THE WHO, WHAT, AND WHY OF ACUTE GEROPSYCHIATRY INPATIENT CARE

Connie Marsh MD
Clinical Associate Professor
University of Kansas School of Medicine-Wichita

ACUTE PSYCHOGERIATRIC CARE

- Important component of comprehensive services
- Safe and rapid treatment
- Prevention of chronic institutionalization
  - Correct diagnosis
  - Timely treatment
  - Clinical improvement
  - Rehabilitation
  - Resocialization

PRINCIPALS OF ACUTE GEROPSYCHIATRY CARE

- Multidisciplinary staffing
- Preadmission screening
- Maintaining the patient in the community
- Beginning discharge planning at admission
- Collaborating with community agencies

MULTIDISCIPLINARY STAFFING

- Team
  - Special interest in psychiatry of old age
  - Knowledge of social interventions
  - Knowledge of medical issues

MULTIDISCIPLINARY STAFFING MEDICAL ISSUES

- More that 75% of patients have at least one medical issue
- Majority have 3-4 medical issues
  - Most common—atherosclerosis
- Medical illnesses
  - Precipitate psychiatric admissions
  - Complicate treatment
  - Can be underlying reason for psychiatric symptoms

WHO ARE THE TEAM MEMBERS?

MULTIDISCIPLINARY STAFFING TEAM MEMBERS

- Psychiatrist
- Nursing
- Social Work
- Therapists
- PT/OT

WHY DO PREADMISSION SCREENING?

PREADMISSION SCREENING

- Prevent unnecessary admissions
- Prevent inappropriate admissions
- Prepare realistic discharge plans

MAINTAINING PATIENT IN THE COMMUNITY

- Commitment to returning patient to community
- Family and friends provided education and participate in care plan
- Community has organized network of mental health services and aging services
- Coordination between inpatient and community support services

WHAT COMMUNITY SERVICES HELP MAINTAIN PATIENT IN THE COMMUNITY?

MAINTAINING PATIENT IN THE COMMUNITY

- Community Resources
  - Respite Care facilities
  - Adult Day Care
  - Senior Centers/Activities
  - Home Health agencies
  - Hospice agencies
  - Resources for families
    - Alzheimer's Association
    - Central Plains Area Agency of Aging
    - Kansas Department for Aging and Disability Services

WHY DO DISCHARGE PLANNING ON ADMIT?

DISCHARGE PLANNING AT ADMISSION

- Understand patient's living situation
- Maintaining the patient's community resources
- Dealing with obstacles to returning home

DISCHARGE PLANNING AT ADMISSION

- Psychosocial history
- Assess family's expectations for hospitalization and discharge place
- If appropriate, review finances to determine affordability of discharge plan
- If appropriate, help family begin Medicaid application process
- Facilitate DPOA for health care, finances

COLLABORATION WITH COMMUNITY AGENCIES

- Maintaining patient in the community

- Reduction of length of stay and readmission rates
  - Coordination of aftercare
  - Collaboration with community resources

GERIATRIC PSYCHIATRY INPATIENT UNITS

- Types of units
  - Part of general psychiatric units
  - Separate, smaller unit
- Separate units
  - Therapeutic milieu actively addresses problems of aging
    - Specialized staff
    - Specialized programing
    - Specialized physical space

DESIGN: HOW CAN DESIGN BEST ACCOMMODATE FOR AGE RELATED DECLINES?

DESIGN OF UNIT

- Accommodations for age related decline
  - Visual impairment
    - Excellent lighting
    - Large print reading materials
    - Easy to read signs
  - Hearing impairment
    - Sound proofing interview rooms/dining rooms
    - Minimizing extraneous noise

DESIGN OF UNIT

- Accommodations for age related decline
  - Fall risk
    - Nonskid flooring
    - Wide corridors
    - Well located restrooms
    - Uncluttered rooms
    - Allow for safe wandering and exercise

DESIGN OF UNIT

- Maintain everyday skills
  - Laundry room
  - Kitchen area

INDICATIONS FOR INPATIENT TREATMENT

- Imminent danger to self or others
- Intensive evaluation or treatment required
- Failure of the caregiving system

WHAT IS IMMINENT DANGER TO SELF OR OTHERS?

IMMINENT DANGER TO SELF OR OTHERS

- Suicidal
- Homicidal, violent, or aggressive behaviors
- Threatening behavior while acutely psychotic
- Inability to attend to basic or essential care needs
- Dangerous wandering behavior

INTENSIVE EVALUATION OR TREATMENT REQUIRED

- Intensive Evaluation
  - Difficult diagnostic issues requiring close observation
  - Multiple medical problems or drug sensitivities
- Treatment
  - Drug or alcohol issues
  - Acute psychosis
  - Severe depression or mania
  - Need for electroconvulsive therapy

FAILURE OF CAREGIVING SYSTEM

- Caregiver dies, leaves, or needs relief
- Depletion of care resources
- Lack of or failure of community resources

WHAT ARE INAPPROPRIATE ADMISSIONS?

