Mental Health Morbidity in Older Adults: Psychosis

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Abstract

Psychosis is a state of having lost touch with reality. The chief symptoms of psychosis include hallucinations, which are false sensory perceptions of stimuli which are actually not present, and delusions, which are false and fixed beliefs not rooted in reality. Psychosis that develops in older individuals can be the result of a primary psychiatric disorder or secondary psychotic disorders including delirium, psychotic symptoms secondary to an identifiable medical condition or chemical agent (drugs or alcohol toxicity). Nurses make the assessment by taking history of the patient through interview, as well as by using formal questions and screening tools like Folstein's MMSE. In case of secondary psychosis, it is important to treat the underlying cause. Nurses have to establish trust with the elderly patient through active listening, promote medication compliance by educating patient and family members. They need to provide training in social skills and family and community living, adaptation and adjustment.

Keywords: Morbidity; Psychosis; Older adults; Mental health.

Mental Health Morbidity: Background

The Indian older adults are facing a number of psychosocial changes. India, earlier and to a large extent still, has been and is agrarian economy and society. However, rapid economic changes such as urbanization, industrialization, globalization, emergence of women workforce, job linked migrations and emergence of new socio-cultural values, and breaking of joint families, are alienating older adults from main stream and compel them to stay alone and isolated. This demographic transition is causing enormous impact on psychological and physical health of the elderly resulting into a variety of psychogeriatric problems. Psychiatric problems in the elderly had not been given much attention till 70s in the country. India, though late to start, is moving fast in research explorations of various issues related to mental health of senior citizens. Psychogeriatric research in India includes prevalence studies of mental health morbidity, different psychiatric illnesses of old age like dementia, delirium, paranoid states, affective disorders especially geriatric depression, anxiety, suicidal behaviour, delusional disorders, addictions etc.; studies related to psychosocial profile and psychological well being, care giving and rehabilitation aspects etc.[1]

Organic brain syndromes and affective disorders are the commonest mental ailments prevalent in the elderly.[2,3] The problems of the older adults are manifold and different from the adults. Loneliness and hopelessness as well

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as feeling of separation often lead to stressful situations. Lack of social interaction caused by the loss of physical capabilities (e.g. mobility, hearing, sight, mental functioning, intelligence, memory etc.) and by retirement from work is likely to reinforce these feelings and may lead to further social withdrawal and segregation. [4] Studies indicate that mental health problems play an important role in morbidity and premature mortality.[5]

The common fear of getting old is related to losing power, independence and ability to perform activities of one's own choice. Depression and dementia has been widely studied in older adults. Other illnesses are not that widely studied. Similar has been the practice across the globe as well. Among neuro-psychiatric condition, dementia and depression are found to be leading contributors and in the elderly it shares $1/4^{th}$ and $1/6^{th}$ of all Disability Adjusted Life Years (DALYS) respectively.[6]

The most common psychiatric diagnoses responsible for chronic and persistent mental illness include schizophrenia, mood disorders, delusional disorders, dementia, amnesia and other cognitive or psychotic disorders.[7] Some older adults with severe and persistent mental illness have had mental illness for decades while others may have been diagnosed later in life. We start here with one such persistent and severe mental illness, that is, Psychosis.

Psychosis in Older Adults

Psychosis is a state of having lost touch with reality. A person showing psychotic behaviour is unable to know if what he or she is thinking and feeling about the real world was really true. The chief symptoms of psychosis include hallucinations, which are false sensory perceptions of stimuli which are actually not present, and delusions, which are false and fixed beliefs not rooted in reality.[7] Psychosis that develops in older individuals can be the result of a primary psychiatric disorder or secondary psychotic disorders including delirium, psychotic symptoms secondary to an identifiable medical condition or chemical agent (drugs or alcohol toxicity).[11] Primary psychosis occurs in older adults who have had a lifelong schizophrenia, major depression or bipolar disorder with psychosis (chronic psychosis), and older persons who develop psychotic symptoms for the first time in old age (acute psychosis). Disease states associated with psychotic symptoms in older adults include:

- *Schizophrenia, Both early Onset (EOS) and Late Onset (LOS):* Schizophrenia is a severe psychotic disorder characterized by two or more of the following symptoms: delusions, hallucinations, disorganised thinking, disorganized behaviour, affective flattening or apathy.[7]
- *Delusional Disorder:* Delusional disorder increases in middle to old age[9] and is manifested by the presence of one or more non-bizarre delusions.[7]
- *Mood Disorders with Psychotic Features:* Both major depression and bipolar disorder can be accompanied by psychotic symptoms, both delusions and hallucinations.[9]
- *Delirium:* Delirium is a syndrome of brain dysfunction and usually is accompanied by hallucinations and misinterpretation of environmental stimuli.[9,10]. Hallucinations in delirium are typically visual and accompanied by illusions.
- Psychosis manifested with other diseases, like Parkinson's disease, Alzheimer's disease, and other dementias
- Psychosis related to substance use, abuse or other medications (polypharmacy)

Nursing Management

Assessment: The assessment of geriatric patients who present with psychotic symptoms (hallucinations or delusions) should focus on determining whether the psychosis is primary or secondary. The assessment should start with the interview. For this the nurse should establish a therapeutic bond with patients. Patience and active listening will help to form this bond and put the patient at ease. Older patients may take

time to respond to questions and should be given ample time to answer before assuming that there may be cognitive deficits. Interview the patient when he is most awake and alert. Sensory deficits should be kept in mind and corrected, if possible. Have a family member at the interview that is able to clarify and validate responses given by the patient.

