



# *Evidence-Based Practices in Geriatric Mental Health*

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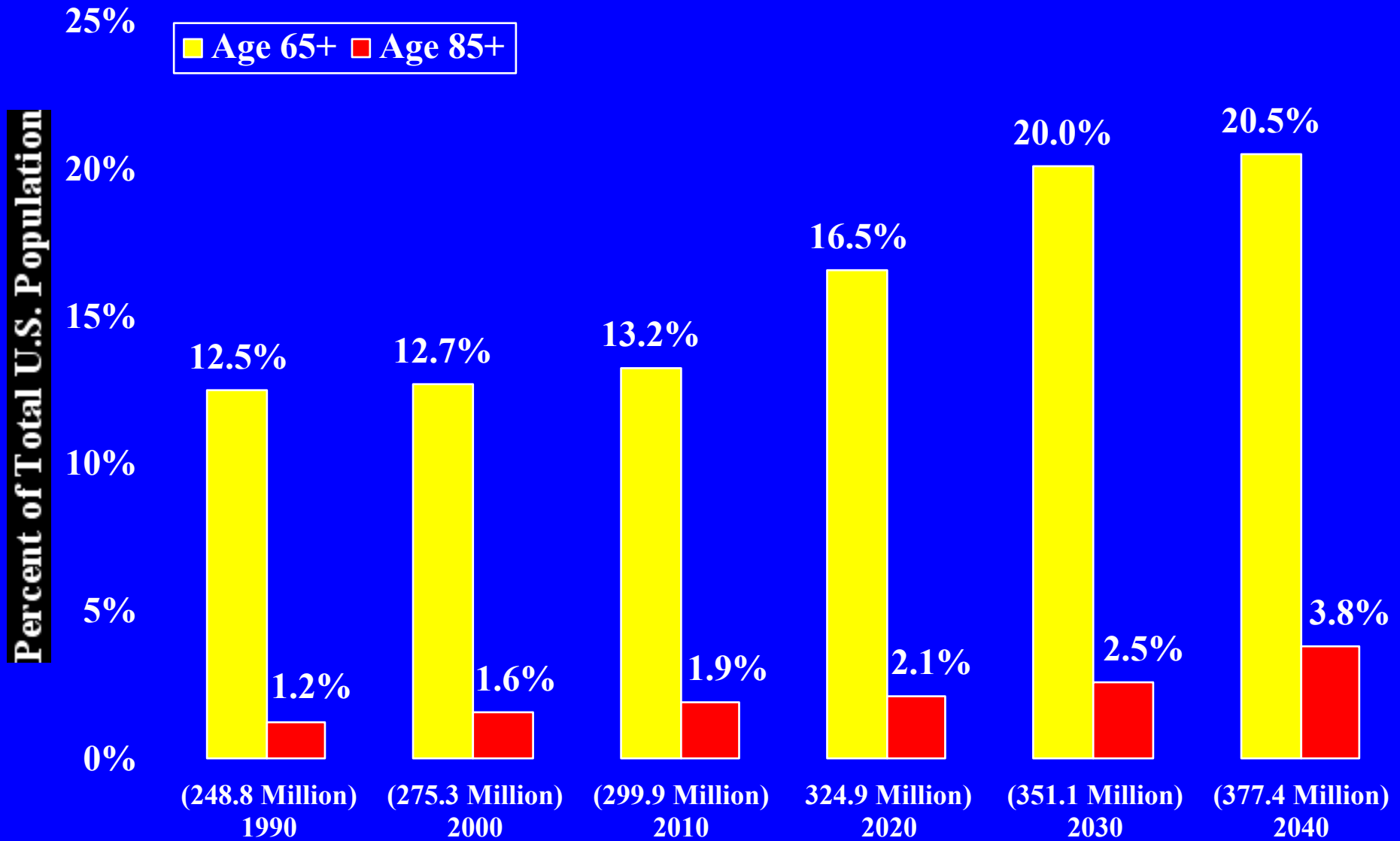
Immediate Past President,  
American Association for Geriatric Psychiatry



