



The Care of Older Adults with Chronic Mental Illness who Develop Dementia

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Evelyn is a 74-year old woman with schizophrenia who has recently had a change in behavior.

- First episode of psychosis at age 26, followed by multiple psychiatric hospitalizations, including electroconvulsive therapy.

Has chronic paranoia and hallucinations, occasional depression. Has been on many psychiatric medications. Not hospitalized since age 40.

Lives in an apartment with two other people with mental illness. Case management through local community mental health center. Estranged from brother, otherwise no family.

Long history of tobacco use (1 pack per day), remote history of excess alcohol use.

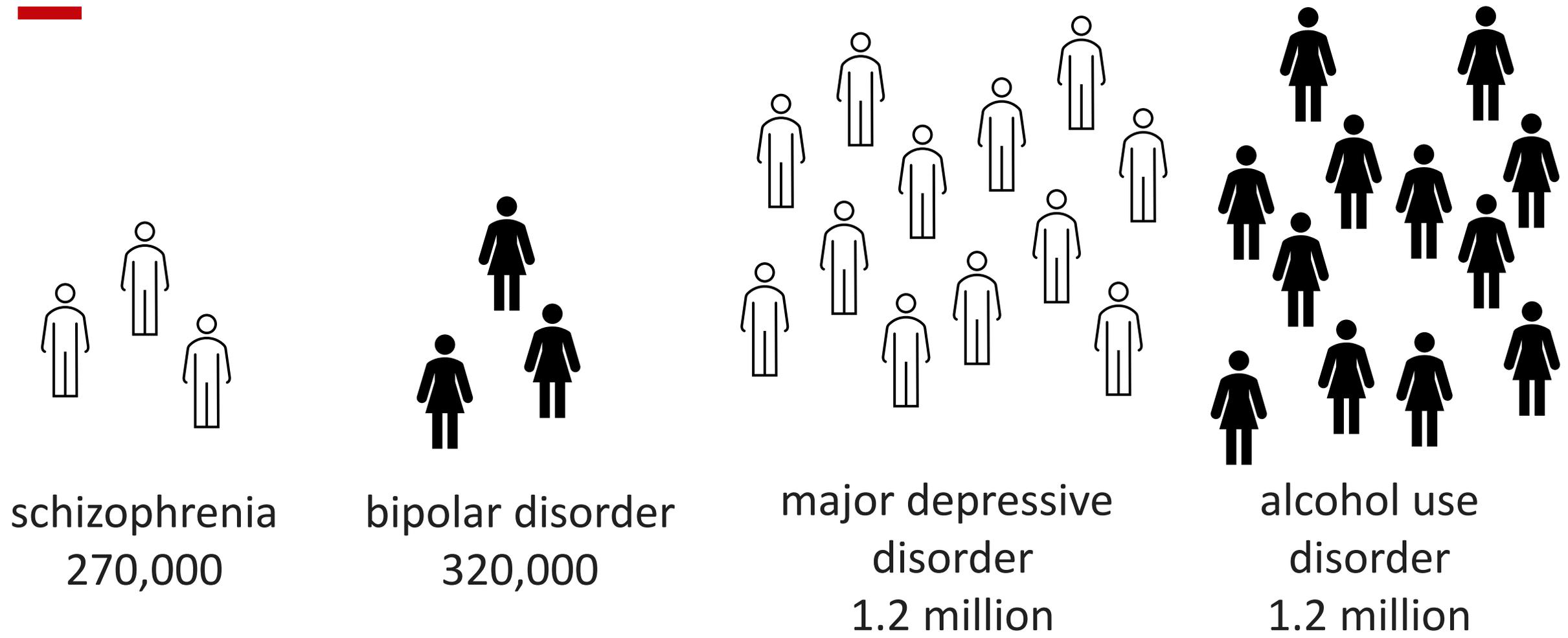


Chronic mental illness

- schizophrenia
- bipolar disorder
- major depressive disorder
- alcohol use disorder (AUD)