Besides taking the thorough history of the disorder, the nurse may use formal questions and screening tools, as well as behavioural observation during the interview to help confirm a diagnosis of psychosis and its aetiology. The most well known tool is the Mini Mental Status Examination by Folstein (MMSE) and Geriatric Depression Scale (GDS). MMSE is a tool to assess cognitive and memory deficits and GDS assesses depression in old age, which is widespread. The nurse can ask about hallucinations directly by asking, "Do you hear or see things that others cannot hear or see?"For eliciting delusions, she may ask, "Do you think that people around you want to harm you?"

Treatment: After the assessment has been done to see whether the psychosis is primary or secondary and the time of onset of first symptoms (early or late), the treatment would start. In case of secondary psychosis, it is important to treat the underlying cause like medical illness, dementia, substance use disorder. In case of primary psychosis, it is vital to know the time of onset of symptoms to plan appropriate care.

- *Establishing Trust:* Older adults are often isolated, lonely and have sensory deficits that make undertaking investigations and treatment difficult. A safe environment and trusting relationship must be established before treatment starts.[12] Actively and non-judgementally listen to complaints of the elderly without reinforcing delusions and hallucinations. A matter of fact attitude towards delusions will be the most appropriate. It is important to understand experience and perspective of the person with regard to hallucinations and delusions to better understand his level of distress, and coping with them.
- *Pharmacotherapy:* If the individual is markedly distressed by hallucinations and delusions, then first control these psychotic symptoms by administering atypical (Risperidone, Olanzapine) and typical (Haloperidol, Fluphenazine) antipsychotics as prescribed. Unpleasant side effects of some of the antipsychotics such as extrapyramidal symptoms (EPS) may lead to the patient becoming non-compliant. Cognitive and sensory deficits and older person living on a fixed income and cost of the medicines can also make an elderly patient to not take medications regularly and correctly.

  Nurses can promote medication adherence by carefully monitoring side effects, educating about management of the side effects, administering long acting injectable anti-psychotics.
- *Psychosocial Interventions:* Individual with schizophrenia needs comprehensive services at the individual, family and community level. Individual interventions improve the individual's function and ability to self-manage his disease.[13] Training in disease management and social skills is given in a group of older adults, where they can share their experiences, concerns and issues. Many of the older Individuals having life-long schizophrenia may have had several episodes of schizophrenia and hospitalizations and as a result forget the social skills (skills required to live in society). Thus, they need to adapt and adjust to community living again. Nurses in rehabilitative set-up can teach community living or social skills, such as cooking, cleaning, making conversation through hands-on training and role plays. [14] Nurses who have been trained in cognitive-behaviour therapeutic techniques may help in helping persons with schizophrenia manage their symptoms and maintain their treatment regimen.
- *Family and Community Support:* Psychoeducation should be designed to educate and support family members about schizophrenia and its treatment[13], since

majority of older persons with schizophrenia have lived with the disease for decades and family members have adapted to living with a chronically ill member. The content of the psychoeducation should be age appropriate, such as the effect of age on schizophrenic symptoms and treatment, as well as helping families plan for the care of their relative after they die.[15] Families of older persons with schizophrenia have the compounded difficulties of caring for a member who has a chronic disability as well as dealing with their own personal aging. Day care programmes or partial hospital programmes provide an alternative to extended hospitalization, through comprehensive services offered on an outpatient basis by a multi-disciplinary team of psychiatric nurses, psychiatrists, social workers and occupational therapists.[16]

- *Social Stigmatization:* Old age and psychotic disorders like schizophrenia are a double whammy to the older person. Therefore, social stigma may be doubly damaging to older persons with chronic psychotic disorders such as schizophrenia, and the person feels dehumanized. Programmes to combat stigma include: providing the individual with support to combat interpersonal stigma, encouraging the media to represent persons with schizophrenia in a more balanced manner, lobbying for better services for the mentally ill, developing confidence in the older adult through sharing their experience with mental illness with audiences of mental health professionals, students and lay persons.

Conclusion

Nurses have an integral role in the assessment and treatment of older adults with psychoses resulting from the multiple etiologies. They conduct medication groups and other disease management, community skills and family psychoeducational groups. By dispelling misconceptions about psychotic disorder, specifically schizophrenia, they help to decrease stigma, promote an individual's self-esteem, and improve his quality of life.

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