



Demand on your CARE: Common Mood Issues in Old - Chapter 3 -

ELDER007

Recall on Mr O

- Mrs O had dementia and was getting worse
- Mr O was main caregiver to Mrs O
 - Felt tired in coping
 - Worried on her worsening and he could not cope
 - Felt alone by himself
- Mr O was likely to have depressive episode from caregiver strain

Understanding Caregiver Strain

- Many older persons who suffer chronic illnesses require constant care from their family members
- Caregivers stretch themselves too far in the care-giving roles and ignore their own needs
- A mental status called “Burnout” would emerge if caregivers could not manage their stress properly

Symptoms of “Burnout”

- **Physical:** Feeling fatigue & sick, and ignoring time for taking rest and meals
- **Cognitive:** Frustrated, negative, passive & feeling hopeless
- **Emotional:** Depressed & agitated
- **Interpersonal:** Socially isolated, being hostile & resentful

Sources of caregiver stress

- Fear of death and aging process
- Feeling sad and blaming oneself for not providing adequate care to the patient
- Inadequate knowledge & skills
- Over-dependence on the caregiver
- Family members may not be willing to share the care-giving tasks & responsibilities
- Heavy financial burden due to long term medical expense
- Lack of social support & resources

Principal of management

Refer to Mr O case

- Main management direction will be:
 - Psychosocial management of Mr O
 - Empowerment / respite relief of care-giver strain (see module on dementia care)
 - Others:
 - Rule out medical causes (inform Mr O's practitioner at next visit)
 - Ruling out Red Flag symptoms (see previous slide)
 - Avoid using drugs unless necessary (issue on poly-pharmacy, medication cascades and drug-drug interactions)

Psycho-social Management

- Essence of counseling: to establish “therapeutic relationship”
- From counseling to guidance
- Counseling by non-counselor
 - Active listening and non-judgmental
 - Allow expression of emotion
 - Express empathy
- Guidance / psycho-education
 - Give information and provide rationale
 - Suggestion , guidance and advice

Empowerment / Respite

- Strengthen social support and mobilize community support
- Learning on how to interact with subjects with cognitive impairment
- Maintain healthy lifestyle (exercise, sleep hygiene)
- Promote functioning in daily activities
- Stress reduction (relaxation, exercising, mindfulness)

What family /friends can do with a depressed older adults

- Be with them but NOT to disparage their feeling
 - Talk and listen with appropriate assurance
 - Point out realities and offer hope
- Encourage and assist in seeking help
- Find out local support group and attend meeting with them whenever possible
- Alert on severe depression (and cues on active attempt of suicide)

Is drug treatment good to older adults?

- You learnt for previous slide that antidepressant may be used in major depression, yet need to balance between risk and benefit. Overall, older adults are prone to have the following side effects (True / False)
 - (A) Increase falls (True / False)
 - (B) Increase cardiac arrhythmia (T/F)
 - (C) Accelerate cognitive decline (T/F)
 - (D) Upper gastrointestinal bleeding (T/F)



Feedback of

"Is drug treatment good to older adults?"

Any False / True:

Though different drug class or different drug within same class may have different side effects profile, older adults are more prone to side effects of individual drug overall.

Besides, older adults tend to be on multiple drugs because of multiple pre-existing diseases. Drug-drug (prescribed or over-the-counter supplements) interactions may occur leading to predictable or unpredictable that side effects.

Pharmacological intervention should always be judged on balance of risk / benefit and among different treatment options.

Common antidepressant drugs and side effects

Class	Selective serotonin reuptake inhibitors (SSRIs) and its derivatives	Tricyclics (TCAs)	Norepinephrine-dopamine reuptake inhibitor
Example of drugs	SSRI <ul style="list-style-type: none"> • Sertraline • Citalopram • Escitalopram Derivatives • Duloxetine • Trazodone • Mirtazapine 	<ul style="list-style-type: none"> • Nortriptyline • Dothiepin 	Bupropion
Side Effects	(common to all SSRI): nausea, agitation, hyponatraemia, arrhythmia, insomnia, fall risks, weight change, increased risk of gastrointestinal bleeding with use of NSAID (Dependent on individual derivatives): fluctuation in blood pressure, sedation	Anticholinergic side effects: dry mouth, constipation, urinary retention, postural hypotension, drowsiness, confusion	Dry mouth, insomnia, headache