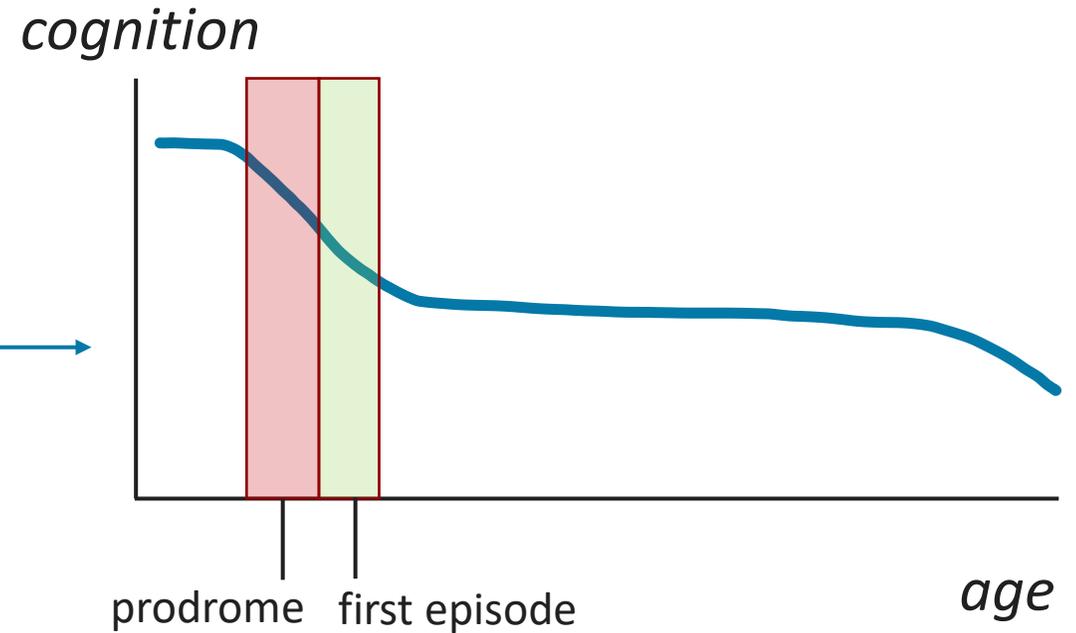
How many older adults in the U.S. have a chronic mental illness?





Schizophrenia

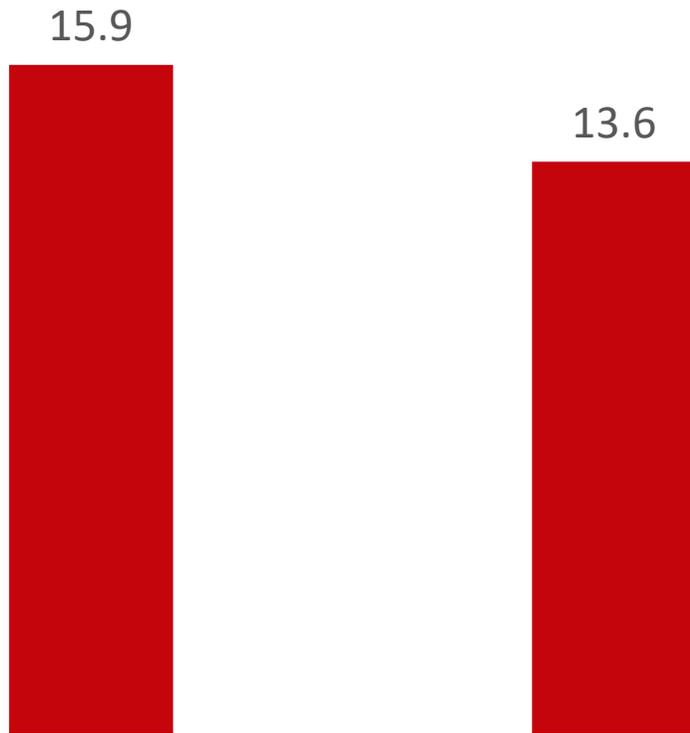
- clinical presentation
 - positive symptoms
 - negative symptoms
 - cognitive symptoms →
 - functional impairment
 - variable course
 - tobacco & other drug use
- age of onset
 - usually 15-25 men, 25-35 women
 - late onset > 40 yo
 - very late onset > 60 yo
- cause unknown