INAPPROPRIATE ADMISSIONS

- Medical needs are urgent and overshadowing psychiatric condition
- Comatose or moribund patient
- Patient only requires placement or other social support services
- Patients who could be treated in less intensive setting

WHAT IS TREATED ON AN ACUTE GEROPSYCHIATRY UNIT?

PSYCHIATRIC DIAGNOSES

- Depends upon unit type, medical support

PSYCHIATRIC DIAGNOSES

- Affective disorders
  - Depressive disorders
  - Bipolar affective disorders
- Delirium
- Major neurocognitive disorders (dementias)
- Alcohol and substance abuse
- Schizophrenia and other psychotic disorders

ASSESSMENT AND DIAGNOSIS

- Medical
  - Evaluation, labs, imaging, medication review
- Psychiatric
  - Evaluation including careful history
    - Can take time, review medical records, interview multiple family members, friends
    - SLUMS, MMSE
  - Observation
    - Patients can tend to exaggerate or minimize sx
    - Sleep, food intake, socialization, somatic concerns
- Psychological/Cognition
  - Neuropsychological testing

ASSESSMENT AND DIAGNOSIS

- Functional
  - Observations by nursing, staff
  - Assessing family and social resources by social work
  - Decision making capacity
- KELS by OT

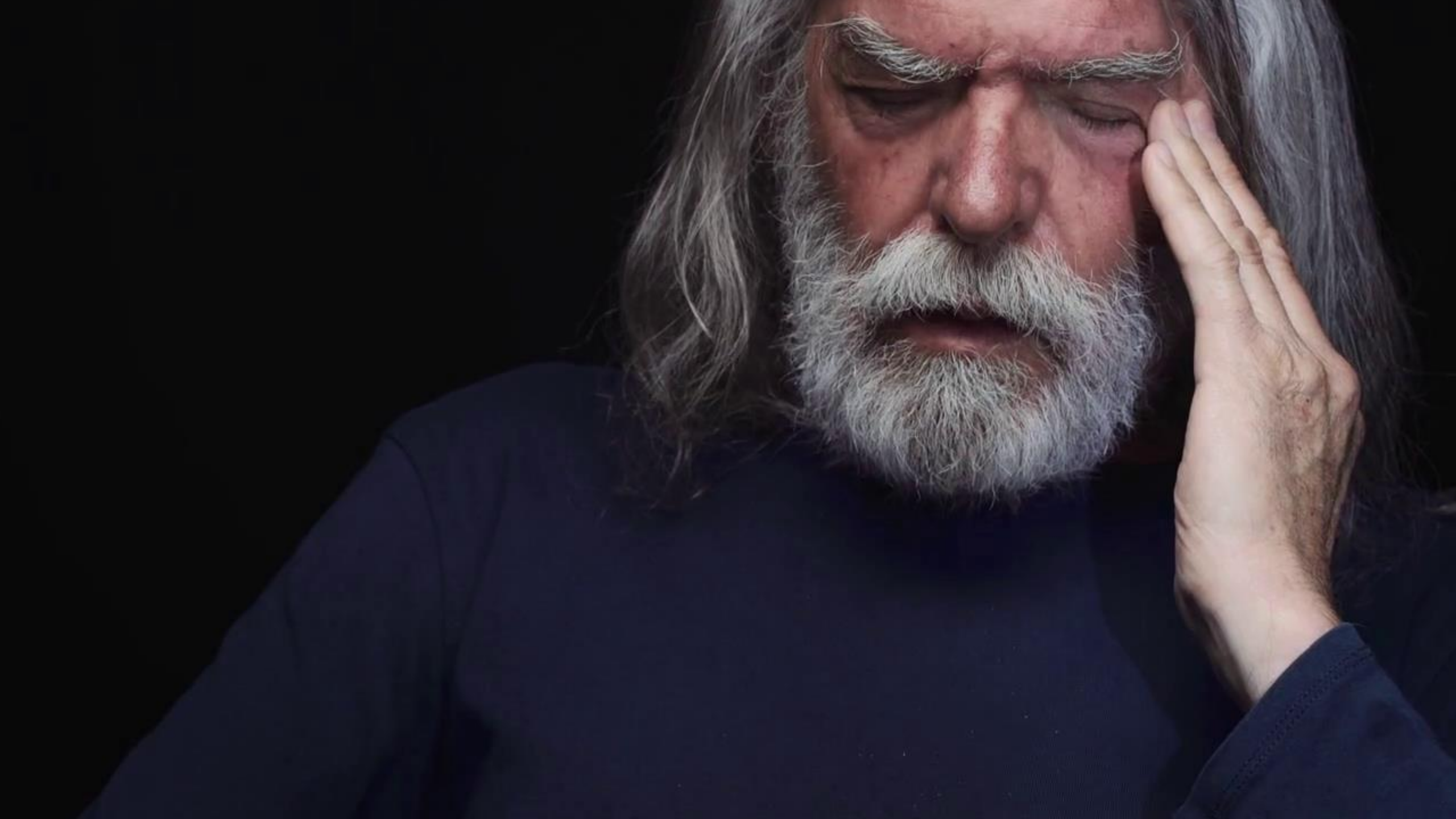
WHAT IS A KELS?