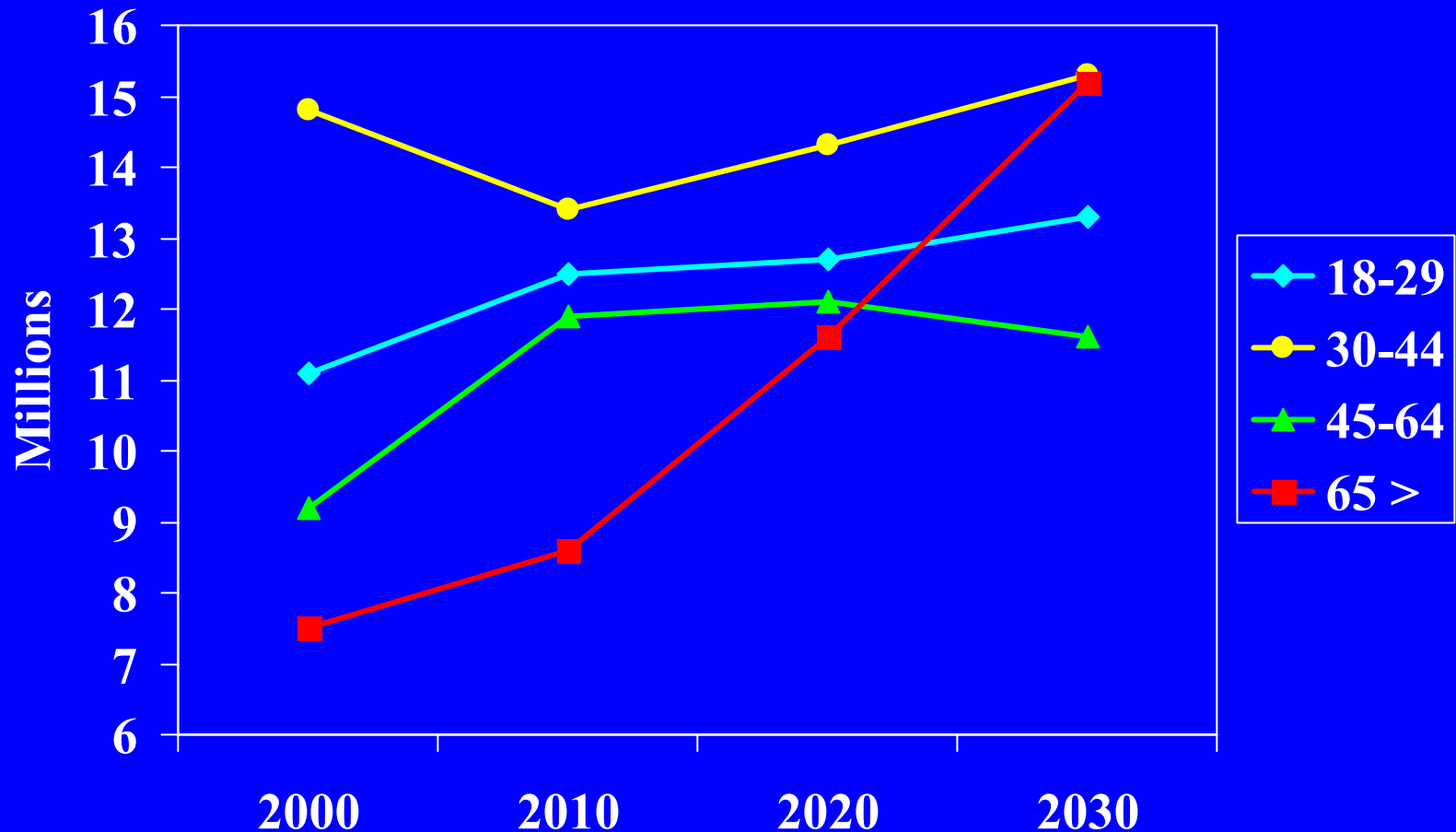
# Overview

- **The Need for Geriatric Mental Health Evidence-Based Practices**
- **A Status Check on the Field:  
Is there an Evidence Base ?**
- **Implementation Toolkits**