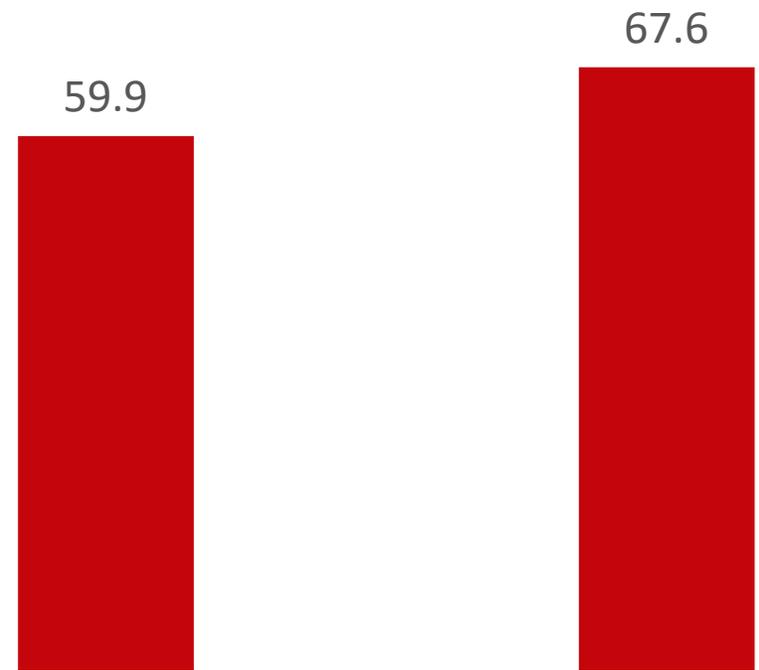


Schizophrenia shortens life expectancy

Years of life lost due to schizophrenia

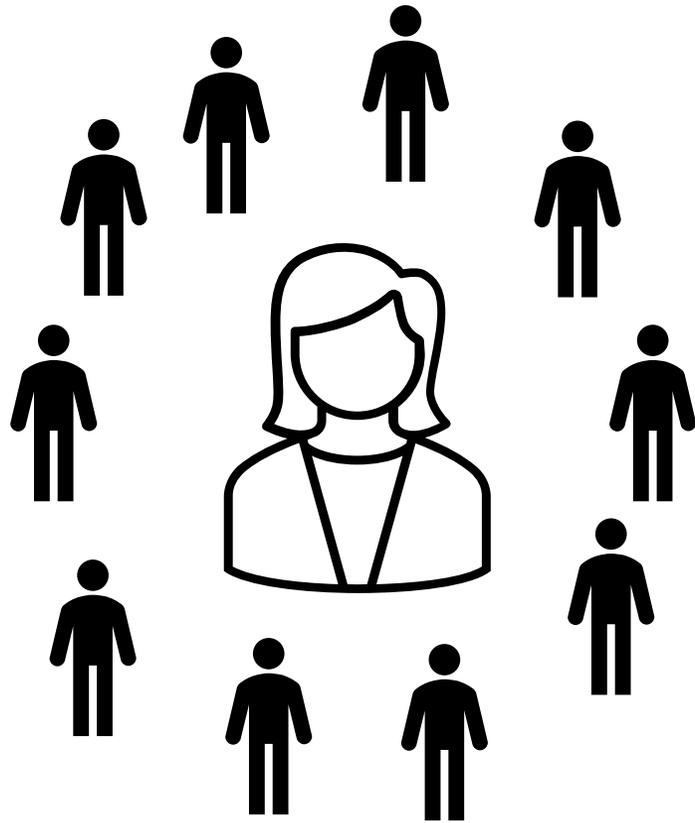


Life expectancy of people with schizophrenia

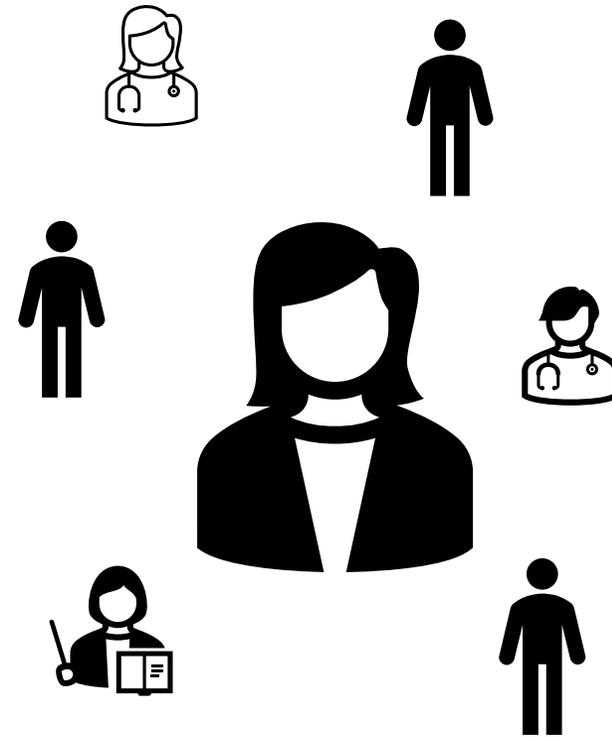




Social networks of people with schizophrenia are smaller and include more healthcare & social services professionals