The Story of Mr O (con't)

Animation link: <https://youtu.be/VxKDR5PH-6M>

- You have attended CAZENDA programs and you recall there are resources for elder care
- Go through the CADENZA website (www.cadenza.hk) and review how she can help Jack and Mr O
- Useful community recourse:



CADENZA e-tools



Jockey Club Centre
for Positive Ageing (JCCPA)



CADENZA Hub

The Story of Mr O *(con't)*

- Mrs O attended JCPPA for
 - Non-pharmacological cognitive and physical training
 - Day respites two days per week
- Mr O
 - Attended with Mrs O at JCPPA to understand more on progress of Alzheimer Disease and how to interact with Mrs O
 - Attended social activities / exercise classes / meeting friends / visit grandchildren on days when Mrs O attended JCPPA

End of the story

- His sleep, appetite and energy level recovered over 3 months



OVERVIEW ON MOOD ISSUE IN OLDER ADULTS

Overview on mood and mental problems in older adults

- Older adults are prone to have mental / mood problems because of
 - Functional limitation: disease limiting mobility, chronic pain, frailty
 - Life events: bereavement, decline of socio-economic status with retirement or disability

Common mental problems

- Distress and sense of helplessness due to physical deterioration in function
 - eg. blurred vision and hearing difficulty
- Adjustment difficulty after retirement
 - eg. Loss of financial independence, lack of life goal
- Social isolation and out of touch with changing world
- Loss of confidence and self-worth
- Sense of loneliness as adult children leaving the family
- The stress, if maladaptive, manifest with body, mind, behavior and emotion issues

Common manifestations on mental problems

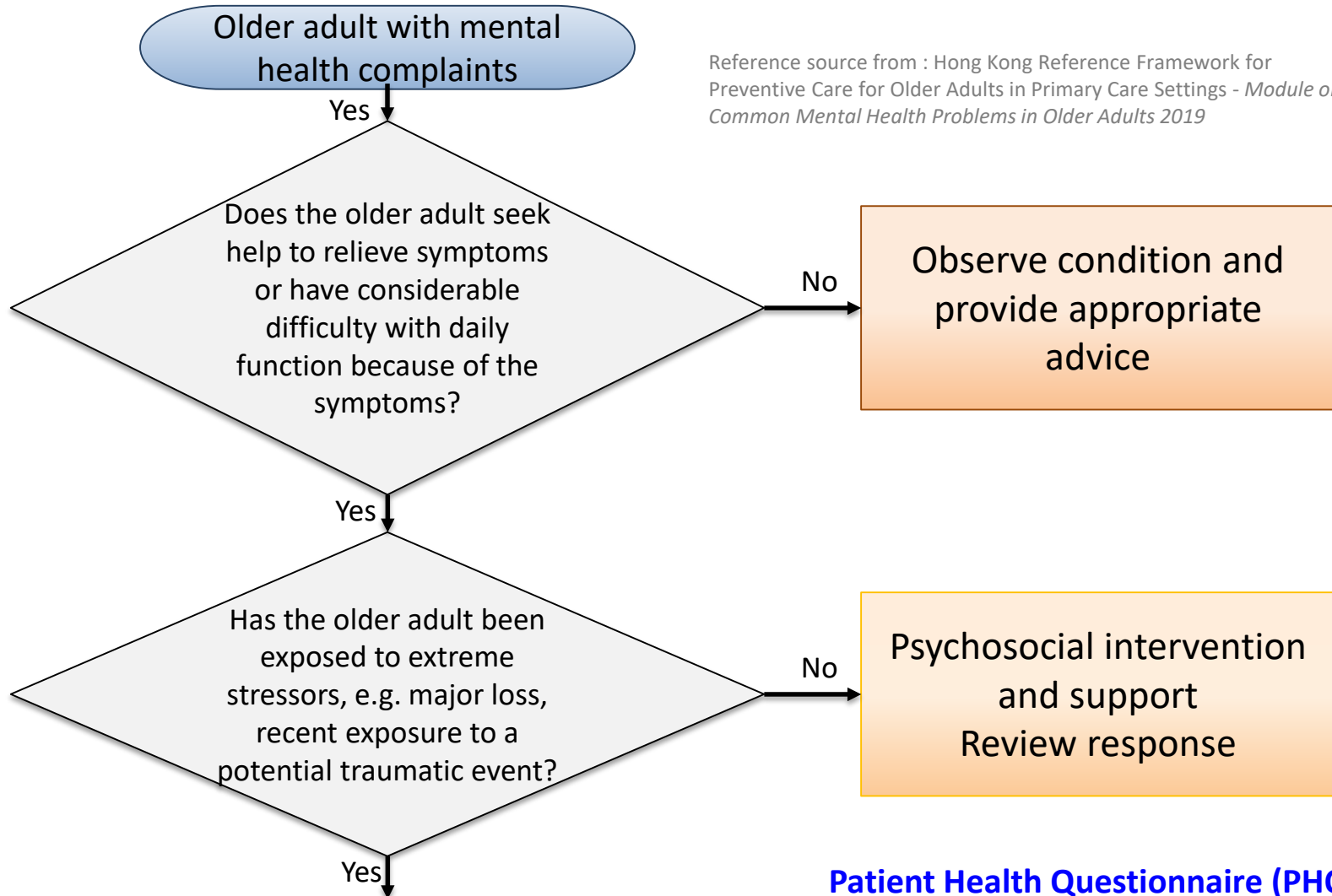
- Physical
 - Poor sleep, chronic fatigue, unexplained somatic complaints, memory complaints
- Behavioral
 - Self neglect, excessive reassurance seeking
- Psychological
 - Loss of pleasure, sadness, sense of hopelessness, helplessness, irritability, anxiety, worries