# Aging In America



# Estimated Prevalence of Major Psychiatric Disorders by Age Group



Adapted from Jeste, et al., 1999 and US Census Bureau, 2000

# **The Need for Geriatric EBPs: Physiological Changes of Aging**

## **– Metabolism- Pharmacodynamics**

- Increased length of drug activity

## **– Greater medical comorbidity**

- Increased likelihood of drug-drug interactions

## **– Cognition**

- Influences effectiveness of psychotherapy

# **The Need for Geriatric EBPs: A Fragmented and Inadequate System of Care**

- **Health Care Settings**
  - Primary care, long-term care, specialty outpatient care.
- **Provider Competency**
  - Lack of providers with geriatric expertise
- **Consumer Access**
  - Age-related access barriers, stigma, denial
  - Mental illness often un-diagnosed, under-treated

# **Quality of Care for Older Adults with Mental Disorders**

- **Greater exposure to inappropriate pharmacological tx**
- **Less likely to be treated with psychotherapy**
- **Lower quality of medical care and associated higher mortality**



# Is There an Evidence-base in Geriatric Mental Health?

## Systematic Reviews of the Highest Levels of Evidence for Geriatric Mental Health Interventions and Services:

- **26 Meta-analyses**
- **8 Systematic evidence-based reviews**
- **12 Expert consensus statements**

Evidence-based practices in geriatric mental health care.

Bartels et al., *Psychiatric Services*, 53(11), 2002 (In press)



# Depression: Pharmacotherapy

6 meta-analyses, 1 evidence-based review,  
5 expert consensus statements

- **Meta-analyses: SSRIs, NSSRIs, and TCAs have similar efficacy and treatment dropout**
- **Expert consensus statements recommend SSRIs or NSSRIs over TCAs**
- **Pharmacological and psychosocial treatments have similar effectiveness.**



# Depression: Psychotherapy

**7 meta-analyses, 3 evidence-based reviews,  
4 expert consensus statements**

- **Effective treatments: Cognitive-behavioral therapy**
- **Promising treatments:**
  - Problem solving therapy, interpersonal therapy, and reminiscence therapy
- **Combination of pharmacological & psychosocial**
  - More effective than either alone in preventing relapse



# Dementia: Cognitive Symptoms

**10 meta-analyses, 6 evidence-based reviews, 2 expert consensus statements**

- **Cholinesterase inhibitors**
  - Slow cognitive decline
- **Cognitive retraining and reality orientation**
  - Only temporarily and modestly improve cognition



# Dementia: Behavioral Symptoms

**5 meta-analyses, 4 evidence-based reviews, 4 expert consensus statements**

- **Pharmacological:**
  - Behavioral Symptoms: Modest Efficacy of Antipsychotics
  - Other: Cholinesterase inhibitors, Anticonvulsants and antidepressants may reduce agitation
- **Psychosocial Interventions:**
  - Behavioral and environmental modification effective
  - Caregiver education/support delay nursing home admission



# Geriatric Alcohol Use Disorders

1 evidence-based review &  
2 expert consensus statements

- **Promising treatment components:**
  - Age-specific,
  - non-confrontational,
  - brief motivational and cognitive-behavioral therapies



# Geriatric Anxiety

## 1 evidence-based review on psychotherapy

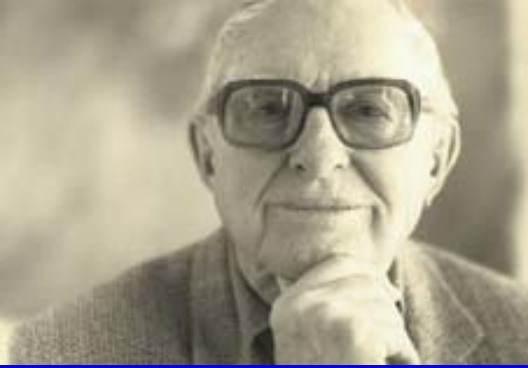
- **Limited empirical evidence**
- **Conventional antianxiety agents (ie, benzodiazepines) Effective, but potentially problematic**
- **CBT is effective**



# Geriatric Schizophrenia

## 1 expert consensus statement

- **Efficacy of antipsychotics supported by:**
  - Individual studies and general reviews
- **Novel antipsychotics = 1<sup>st</sup> line treatment**
- **Skills training, community support, and family psychoeducation = recommended**