person without severe mental illness



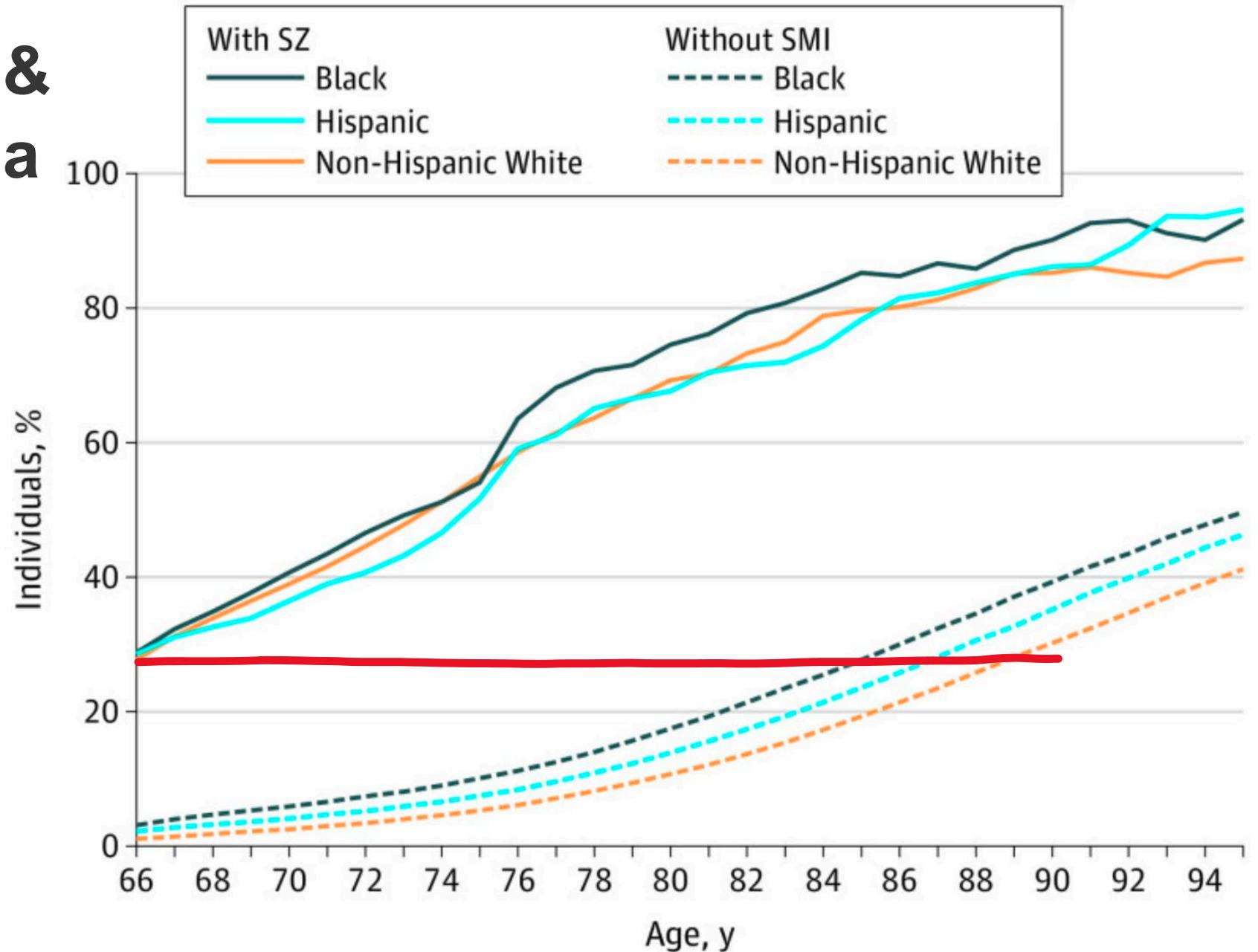
person with schizophrenia



Schizophrenia & risk of dementia

At age 66:

- 28% of people with schizophrenia (SZ)
- 1% of people without severe mental illness (SMI)