KOHLMAN EVALUATION OF LIVING SKILLS

- Self care
- Awareness of dangerous household situations
- Identification of appropriate action for sickness/accidents
- Knowledge of emergency phone numbers
- Use of money
  - Source of income
  - Banking forms
  - Payment of bills
- Use of phone book/telephone
- Transportation
- Leisure Activities

OUTCOMES

- Ideally, return home or to preadmission residence
- LOS longer than younger adults
  - 19 days for Via Christi Unit
  - Average one to two weeks
  - Long LOS due to inability to secure LTC placement, securing DPOA or guardianship, Medicaid
- Premature discharge
    - Unsafe
    - Higher level of care
    - Readmission



TREATMENT MODALITIES

- Individualized treatment plan
  - With patient and family involvement
- Daily multidisciplinary staffing

TREATMENT MODALITIES

- Maintain or improve functioning
  - Wear own clothes
  - Do laundry
  - Kitchen activities
  - Self care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TREATMENT MODALITIES

- Occupational therapy
- Physical therapy

TREATMENT MODALITIES

- Music therapy
- Therapy dog

TREATMENT MODALITIES

- Milieu
  - Mixture of therapy groups
    - facilitate communication
    - observe symptoms

WHAT ARE CHALLENGES TO PSYCHOTHERAPY IN OLDER ADULTS?

PSYCHOTHERAPY CHALLENGES

- Cognitive impairment
- Sensory loss
- Stigma
- Medical problems
- Lack of mobility
- Fixed income
- Different concerns than younger adults (core themes)

TREATMENT MODALITIES

- Recreational therapies
  - Arts/crafts
  - Current events
  - Games, Bingo
  - Trivia
  - Sensory

TREATMENT MODALITIES

- Mixture of therapies
  - Individual and group
    - Problems common to geriatric patient
      - Loss
      - Adjusting to new roles
      - Finding worthwhile activities
      - Maintaining self esteem
      - Adapting to changes in family relationships
      - Increased dependency needs
  - Validation therapy
    - Emphasis on emotional aspect of communication rather than factual content
    - Respects person's feelings and beliefs

TREATMENT MODALITIES

- Individual psychotherapy
  - Supportive
  - Cognitive/Behavioral
    - Relaxation
    - Sleep hygiene
  - Problem-solving
  - Validation

TREATMENT MODALITIES

- Reminiscence
- Life Review
  - Acknowledge past conflicts and consider their meaning in their life as a whole
  - Positive memories shared in group settings to improve self-esteem and social cohesiveness

- Empirical support is sparse

PSYCHOTHERAPY FOR DEMENTIAS

- Validation therapy
  - Premise: patients with dementia use their remaining cognitive abilities to communicate with others
  - Validate efforts by
    - Simple speech
    - Empathetic voice tone
    - Reflect speech and behavior
  - Mildly positive results
    - Decreases in verbal and physical aggression
    - Nurses have greater confidence in managing problematic behaviors


At every age a happy life
is made up of little things

TREATMENT MODALITIES FAMILY THERAPY

- Dementia care is often family's first experience with seeking help from agencies or other family members
- Caregivers may be overwhelmed, exhausted, depressed, anxious
  - Premature death is associated with spousal caregiver strain
  - Treatment of psychiatric consequences of caregiver burden

GOALS IN WORKING WITH FAMILIES

- Identifying precipitating stresses
- Address safety issues
- Identifying future stresses and plan strategies to manage
- Assessment of tolerance limits
- Mobilize secondary family support
- Elucidating family interactions
- Facilitate appropriate decision making

GOALS IN WORKING WITH FAMILIES

- Help family to accept help or let go of direct care
- Provide support around grief, loss, or conflict
- Address caregiver strain
- Educate Educate Educate
  - Understanding and acceptance of the illness

FAMILY THERAPY

- Family rarely has one voice
  - Close and distant family have different perceptions and expectations, often precipitating conflict
  - No perfectly fair and equal division of responsibility

FAMILY THERAPY

- Family care is an adaptive challenge
  - Few incentives will make unwilling family assume care
  - Few incentives will keep determined caregiver from honoring her commitment

FAMILY THERAPY

- Caregiver's awareness of services or need for services does not necessarily lead to their use.

FAMILY THERAPY

- Primary caregiver at home is efficient and preferred
  - Primary caregivers need breaks, respite, backup people, services to supplement their care

THE WHO, WHAT, AND WHY

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