# Geriatric Outreach Services

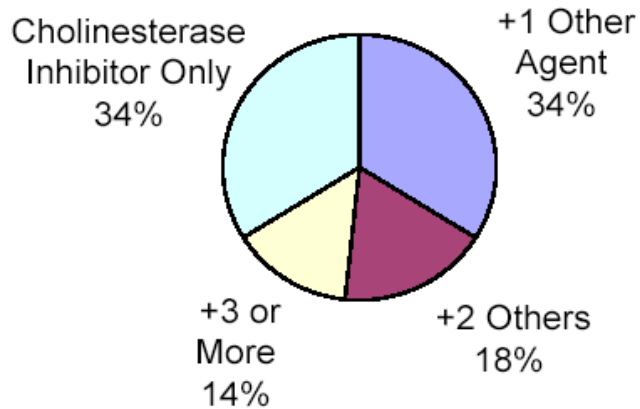
## 1 evidence-based practice review

**Empirical evidence supports  
community-based,  
multidisciplinary geriatric mental  
health treatment teams.**

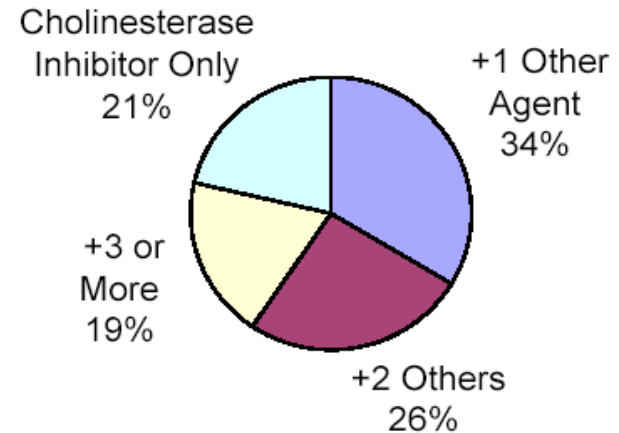
# A Challenge to the Evidence-base: Combination Therapy

## Increasing Use of Combination Therapy for Alzheimer's Patients Treated with Cholinesterase Inhibitors Plus Other Psychotropic Agents: 1997-1999

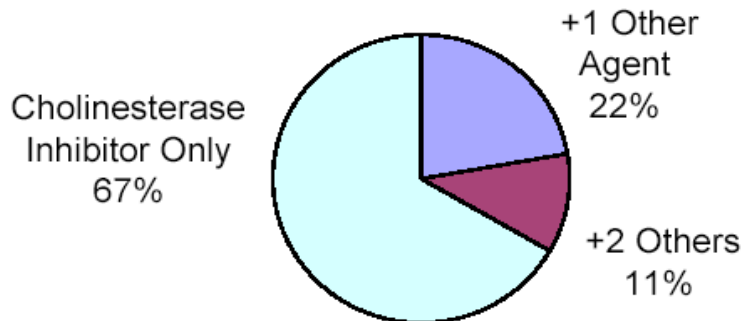
Nursing Home 1997



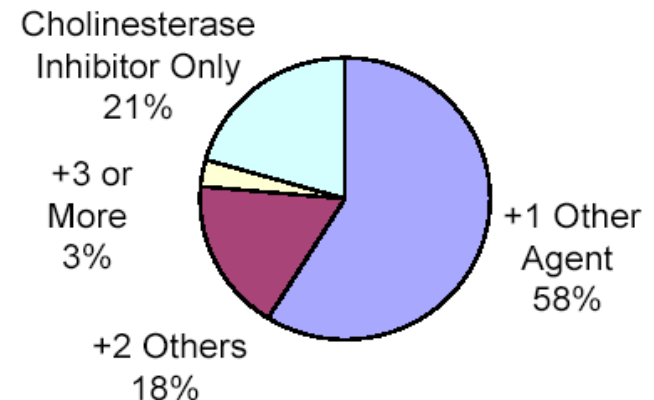
Nursing Home 1999



Community 1997



Community 1999





# Conclusions

- **Recent Growth in Evidence-base**
- **A Variety of Interventions Are Well-supported for Geriatric Populations**
  - i.e., for dementia and depression
- **Others Require Further Research**
  - treatment of of geriatric anxiety disorder and bipolar disorder
  - The increasingly common practice of combination therapy