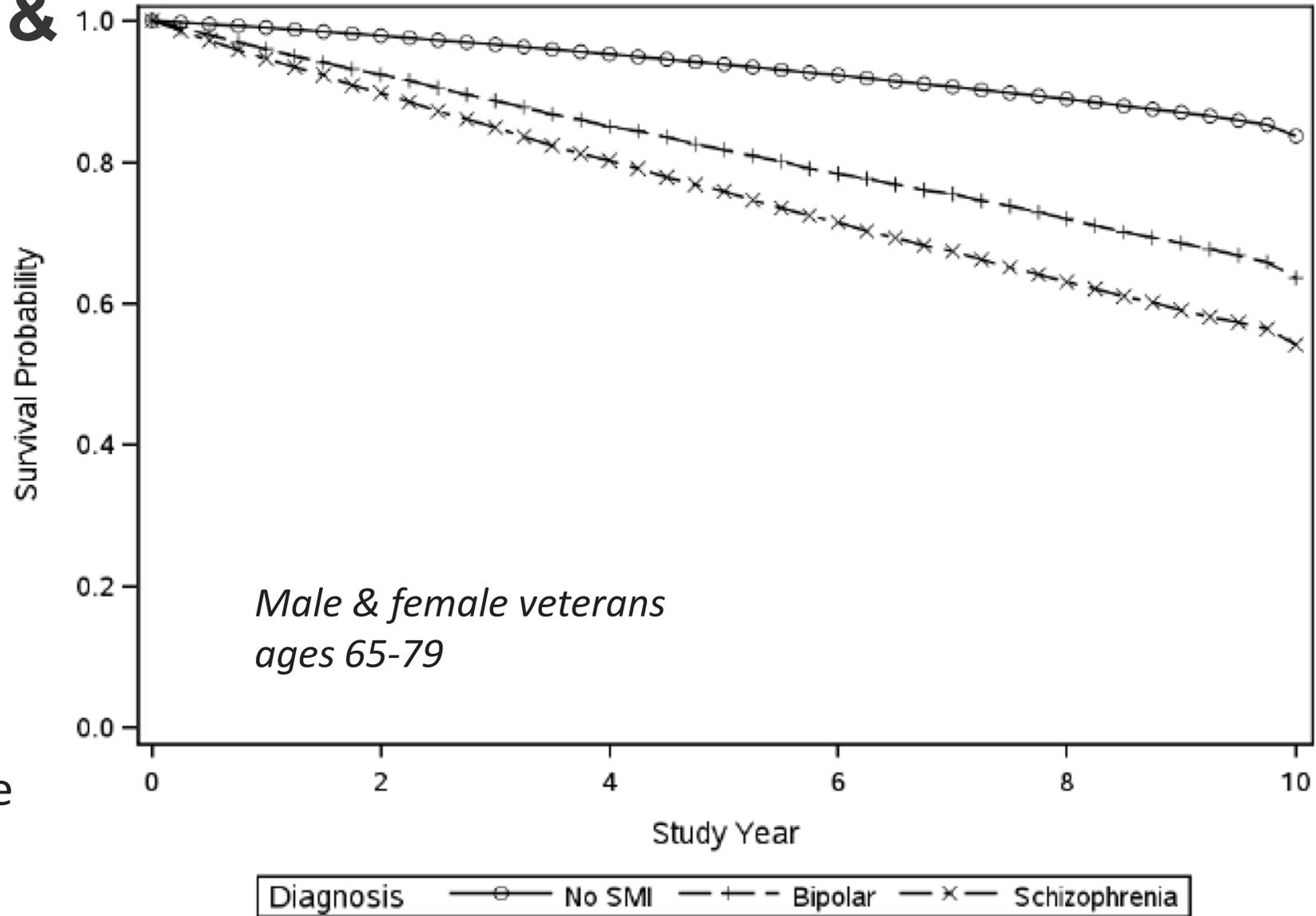
Bipolar disorder

- clinical presentation
 - manic or hypomanic episodes
 - depressive episodes
 - may include psychosis
 - recovery in between episodes
 - alcohol & other drug use
- cognitive impairment
 - bipolar euthymic > mild cognitive impairment
 - bipolar manic/depressed > frontotemporal dementia
- lithium
 - gold standard treatment for bipolar disorder
 - may be protective against dementia



Bipolar disorder & risk of dementia

People with bipolar disorder have roughly twice the risk of developing dementia as people without bipolar disorder





Major depressive disorder

- clinical presentation
 - episodes of changes in mood, behavior & thoughts
 - for roughly half of people, will become a recurrent illness
 - increased risk of suicide (true for other psychiatric disorders, too)
 - alcohol & other drug use
- risk of dementia
 - overall risk roughly doubled
 - markedly higher risk with late-onset (65+) depression
 - higher risk of vascular dementia than Alzheimer's disease



Why does having a chronic mental illness increase the risk of dementia?

- tobacco, alcohol (more on next slide) & other drugs
- medical conditions such as diabetes and heart disease
- low physical activity
- poor access to healthy food
- risky behaviors
- poor access to medical care
- social determinants of health
- neuroinflammation
- decreased brain plasticity
- genetic risks
- lower cognitive reserve



Alcohol use in older adults

- NIAAA recommendation for people 65 and older:
 - no more than 3 drinks in a setting
 - no more than 7 drinks per week
- At-risk alcohol use (2+ drinks on a usual drinking day in past 30 days) or binge-drinking (5+ drinks on at least one day in past 30 days):
 - older men: 28%
 - older women: 11%



What is a standard drink?

