Golden Years Golden Care

Optimizing Mental Health Care in the Geriatric Population

Jacob Gerken, Margarita Kugotova, Blair Hermiller, M.D., Navtej Mann, M.D., Sabrina Khuder, M.D.,Dionis Kononov, D.O.
The Department of Neurosciences and Psychiatry at The University of Toledo College of Medicine and Life Sciences

Background

Older adults continue to be the largest growing segment of the US population, with an expected 42% increase over the next 25 years. Conversations surrounding mental health in the elderly are often limited, despite an increase in depression, cognitive disorders, and suicide. The lack of discussion and intervention may be rooted within limited confidence of residents investigating such topics.

This literature review examines current evidence related to geriatric mental health assessment and management, with emphasis on suicide risk evaluation, psychopharmacologic considerations in advanced age, integration of palliative care principles, and goals-of-care discussions.

Methods

We searched PubMed for English-language peer-reviewed articles on mental health in older adults published between 2009 and 2025. We included original research and systematic reviews addressing suicide risk, grief versus depression differentiation, age-related psychopharmacologic considerations, spirituality in clinical settings, and goals-of-care communication.

The Aging Population

- Older adults will continue to be the fastest growing segment of the US population
- The number of Americans age 65 and older is projected to increase from 58 million in 2022 to 82 million by 2050, a 42% increase
- Mental health is often overlooked and underdiagnosed amongst this population, leading to an increased suicide risk
- It is vital to discuss goals of care and comfort with the aging population
  - Quality of life
    - Pain control
    - Dietary Preference: regular diet vs tube feed
    - Polypharmacy: discuss redundant medication with age/life expectancy
  - Code status
    - Full code
    - DNR-Comfort Care (no life saving measures)
    - DNR- Comfort Care Arrest (life saving measures until cardiac or respiratory arrest)
- Several important considerations in geriatric mental health exist such as:
  - Heterogenous population
  - Multiple comorbidities
  - Cognitive disorders
  - Polypharmacy
  - Non-specific presentation of psychiatric disorders
  - DSM-V not age sensitive
  - Not many evidence-based medication treatments

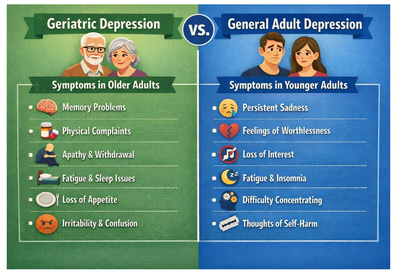
Personality Disorders

- A rigid pervasive pattern of behaviors and experiences that deviate from cultural standards
- All personality disorders are disposed to depression, risk increasing with age
- Having any PD increases the risk of developing dementia
- Gerontologic Personality Disorder Scale is a 16 item screening tool to detect PD in adults over 30 years old
- Personality is not fixed and can change across the life span
- Three groups:
  - Cluster A- paranoid, schizoid, schizotypal
  - Cluster B- antisocial, histrionic, borderline, and narcissistic
  - Cluster C- avoidant, dependent, obsessive compulsive
- It is more common for older men than women to demonstrate PD
  - Paranoid, avoidant, and dependent PD are more common in older women

Mood Disorders

- 21.4% of all adults in the US will be diagnosed with a mood disorder (MDD,Bipolar)

- Depression:
  - The incidence of depressive disorders decreases with age, but symptoms tend to be more severe



- Bipolar Disorders
  - Overall worsening of symptoms with age
  - Decreased tolerance to medications that have worked for many years (lithium)
  - Medical illness complicating the course and management of symptoms
  - BPD in the elderly could occur or become complicated as a result of neurodegenerative disorders (vascular BPD)

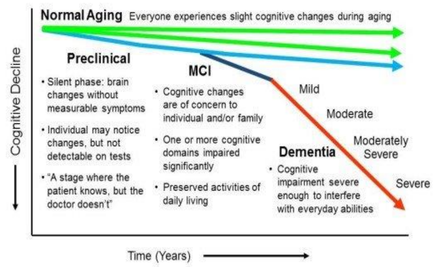
- Suicide:
  - annual rate for suicide in the population aged 70+ is 27.45 per 100000 compared to 16.17/100000 in people aged 50–69 and 11.6 in people aged 15–49
  - the suicide rates for men were highest among those 75 years or older (36.1/100,000)

Cognitive Disorders

There are three groups of cognitive disorder: delirium, dementia, and amnesiac disorders

- The cardinal symptom shared by all three is cognitive impairment, through things such as memory, language, or attention

- Delirium
  - Disturbance of conscious or cognitive function that occurs over a short period of time
- Dementia
  - Multiple cognitive deficits including memory occurring over an extended period
- Amnesiac Disorders
  - Memory loss in the absence of other cognitive impairments due to things such as trauma, stroke, etc.