# **Implementation of Geriatric Mental Health Evidence-based Practices**

**An Integrated Evidence-based “Tool Kit”  
Providing Decision Support in Planning  
Treatment, and Monitoring Outcomes for  
19 Domains of Symptoms and Functioning**

# **Tool Kit Assessment and Treatment Domains**

- **Depression**
- **Mania**
- **Suicidality**
- **Anxiety**
- **Post-traumatic Stress**
- **Psychosis**
- **Hostile/Problem Behaviors**
- **Cognition**
- **Alcohol/medication misuse**
- **Health Status and Med. Care**
- **Self-Care Skills (ADLs)**
- **Community Living Skills**
- **Social Skills**
- **Leisure/Community Activity**
- **Work/Educational Activity**
- **Supports Safety**
- **Peer Support**
- **Treatment Self Management**
- **Residential Stability**

# The Toolkit

- **Screening questions for each domain, lead to...**
- **Instruments for measuring severity, providing information for...**
- **Ratings on Summary Scales for documenting severity of impairment, resulting in...**

# The Toolkit

- **Selection of treatment planning targets and treatment options, which are informed by...**
- **Evidence-based practices and treatment guidelines in the Toolkit for each domain, which lead to...**
- **Treatment plan (form and tools provided), all of which results in....**
- **Year-at-a-glance progress summaries in each domain every quarter**

# Screening Questions

## II. Symptoms

### A. Depression *(Sample Screening Questions)*

*The Geriatric Depression Scale is required at intake and annually. See Toolkit for Scale.*

In the past month ...have you been bothered by having little interest or pleasure in doing things?  
...have you been bothered by feeling down, depressed or hopeless?  
...have you had difficulty sleeping or had a poor appetite with weight loss?  
...have you felt irritated or annoyed by little things?

- Suggested screening questions provided for each domain

# Toolkit Scales: Geriatric Depression Scale

**Geriatric Depression Scale:** \* Complete at Admission and Annually or if clinical screening indicates a problem. When the consumer gives a response to a question, the clinician checks the box only when the consumer's response matches the response in the column.

	Check if:	Q1	Q2	Q3	Q4
1. Are you basically satisfied with your life? .....	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you dropped many of your activities and interests? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel that your life is empty? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you often get bored? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you in good spirits most of the time? .....	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you afraid that something bad is going to happen to you? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel happy most of the time? .....	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you often feel helpless? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you prefer to stay at home, rather than going out and doing new things? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel that you have more problems with memory than most? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you think it is wonderful to be alive now? .....	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel pretty worthless the way you are now? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel full of energy? .....	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel that your situation is hopeless? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you think that most people are better off than you are? .....	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total checked:** .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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> 5 **Suggestive of Depression and Should Warrant a Follow-up Interview**

> 10 **Almost Always Depression**

# Summary Rating Scale

- 1 **NONE**
- 2 **VERY MILD** - Reports feeling sad/unhappy/depressed more than usual.
- 3 **MILD** - Same as 2, but can't snap out of it easily.
- 4 **MODERATE** - Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.
- 5 **MODERATELY SEVERE** - Frequent periods of deep depression OR some areas of functioning are disrupted by depression.
- 6 **SEVERE** - Deeply depressed most of the time OR many areas of functioning disrupted by depression.
- 7 **EXTREMELY SEVERE** - Constantly deeply depressed OR most areas of functioning are disrupted by delusional thinking.

## Geriatric Depression Scale Score

*(required at intake and annually, but optional at quarterly reviews)* .....

Q1	Q2	Q3	Q4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SUMMARY RATING FOR DEPRESSION** .....

Check if this area is a Service Planning Target .....

- Quarterly assessment - shows progress over time
- Most Summary Rating Scales have been modified from a normed instrument
- Clinician's judgment, NOT client self-report
- Identification of Service Planning Targets

## AHCPR GUIDELINES FOR TREATMENT OF DEPRESSION:

### I. Assessment and treatment of potential known causes

- Evaluation should include a recent medical history and physical examination
- Identify and treat known medical causes (10-15% of major depression is caused by medical illness or other conditions, including general medical disorders, concurrent medications, substance abuse, and other psychiatric non-mood disorders)
- (also assess suicide risk)

II. Select the most appropriate acute phase treatment. Treatment of depression may include medication, psychotherapy, or combined treatment with medication and psychotherapy.