**12 fl oz of
regular beer**



**8–9 fl oz of
malt liquor**
(shown in a
12 oz glass)



**5 fl oz of
table wine**



**1.5 fl oz shot of
distilled spirits**
(gin, rum, tequila,
vodka, whiskey, etc.)



about 5%
alcohol



about 7%
alcohol



about 12%
alcohol

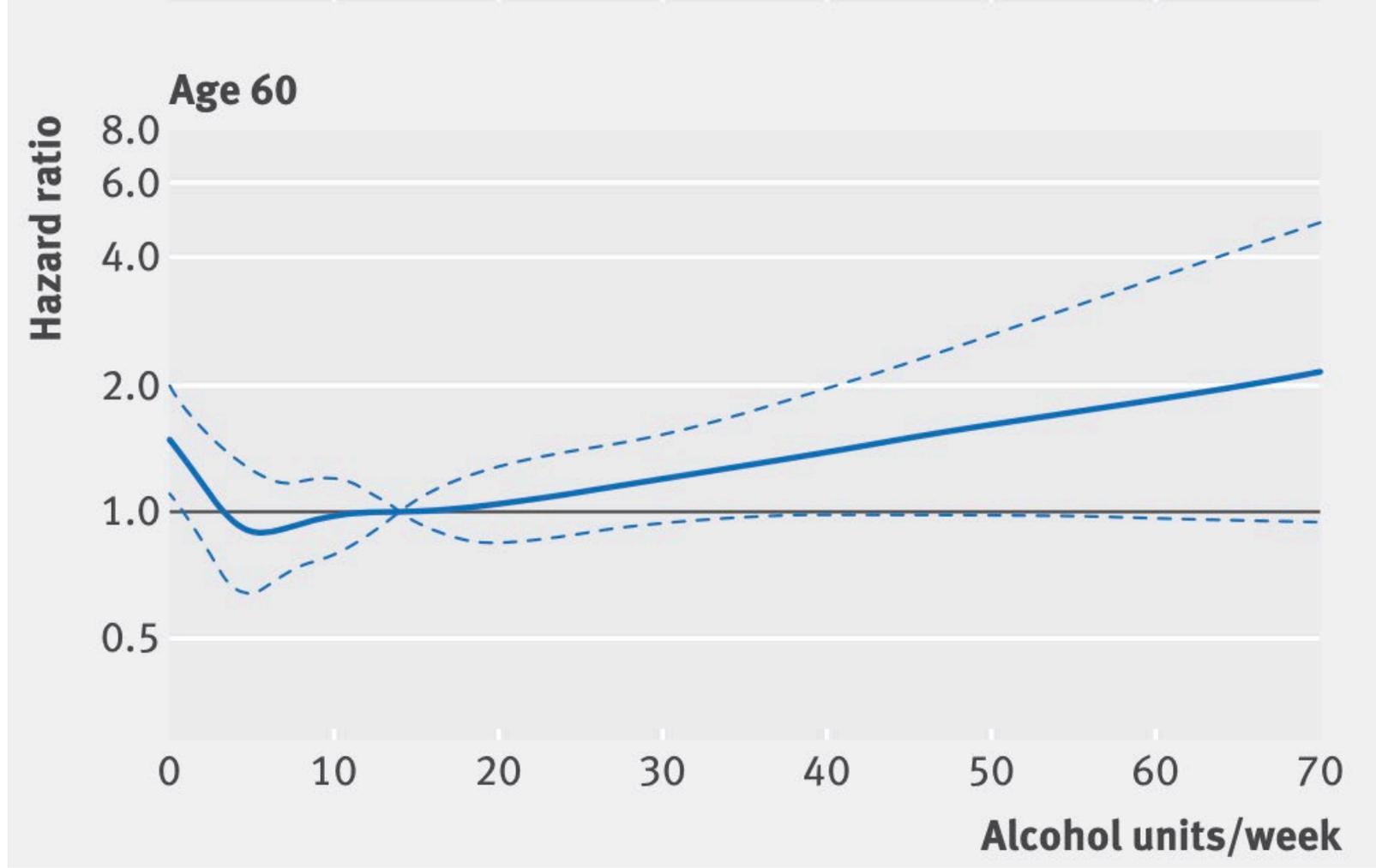


about 40%
alcohol



Alcohol use & risk of dementia

Risk of dementia increases with use > 14 drinks per week





To sum up ...

People with chronic mental illness and/or alcohol use disorder have a higher risk of developing dementia.



— Evelyn's psychotropic medications include olanzapine 30 mg at bedtime, bupropion 300 mg in the morning, lorazepam 1 mg three times per day, benztropine 1 mg twice a day, trazodone 150 mg at bedtime.

She has obstructive sleep apnea, chronic obstructive pulmonary disease (COPD/emphysema), high cholesterol, and pre-diabetes.

She had COVID pneumonia in early 2021, is now vaccinated and boosted.

Over the last few months, she has become repetitive. She has needed prompting to complete ADLs. New visual hallucinations and increased paranoia.



When to suspect dementia in an older adult with chronic mental illness

- difficulty remembering new information or recent events
- repetitive conversation or word-finding problems
- not recognizing familiar people
- change from baseline cognition
- change in personality or behavior
- functional problems:
 - gets lost driving
 - difficulty with money management
 - less able to take care of self



Challenges diagnosing dementia in people with chronic mental illness

- usual cognitive screening tools may not be as useful
- may have cognitive impairment at baseline
- baseline cognition/functioning may not be known
- poor access to medical care