Preventive measures against mood problem

- Maintain healthy lifestyle and physical health
 - Make time for leisure, hobbies, life-long learning
- Develop personal relationship
 - Spend time and talk with trusted friends /relatives who can offer support
 - Care for family members and contribute
 - Share experience and wisdom with younger generations
- Be aware of own condition
 - Look for stressors
 - Avoid setting goals that are too hard to achieve
- Advance planning in finance
- Seek help in case of need

Approaches to mental health complaints in older adults

Reference source from : Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings - *Module on Common Mental Health Problems in Older Adults 2019*



- Assess Red Flag
 - Apply PHQ-9 / GAD-7
 - Review progress
- Early medical consultation if presence of Red Flag, PHQ-9 /GAD-7 shows mild-moderate severity, or lack of improvement with psychosocial intervention / support

Patient Health Questionnaire (PHQ-9)
Generalised Anxiety Disorder (GAD-7)

Management of mild mental health complaints

1. Psycho-social intervention

- Acknowledge symptoms
- Ask for their own explanation of the cause of symptoms and elicit their concerns
- Discuss potential links between the person's emotions/stress and symptoms
- Promote self-care: reduce stress, strengthen social support, maintain healthy lifestyle and promote functioning in daily activities

2. Support and give advice to the caregivers

3. Monitor of progress

4. Report to family doctor at next scheduled follow up who may

- Review if any investigation is necessary.
- Avoid ordering more investigations than is necessary
- Communicate with patient about the normal clinical and test findings and reassure that no serious disease has been identified
- Consider if antidepressant or anxiolytic drugs is needed (usually not necessary)

Last Question

(Q. 10) When there is mental health complaint in older adults, which of the following statement is correct?

- A. It can be neglected if it does not lead to functional difficulty
- B. It may be caused by major loss and can spontaneous recover. No action is required
- C. Immediate action should be to acknowledge symptoms rather than challenging it
- D. All of the above