#### **Acute phase treatment with medication is indicated for:**

- more severe symptoms
- chronicity
- recurrent episodes (2 or more prior episodes)
- presence of psychotic features (hallucinations or delusions)
- presence of melancholic symptoms
- family history of depression
- prior response to medication treatment
- incomplete response to psychotherapy alone
- patient preference

#### **Acute phase treatment with psychotherapy is indicated for:**

- less severe depression
- less recurrent, chronic, or disabling depression
- absence of psychotic depression
- prior positive response to psychotherapy
- incomplete response to medication alone
- chronic psychosocial problems
- medication contraindicated or refused
- patient preference

#### **Acute phase combined treatment (medication plus psychotherapy) is indicated for:**

- more severe depression

# Treatment Options & Guidelines

## **II. Symptoms**

### **A. Depression**

#### **Assessment**

- 100 Comprehensive Psychiatric Evaluation
- 101 Medical Assessment
- 102 Functional (see section III: Enhancing Function)
- 109 Substance Abuse Assessment

#### **Pharmacological Interventions**

- 107 Psychiatric Medication Evaluation
- 251 Medication Monitoring/Management

#### **Psychosocial Interventions**

- 300 Psychoeducation:
- 301 Family Support/Therapy
- 303 Supportive Psychotherapy: Including identification/support of personal strengths and coping strategies
- 308 Problem Solving Therapy (PST): Including identification of short-term goals, solutions, and time tables
- 309 Cognitive Therapy and Cognitive Behavioral Therapy (CBT)

#### **Acute Interventions**

- 252 Emergency/crisis care
- 254 Psychiatric Inpatient Hospitalization
- 255 Psychiatric Partial Hospitalization

#### **Other Interventions**

- 201 Nutrition/dietary plan
- 202 Physical exercise plan
- 304 Identify/enhance social supports and social activities
- 305 Enhance organized/informal activities: (e.g., Social club, Senior center, religious, informal leisure, physical, or social activities)
- 314 Encourage Participation in Peer Support
- 315 Wellness Management
- 400 Social/Aging Services Referral
- 500 Arrange for Out-of-Home Placement

Monitor progress with GERIATRIC DEPRESSION SCALE or see CORNELL SCALE FOR DEPRESSION IN DEMENTIA in the “Other Scales” section of the Toolkit to be used for consumers with severe dementia who are unable to respond to the Geriatric Depression Scale questions.

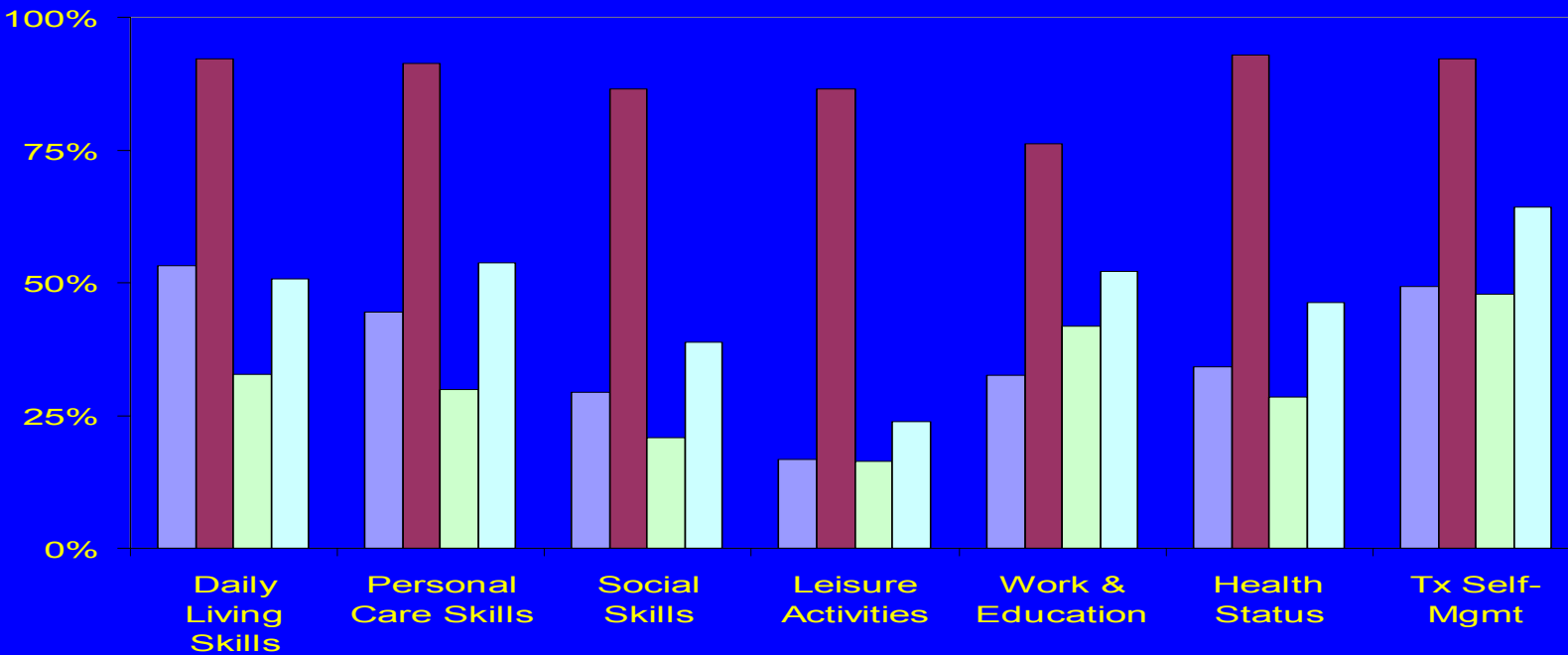
**Does the Guided Evidence-based  
Toolkit Improve Quality of Geriatric  
Mental Health Services?**