Medical evaluation of suspected dementia

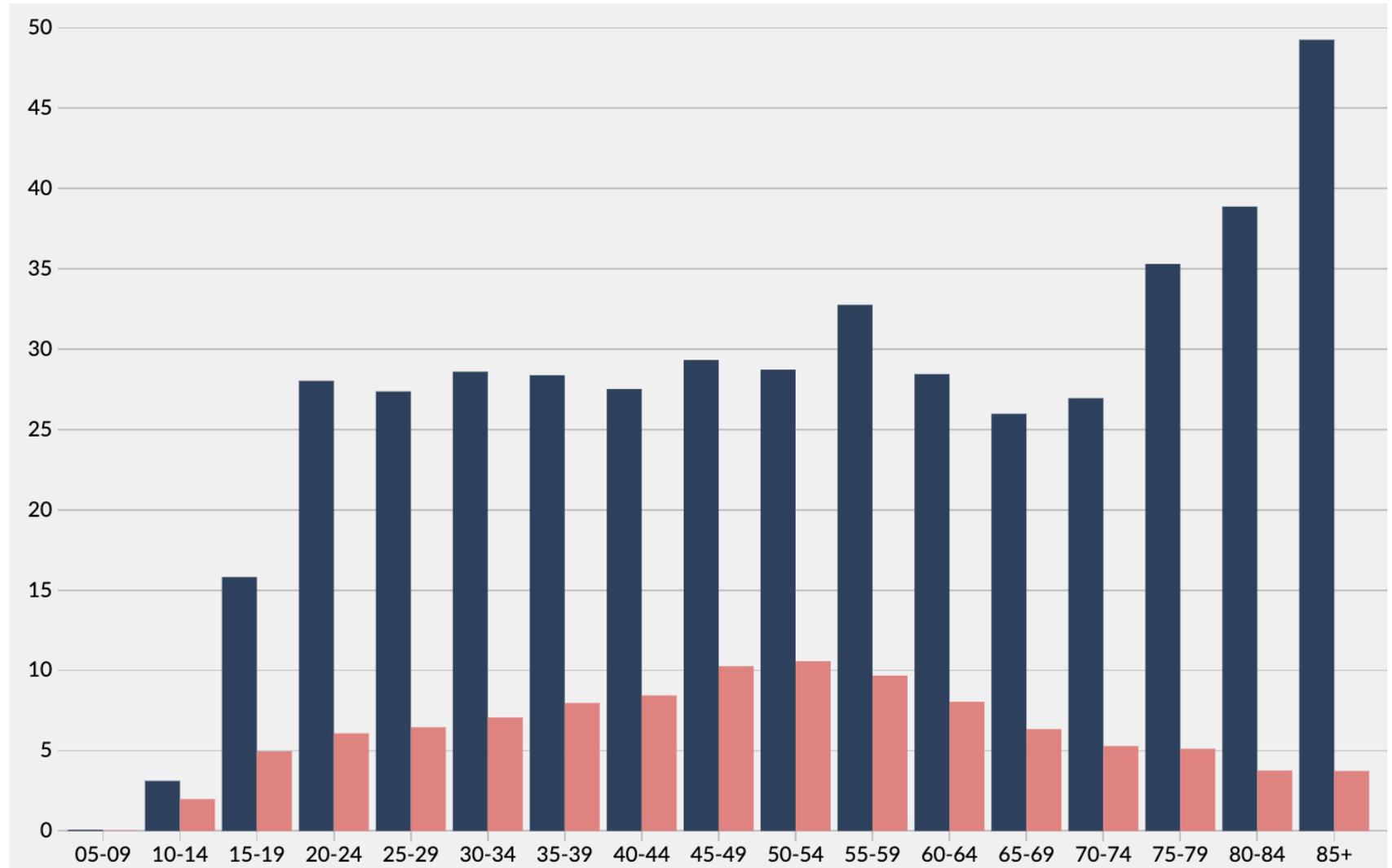
- Physical exam
- Cognitive testing
 - SLUMS, MoCA, etc.
- Lab tests
 - electrolytes & kidney function
 - thyroid function
 - vitamin B1, B₆, folate, B₁₂
- Neuroimaging
 - CT or MRI
- Other
 - sleep study to evaluate for obstructive sleep apnea
 - neuropsychological testing



Suicide risk assessment

Rate of suicide in 2019 in the U.S., per 100,000

Men
Women





Medication review

- review all medications, including over-the-counter medications and complementary & alternative medicine treatments
- older adults more prone to side effects of medications
- specific medications of concern:
 - antipsychotics: in younger people, associated with brain atrophy; unclear if associated with increased risk of dementia; greater risk of extrapyramidal symptoms and tardive dyskinesia
 - benzodiazepines: conflicting evidence about risk of dementia; do cause reversible cognitive impairment
 - anticholinergic medications: can cause reversible cognitive impairment in people with schizophrenia ≥ 50 years old
 - valproic acid: in people with dementia, may increase the rate of shrinkage of the brain



The Beers List

- Potentially inappropriate
 - tricyclic antidepressants
 - paroxetine
 - antipsychotics
 - benzodiazepines
 - z-drugs
 - other medications with anticholinergic effects
- Use with caution
 - antipsychotics
 - SSRIs
 - SNRIs
 - mirtazapine
 - tricyclic antidepressants
- Drug-drug interactions
 - lithium



Anticholinergic cognitive burden

DEFINITE
tricyclic antidepressants
benztropine
clozapine
dicyclomine
diphenhydramine
hydroxyzine
meclizine
olanzapine
oxybutynin
paroxetine
quetiapine
trihexyphenidyl

LESS DEFINITE
amantadine
carbamazepine
cyclobenzaprine
oxcarbazepine

Each definite anticholinergic may increase the risk of cognitive impairment by 46% over 6 years.