- Mild Cognitive Impairment (MCI)
  - Transitional stage between normal aging and clinical dementia such as Alzheimer's Disease
  - Individuals do not meet diagnostic criteria for dementia but are still experiencing substantial difficulties with memory
  - Importantly does not significantly impact activities of daily living.

References

Comer A, Fettig L, Torke AM. Identifying Goals of Care. Med Clin North Am. 2020 Sep;104(5):767-775. doi: 10.1016/j.mcna.2020.06.002. PMID: 32773044; PMCID: PMC7458156.

Beghi M, et al. Suicidal behaviour in older age: A systematic review of risk factors associated to suicide attempts and completed suicides. Neurosci Biobehav Rev. 2021 Aug;127:193-211. doi: 10.1016/j.neubiorev.2021.04.011. Epub 2021 Apr 18. PMID: 33878336.

Ding OJ, Kennedy GJ. Understanding Vulnerability to Late-Life Suicide. *Curr Psychiatry Rep.* 2021;23(9):58. Published 2021 Jul 17. doi:10.1007/s11920-021-01268-2

Chattun M, et al. Suicidality in the geriatric population,Asian Journal of Psychiatry,Volume 75,2022,103213,ISSN 1876-2018,https://doi.org/10.1016/j.ajp.2022.103213

Balaram K, Balachandran S. Psychopharmacology in the Elderly: Why Does Age Matter? Psychiatr Clin North Am. 2022 Dec;45(4):735-744. doi: 10.1016/j.psc.2022.07.004. Epub 2022 Oct 14. PMID: 36396276.

De Bonis K. Revisiting psychiatry's relationship with spirituality. Front Psychiatry. 2024 Jul 18;15:1441922. doi: 10.3389/fpsyt.2024.1441922. PMID: 39091453; PMCID: PMC11291236.

Results

Older adults represent the single largest growing demographic in the United States, with the number of individuals age 65+ expected to increase by 42% by 2050.

Geriatric populations tend to be more burdened with comorbid conditions, can struggle with polypharmacy, and often present with vague psychiatric symptoms that may not adequately fit into currently accepted diagnostic models.

There has been a recent push to integrate psychiatry, palliative care, and spirituality within a biopsychosocial framework to allow clinicians to address patient problems in a dignified, meaningful way.

Discussion

Despite a high prevalence in geriatric populations, mood disorders such as major depressive disorder and bipolar disorder are often underdiagnosed and tend to be more severe in presentation. Congruently, suicide remains a growing health concern for older adults. Late life suicide is multifactorial, frequently shaped by a combination of mood disorders, chronic illness, disability, access to lethal means, and psychosocial stressors related to advanced age such as grief and financial hardship. Many older adults who die by suicide have had recent appointments with physician's, highlighting opportunities for further focused screening, identification, and prevention.

While delirium, dementia, and amnesiac disorders all share the common feature of cognitive decline, they differ greatly in onset, disease course, and outcome, requiring clinicians to be cautious and deliberate in diagnosis and treatment. Cognitive changes can obscure underlying psychiatric health concerns, while functional changes and decreased inhibition can increase vulnerability to depression and suicidality.

When discussing any kind of health care, especially psychiatric, with older populations, it is important to have an informed discussion regarding goals of care. All decisions should be guided by patient values (including quality of life, length of life, diet, and overall functionality.) There has been a recent push to integrate psychiatry, palliative care, and spirituality within a biopsychosocial framework to allow clinicians to address patient problems in a dignified, meaningful way.

The growing demographic shift towards an aging population will require clinicians to shift away from disease centered models towards patient centered care. Addressing these concerns as they arise is imperative to ensure that older adults approach the end of their life with comfort and dignity.