**A Controlled Comparison Study**

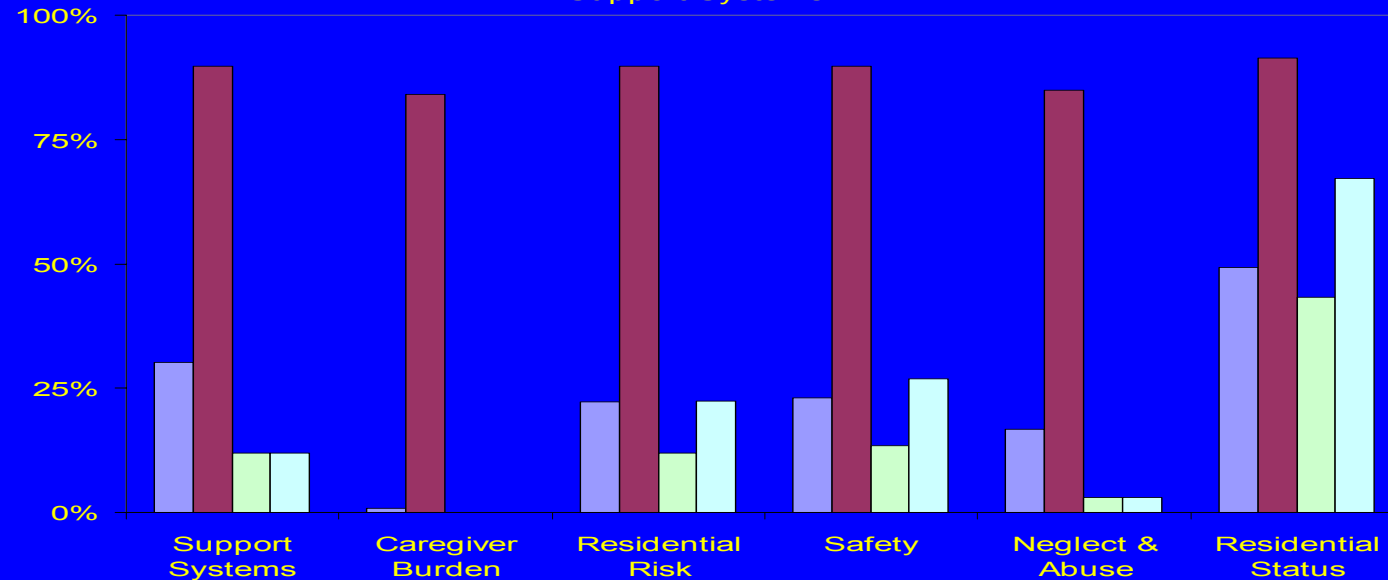
***Supported by the Robert Wood Johnson  
Foundation Home Care Initiative***

