects)
- Influenced by drug concentrations at sites of action
 - Enzymes
 - Receptors
 - Second messenger systems

Pharmacokinetics



- Describes what the body does to a medication
- Characterized by 4 primary phases
 - Absorption
 - Distribution
 - Metabolism
 - Elimination

Absorption Changes



- Decreased number of absorptive cells
- Decrease in some of the transport processes
- Decrease in gastric acidity
- Decrease in intestinal fluid volume
- Decrease in gastric emptying rate
- Decrease in GI motility and blood flow

Distribution Changes



- Decrease in total body water
- Decreased lean body mass with increased fat to muscle ratio
- Decreased perfusion of tissues (brain, liver kidney)
- Decreased plasma albumin ratio

Metabolism Changes



- Reduced hepatic blood flow
- Reduced enzyme activity of some of the liver enzyme systems
 - Responsible for the metabolism of medications (detoxifying)

Elimination Changes



- Renal Excretion
- Decreased kidney weight
- Decreased kidney blood flow
- Decreased tubular secretion

Medication Use In The Elderly



- Drug-Aging interactions
- Drug-Drug interactions
- Drug-Disease interactions

Medication Use In The Elderly



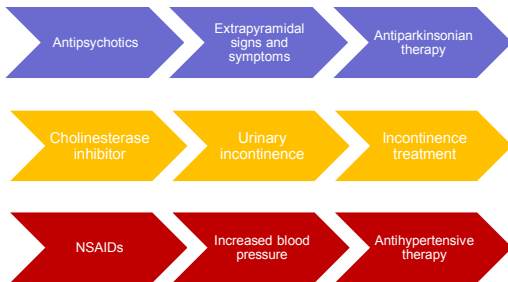
- Initiate therapy with a low dose
- Gradual increases with low increments
- Prescribe as few medications as possible
- Regularly monitor the individual for therapeutic and adverse effects
- Appropriate use of medication monitoring

Medication Use In The Elderly



- Individualize and simplify the medication regimen as much as possible
- Enhance compliance by limiting the total number of medications and the number of pills
- Simplify the dosing schedule (number of times per day a medication is given)
- Multiple orders for the same medication by different names (multiple doctors prescribing)
- Medications administered after the stop date
- PRN use daily for more than 30 days consecutively

Prescribing Cascade



Guides for Medication Use



- The American Geriatrics Society Beers Criteria® (AGS Beers Criteria®) for Potentially Inappropriate Medication Use in Older Adults
 - <https://www.ncbi.nlm.nih.gov/pubmed>
- Pharmacogenomic Testing

Considerations for Potential Problems



- Antidepressant therapy
- More than 2 changes of an antidepressant within a 7 day period
- Use of an antidepressant for less than 3 days (without evidence of reason to stop)
- Use in excess of indicated maximum dosages

Considerations for Potential Problems



- Antipsychotic therapy
- The elderly have a slower hepatic metabolism of antipsychotic agents
- Increased sensitivity to dopamine blockade
- Lower dosages should be used
- Longer waiting periods before medication increases
- Use of 2 or more antipsychotic agents at the same time (typical agents)
- Avoid excessive dosages

Considerations for Potential Problems



- Antipsychotic agents continued
- PRN use more than 5 times in 7-day period without a physician review of the patient
- Use of an antipsychotic agent in the absence of a diagnosed condition to justify the use
- Use in isolated behaviors
 - Wandering
 - Restlessness
 - Anxiety
 - Depression
 - Insomnia
 - Agitation

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Considerations for Potential Problems



- Lithium use in the elderly
- Precautions necessary due to decreased renal clearance in the elderly
- Low dose to start (150-300mg bid)
- Longer time to steady-state (>7days)
- Cardiac disease
- Increased sensitivity to the neurotoxicity of lithium

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44

Considerations for Potential Problems



- Anxiolytic/Hypnotic use
- Slowed hepatic metabolism
- Potentially greater pharmacodynamic sensitivity
- Short-acting agents (lorazepam, oxazepam, and temazepam) are preferred when this type of medication is needed
- Study: people >65years old on long-acting agents (>24 hour half-life) had 70% increased risk of falls compared to no psychotropic medications

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Considerations for Potential Problems



- Anxiolytic/hypnotic agents continued
- Continuous use of hypnotic agents for more than 4 to 6 weeks
- Use of two or more hypnotic/anxiolytic agents at the same time
- Escalating doses
- Abrupt discontinuation after long term use

Dementia Treatments



- No medication will stop the degenerative process of Alzheimer's disease or produce a permanent improvement in functions
- Symptom control
- Improving quality of life
- Possible temporary reduction in symptoms of dementia

Dementia Medications



- Cholinesterase Inhibitors
 - Cognex (Tacrine): Withdrawn from the market 2013
 - Aricept (Donepezil)
 - Exelon (Rivastigmine)
 - Reminyl (Galantamine)
- N-methyl-D-aspartate (NMDA) receptor antagonist
 - Namenda (Memantine)
 - Blocks action of glutamate

Age May Be Risk Factor For:



- Drug induced parkinsonism
- Tardive dyskinesia
- Neuroleptic malignant syndrome
- Akathisia
- Anticholinergic effects
- Adverse cognitive effects
- Iatrogenic delirium
- Benzodiazepine withdrawal
- Orthostatic hypotension
- Agranulocytosis

Opportunities for Wellness



- “Wellness is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” – The World Health Organization.
- Components
 - Self-directed and evolving process
 - Multidimensional and holistic
 - Positive and affirming
 - Achieving full potential
 - Cultural influences

Why is wellness important?



- Life demands, stress, crisis, or trauma can impact or alter our routines and habits.
- Wellness activities create patterns and predictability which may stabilize routines and habits.
- In addition to positive experiences, wellness activities may produce fundamental changes that have a positive impact.

8 Dimensions of Wellness



- Emotional
- Spiritual
- Intellectual
- Physical
- Environmental
- Financial
- Occupational
- Social

Emotional Wellness: Self Care



- Routines
- Time planning for required events
- Music, art, other expressive activities
- Yoga
- Physical activities
- Meditation
- Breathing
- Film: Alive Inside
 - Documentary about the use of music to stimulate and engage individuals with dementia

LifeCourse



CHARTING the LifeCourse

Life Trajectory Worksheet: Family

Developing your goals, the foundation for your life, can be done at any age. The chart on the right shows how you can plan for the future by setting goals and identifying the actions you need to take. The chart on the left shows how you can use the chart to identify the actions you need to take to reach your goals.

Integrated Supports
People need a variety of supports to live well. Using a combination of one or more of these types of support can help you live well. The chart on the right shows how you can use the chart to identify the actions you need to take to reach your goals.

Personal Strengths & Assets

Relationships

Community Based

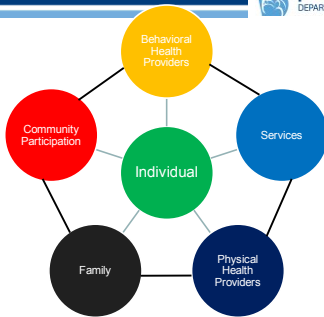
Disability Support

Support: CHA LifeCourse Toolkit and Tools at www.lifechoices.com

What is Next? Advances



- Molecular genetics
- Neuroimmunology
- Mitochondria
- Microbiome
- The "enteric brain"
- Biomarkers
- Neuromodulation
- Parenteral (non-oral) medications
- Internet connectivity
 - Telepsychiatry
 - Remote Supports



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