Summary of Chapter 3

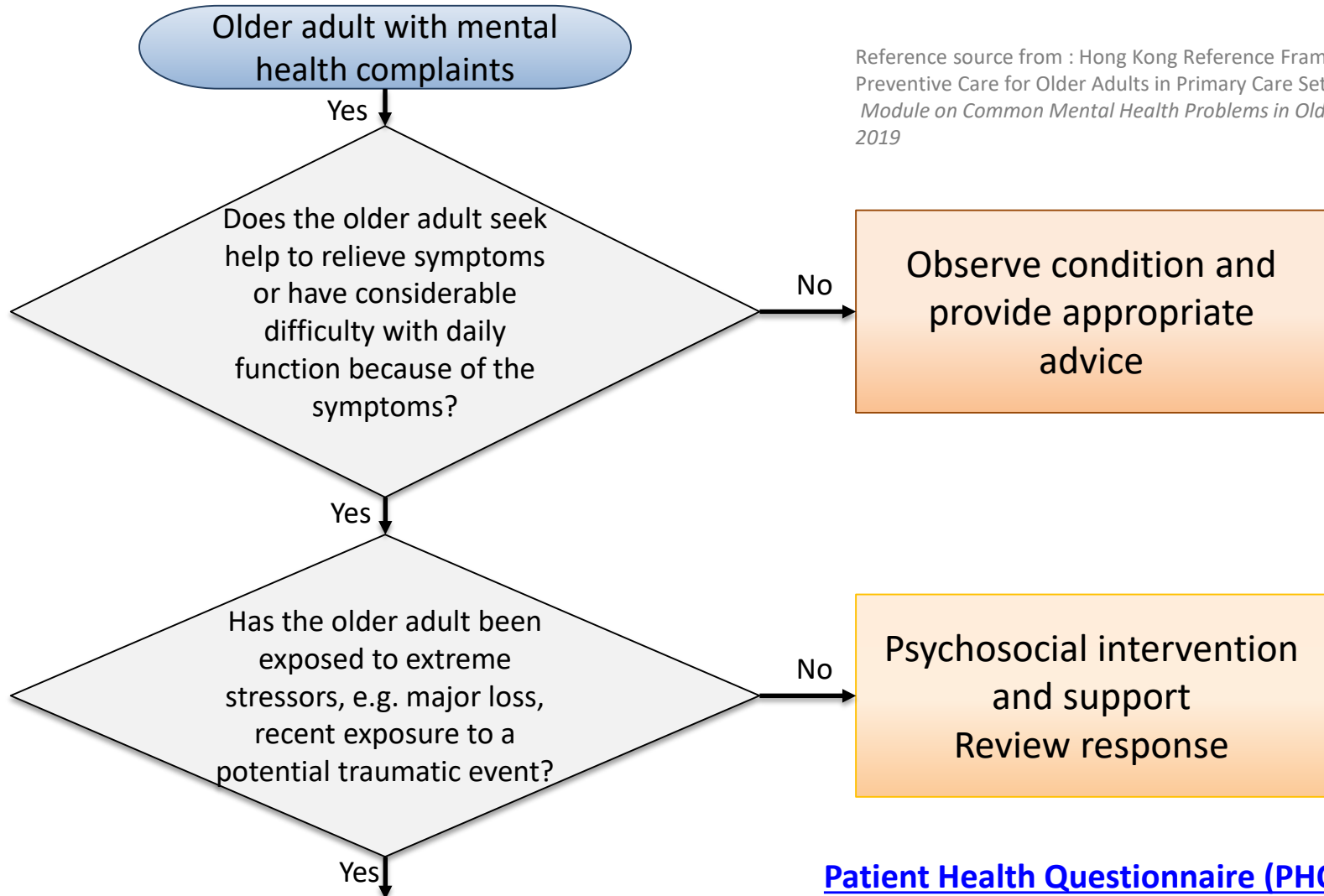
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Patient Health Questionnaire (PHQ-9) Generalised Anxiety Disorder (GAD-7)

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Psycho-social Management

- Active listening and in non-judgmental way
- Allow expression of emotion and express empathy
- Identify areas of concern
- Guidance / psycho-education
 - Give information and provide rationale
 - Suggestion , guidance and advice
- Strengthen social support and mobilize community support
- Maintain healthy lifestyle (exercise, sleep hygiene)
- Promote functioning in daily activities

-End of Chapter 3-

Potential resources

Cadenza training materials

1. 壓力管理, 優質生活樂頤年
http://www.cadenza.hk/training/pdf/ps/CTP001_cur3_ps1.pdf
2. 與抑鬱情緒說再見
http://www.cadenza.hk/training/pdf/ps/CTP002_cur3_ps1.pdf
3. 生命花園：壓力管理與情緒健康
http://www.cadenza.hk/training/pdf/ps/CTP002_cur6_ps4.pdf
4. 護老者與長者攜手同行面對慢性病
http://www.cadenza.hk/training/pdf/ps/CTP003_cur4_ps4.pdf

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