# Chart Review-Assessment Practices

## Functioning Domains

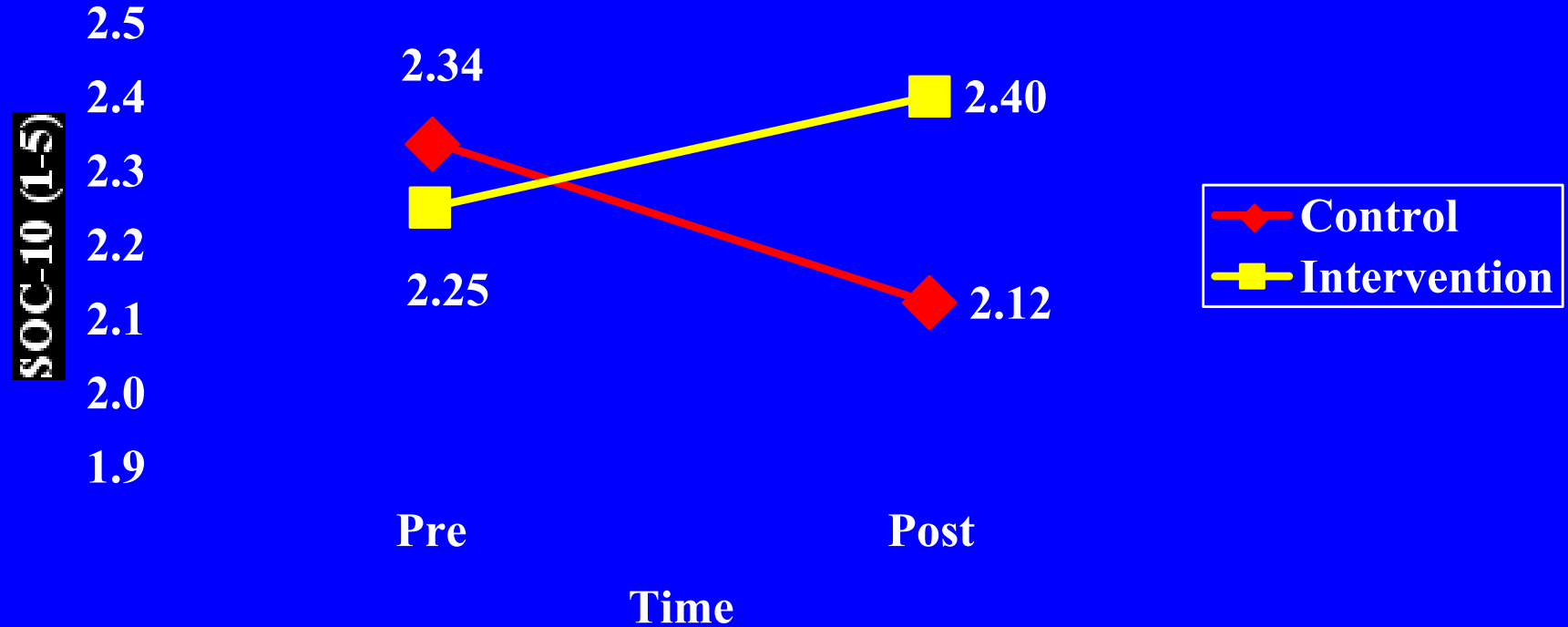


## Support Systems



# General Well-being/Quality of Life

## Overall Well Being



Note: Higher score is better

$F(1,131)=3.91, p=.05$

# Summary Findings

- **Favorable Implementation, Acceptance and Use in Community Mental Health Centers**
- **Significant Improvement in Provider Practice Behavior: Quality of Screening, Assessment, and Monitoring In Clinical & Functional Domains**
- **Trends toward improvement in Consumer Outcomes for Self-report of Helpfulness of Services and Well-being**

# Future Directions

- **Implemented Statewide in New Hampshire at all community mental health centers...**
- **Other States have been trained in using the system...**
- **WEB-Based Interactive Version .....**