

Older Adults

Late life depression

Dementia

CC for dementia

Dementia resources



Late Life Depression (LLD)

- MDD that occurs first time after age 60
- 13.3% of elderly population
- Often atypical presentation
- Often consult PCP for somatic complaints
- Significant risk for suicide

Biological Risk Factors for LLD

- Female
- Older age >80
- Poor general physical health
- Chronic diseases: stroke, Parkinson's, dementia, CAD, cancer(esp. pancreatic)
- Poor nutritional status, low physical activity level, frailty

Medications that may contribute to depression

- Cardiovascular drugs
- Sedatives and antianxiety agents
- Antiparkinsonian drugs
- Anticonvulsants
- Chemotherapy
- Anti-inflammatory/anti-infective agents

Psychosocial Risk Factors for LLD

- Loss of purpose in life
- Lack of social support
- Single or divorced
- Stressful life events
- Poverty
- Poor lifestyle habits: substance use, smoking, poor diet
- Being functionally, visually or hearing impaired

How does it present?

- Often present to PCP with nonspecific somatic complaints without explanation: headaches, GI sx's, fatigue, pain, memory complaints, insomnia
- Social isolation and increased dependency
- Use words like “weary” “nerves” “ I’ve lived long enough” “ready for death”
- Loss of interest in family and friends, anhedonia
- Withdrawn, irritable, hopeless, helpless

Geriatric Depression scale

- On PHQ 9, with sleep, appetite and energy changes everyday =9
- GDS, 30 yes/no questions
- Focuses on: somatic concerns, affect, cognitive impairment, impaired motivation, lack of self esteem, lack of future orientation
- Score >10 indicates depression
- GDS-15, score>5 indicates depression

Depression and Dementia Link

- Evidence emerging that depression increases the risk of eventually having dementia (other risk factors being: DM, hypertension, increased lipids, physical frailty, low education level and poor social supports)
- Evidence that depression can be the presenting sign of dementia

Dementia(major neurocognitive dx) Criteria

Significant decline in 1 or more cognitive domains that interferes with person's independence in daily activities:

domains are:

complex attention

executive function

learning and memory

language

perceptual motor function

social cognition

Estimated 2.4 to 5.5 Million people currently in US

Mild Cognitive Impairment (MCI)

- Differs from dementia in that the impairment is not severe enough to interfere with independent daily functioning
- Differing diagnostic criteria
- Estimates more variable 2 to 25%
- Unclear how many with MCI progress to dementia

LATE LIFE DEPRESSION VS. DEMENTIA

	Depression	Dementia
ONSET	Usually more acute, but can be slow	Slow and progressive
EVOLUTION	Chronological order of events can be recalled	History of disease cannot be restored by patient
QUALITY OF LIFE	Decreased	Patient does not experience his or her illness as a problem
MEMORY	Decreased ability to think or concentrate or being slowed down. Worried about it	Decreased. Impaired ability to learn new information or to recall previously learned information.pt tries to hide or is unaware of cognitive problems
NEUROLOGIC DEFICITS	Normal	Agnosia, dysphasia, apraxia, lack of adaptive flexibility
AFFECT	Depressed mood, anhedonia, psychomotor retardation, SI, hopelessness, mood worse in am	Often with lability of affect; apathy ; change in personality, symptoms worse at night (sundowning)
SOMATIC	Sleep disturbance, somatic problems, pain, low energy	Can be present, but will not be chief complaint

Subtle signs to watch for in early dementia

- PCP may see: missed appts, frequent phone calls, difficulty understanding or remembering directions, car accidents, poor hygiene, poor historian, patient looking to caregiver or spouse to answer questions
- Family may see: difficulty performing familiar tasks, problems with language, poor judgement, misplacing things, loss of initiative, change in personality

US Preventive Services Task Force (2/2020)

- Current evidence is insufficient to assess the balance of benefits and harms of screening for cognitive impairment in **asymptomatic** older adults
- More research is needed on outcomes of medications and behavioral interventions
- These are not recommendations for patients with subtle signs and symptoms of cognitive impairment either noticed by patient, family or clinician

Cognitive Screeners

- Need collateral information
- MMSE- most well studied, better for dementia than MCI
- MOCA
- Mini-Cog
- Memory Impairment Screen