POSSIBLE
alprazolam
bupropion
diazepam
fluvoxamine
haloperidol
ranitidine
risperidone
trazodone



To sum up ...

In older adults with chronic mental illness, changes in behavior or functioning should lead to an evaluation for dementia.



Evelyn's physical exam was notable for tremor, shuffling steps, and drop in blood pressure when going from sitting to standing.

She scored a 16 out of 30 on the St. Louis University Memory Screen (SLUMS), which is abnormal.

Her oxygen saturation on room air is 90% (low), dropping to 85% when walking.

Her lab tests were normal. An MRI of the brain revealed "global atrophy" (shrinkage) greater than expected for her age and several old strokes.



Treating dementia in a person with chronic mental illness

- support activities of daily living, help maintain independence, and address safety concerns
- lifestyle modifications: diet, exercise, cognitive stimulation
- eliminate alcohol & other substances
- address behavioral & psychological symptoms of dementia
- address caregiver burden
- identify & address elder abuse
- legal issues: driving, power of attorney, advanced directives, estate planning
- consider cognitive enhancers
- consider adjusting psychotropic medications



What to do about psychotropic medications

- consult with healthcare professional
- consider reducing dose of or stopping:
 - anticholinergic medications
 - benzodiazepines
 - valproate
 - antipsychotics
 - lithium (if kidney function has declined and lithium levels are high)
- for behavioral and psychological symptoms of dementia:
 - add new medication only if there is imminent danger or severe distress



Cognitive enhancers

- cholinesterase inhibitors
 - donepezil, galantamine, rivastigmine
 - unclear how helpful in people with severe mental illness
- memantine
 - has been studied in people with schizophrenia with some evidence that it may be helpful
- ~~aducanumab~~
 - in clinical trials, people with alcohol/substance use and people with unstable psychiatric illness in last six months were excluded



Other models of care for older adults with chronic mental illness

- psychotherapy may need to be modified
 - more repetition of information
 - use multiple modalities to share information
 - address problems of daily living
- integrated/collaborative care in primary care
- peer support
- technologically supported self-management



Reducing stigma

- language is important:
 - “person with schizophrenia”
 - “person with alcohol use disorder”
 - “person living with dementia”
 - avoid judgmental language, e.g., “manipulative”
- broaching sensitive topics:
 - “many people your age experience similar problems”
 - additional resources at NIA website:
<https://www.nia.nih.gov/health/talking-older-patients-about-sensitive-topics>



Dementia & chronic mental illness in racial & ethnic minority older adults

- racial & ethnic minority older adults face structural racism and barriers to care
- American Psychiatric Association's Cultural Formulation Interview may help with understanding how the person's culture influences symptoms and seeing healthcare
- interventions may need to be culturally tailored



Dementia & chronic mental illness in LGBTQ older adults



- ask about sexual orientation and gender identity in a safe and confidential manner
 - do not assume you can identify LGBTQ older adults by external characteristics
 - sexual orientation & gender identity are only two aspects of a person's overall identity and life experience
- foster a safe space for LGBTQ older adults
 - update forms, signage and other materials with language that includes the LGBTQ community
 - detail how information is kept confidential
 - use inclusive and affirming language, including pronouns



Trauma in older adults

- up to 90% of older adults have had exposure to at least one traumatic experience over their lifetime
- PTSD among older adults
 - most common traumas among older women with PTSD: physical and/or sexual assault, often decades earlier
 - older veterans more likely than non-veterans to have PTSD
 - military sexual trauma reported by 10% of female veterans 65+ years old
 - increased risk of PTSD, depression, suicidal ideation, sleep disorders & chronic pain
 - PTSD increases the risk of dementia



Trauma-informed care: attitudes & behaviors

- realize the widespread impact of trauma
- recognize signs of trauma
- respond by incorporating knowledge about trauma into policies, procedures, and practices
- resist retraumatizing people by mitigating or eliminating triggers



Trauma-informed care: strategies

- safety: ensure physical & psychological safety
- trustworthiness: provide transparent & consistent information
- collaboration: share decision-making with people
- choice: provide people with options for their care
- empowerment: support people's resilience and skill-building



To sum up ...

People with chronic mental illness who have developed dementia need comprehensive, culturally-sensitive and trauma-informed management of both conditions.



On the basis of her change in cognition, behavior and functioning, Evelyn was diagnosed with dementia.

— Additionally, there was concern about parkinsonism, perhaps due to the high dose of olanzapine.

Over the course of several weeks, the dose of olanzapine was decreased and benztropine was stopped.

Staff reminded her to wear oxygen during the day and use CPAP machine at night.

She was invited to participate in activities at the local senior center. After initial hesitation and suspiciousness, she agreed to do so.

Evelyn became less parkinsonian, her memory improved, hallucinations resolved, and her quality of life got better.



Your questions?