Collaborative Care Model for Dementia

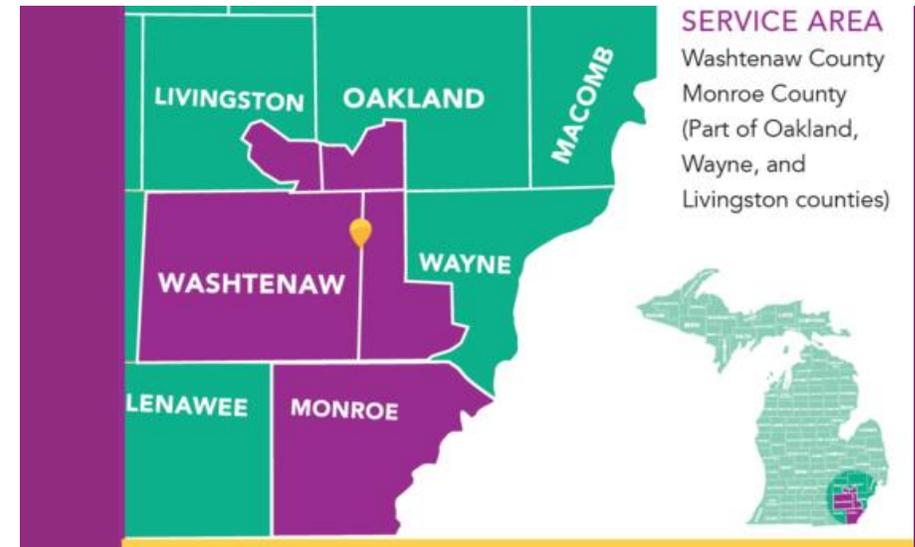
- IU and UCLA, have some RCTs showing efficacy
- Developed Healthy Aging Brain Care monitor-patient and caregiver versions
- HABC-monitor assesses cognitive, functional, behavioral and psychological needs of patient and caregiver, used for MBC
- Cognitive stress prevention bundle
- Medication management protocol (deprescribing and prescribing)
- Transitional care management
- Team members are MD, RN, SW and extensive use of CHW

Resources for Support with Dementia and Caregiving

Huron Valley PACE

Huron Valley PACE provides medical and wellness services to older adults, enabling them to stay in their homes and communities for as long as possible.

As we age, we often require a helping hand and medical assistance. Huron Valley PACE (Program of All-Inclusive Care for the Elderly) understands this need and provides a welcomed alternative to nursing home care for participants. The PACE model of care allows seniors aged 55+ to remain independent in their homes and communities while receiving the integrated social, wellness, and medical care services aging adults require.



2940 Ellsworth Road, Ypsilanti, MI 48197 [Get Directions](#)

Business Hours:

Monday - Friday: 8:30am - 5:00pm

Local number: [734-572-5777](tel:734-572-5777)

Toll Free number: [855-483-7223](tel:855-483-7223)

Alzheimer's Association – Michigan Great Lakes Chapter

24/7 HELPLINE [800.272.3900](tel:800.272.3900)

Currently, more than 190,000 people in Michigan are living with Alzheimer's disease, and over 517,000 family and friends are providing care.

Serving 23 counties with regional offices in Ann Arbor, Lansing, Kalamazoo and Muskegon, the Alzheimer's Association Michigan Great Lakes Chapter is here to help. We provide education and support to all those facing Alzheimer's and other dementias throughout our community, including those living with the disease, caregivers, health care professionals and families. We are also committed to advocating for the needs and rights of those facing Alzheimer's disease and advancing critical research toward methods of treatment, prevention and, ultimately, a cure.

Additional Resources

- Area Agency on Aging 1-B
 - 800-852-7795
 - <https://aaa1b.org/practical-tips-for-dealing-with-isolation-as-a-caregiver/>
 - <https://aaa1b.org/>
 - <https://aaa1b.org/caregiver-resources/trualta-online-educational-platform-for-family-caregivers/>
- Area Agency on Aging 1-C (covers Wayne County)
 - 800-815-1112
 - <https://www.thesenioralliance.org/>
- Catholic Social Services
 - 734-971-9781
- www.getaheadwashtenaw.org
- Washtenaw United Way
 - Call 211
- **Turner Senior Resource Center**
 - 734-998-9353
 - <https://medicine.umich.edu/dept/geriatrics-center/community-programs/turner-senior-resource-center>
 - **Turner Senior Wellness Program** offers health and wellness programs to promote quality of life among older adults through social connection, wellness activities, health education, and community resources.
- **Osher Lifelong Learning Institute (OLLI)** offers lectures, study groups and day trips that encourage adults to continue their learning long after formal schooling is done
- **Housing Bureau for Seniors** is a place where people, 55 and older, can find answers to questions about housing and care options for themselves and for aging friends, parents, and other relatives.
- Senior Counseling Service, LLC
 - They provide in-home counseling in client's homes, apartments, assisted living, retirement communities.
 - 248-476-2229
 - <https://www.seniorcounseling.info/>
- Service Area: City of Detroit, Wayne County, Oakland County, Macomb County, Washtenaw County, Livingston County