

FIRST RESPONDER QUICK TIPS

Older Adult mental health



Community
Support & Health
Services

Cognitive Impairment

Cognitive impairment in older adults has a variety of possible causes, including medication side effects, metabolic and/or endocrine derangements, delirium due to intercurrent illness, depression and dementia, with Alzheimer's dementia being most common.

Delirium

- Seeing things that don't exist (hallucinations)
- Restlessness, agitation or combative behavior
- Calling out, moaning or making other sounds
- Being quiet and withdrawn — especially in older adults
- Slowed movement or lethargy
- Disturbed sleep habits (Reversal of night-day sleep-wake cycle)
- An inability to stay focused on a topic or to switch topics
- Getting stuck on an idea rather than responding to questions or conversation
- Being easily distracted by unimportant things
- Being withdrawn, with little or no activity or little response to the environment

Mental health conditions can be exacerbated in older adults during an emergency & produce feelings of confusion or delirium they wouldn't normally experience, potentially making it harder for you to help them.

"Being in services to others is taxing. Please remember to have compassion for yourself as you have compassion for others."

ACTION ITEMS

ALWAYS	NEVER
Agree	Argue
Divert	Reason
Distract	Shame
Say "do what you can"	Say "you can't"
Ask or model	Command or demand
Encourage and praise	Condescend
Say "reminisce"	Say "remember"
Say "repeat"	Say "I told you"
Reassure	Lecture
Reinforce	Force

Additionally, **ALWAYS:**

- Speak calmly & slowly, take your **time**.
- Make eye contact
- **LISTEN** & ask questions
 - Active listening
 - Reflective listening
- Be conscious of your body language
- Debrief with a trusted individual for your **own mental & emotional health**.

You may notice or hear complaints of :

Anxiety

- Confused / fearful
- Head aches
- Back/Chest pain
- Rapid heart beat
- Shakiness / sweating
- Muscle tension or soreness
- Forgetfulness
- Irritable
- Substance abuse

Depression:

(TIP: Depression and dementia exacerbate each other symptomatically)

- Irritability
- Can't concentrate
- Fatigue
- Apathy
- Crying
- Malnourished
- Aches & pains

Alcohol or Substance Dependency:

- Unexplained bruises
- Irritable
- Sadness
- Chronic pain
- Self Isolation
- Lack of hygiene
- Malnourished

Suicide Risk

The following in older adults might be sign of being at risk:

- Depression, Anxiety or other mental health conditions
- Substance Use Disorder
- Social Isolation
- Not eating
- Recent loss of a loved one
- Chronic Illness / Disability

OLDER ADULT MENTAL HEALTH

You may notice or hear complaints of (cont.)...

Cognitive Impairment (cont.)



Endocrine Derangements

Endocrine dysfunctions may lead to various neurologic manifestations such as headache, myopathy, and acute encephalopathy including coma. It is important to recognize the neurologic signs and symptoms caused by the endocrine disorders while managing endocrine disorders.

Medication Side Effects

- Muscle pain and weakness
- Bone loss
- High potassium levels
- Nerve damage
- Falls and delirium
- Heart and gastrointestinal problems
- Joint pain
- Low sodium levels

Dementia

Dementia is not a disease itself. It's a collection of symptoms that result from damage to the brain caused by different diseases, such as Alzheimer's. These symptoms vary according to the part of the brain that is damaged.

- Memory loss.
- Difficulty concentrating
- Finding it hard to carry out familiar daily tasks, such as getting confused over the correct change when shopping
- Struggling to follow a conversation or find the right word
- Being confused about time and place.

Mood Disorders

Mania

- Increased irritability and dysphoria rather than euphoria and excitement.
- Secondary mania: the designation for symptoms caused by a medical illness such as cerebrovascular accident or infection, far more common among older than younger patients.
- Treatment of bipolar disorder among older adults is similar to treatment of younger adults, although it requires attentive dosing, awareness of potential drug interactions, and alertness to adverse effects.

Depression (common causes)

Older adults have higher rates of depression than the general population.

- Other mental health problem, such as severe anxiety, bipolar disorder (manic-depressive illness), or schizophrenia, Substance use disorder.
- Being alone for long periods of time (social isolation).
- The diagnosis of a serious physical illness.
- Recent life change, such as the death or chronic illness of a spouse or child, retirement, or financial problems.
- Physical disabilities

These things also put older adults at a higher risk for suicide.

Post Traumatic Stress Disorder (PTSD):

- Irritable or aggressive behavior
- Reckless or self-destructive behavior
- Hyper vigilance
- Exaggerated startle response
- Problems with concentration
- Difficulty falling or staying asleep or restless sleep
- Symptoms of anxiety or memory issues (in the moment)
 - **NOTE:** It is good to remember that older adults have often experienced trauma as children and as young adults and this trauma can carry over into triggered reactions as older adults. Also, trauma experienced can include negative encounters with first responders (via civil rights era, racial profiling, etc.)

References:

<https://www.alztennessee.org/help/caregiver-support/caregiver-resource-library/10-absolutes-of-alzheimers-care>, https://www.ptsd.va.gov/professional/treat/specific/symptoms_older_adults.asp, Duong, S., Patel, T., & Chang, F. (2017). Dementia: What pharmacists need to know. Canadian pharmacists journal : CPJ = Revue des pharmaciens du Canada : RPC, 150(2), 118-129. <https://doi.org/10.1177/1715163517690745>, <https://betterhealthwhileaging.net/cognitive-impairment-causes-and-how-to-evaluate/>, Ruchinskas, R. (2002). Rehabilitation therapists' recognition of cognitive and mood disorders in geriatric patients. Archives of physical medicine and rehabilitation, 83(5), 609-612., Ryan, C., & Shea, M. E. (1996). Recognizing depression in older adults: The role of the dietitian. Journal of the Academy of Nutrition and Dietetics, 96(10), 1042., Sable, J. A., & Jeste, D. V. (2001). Anxiety disorders in older adults. Current Psychiatry Reports, 3(4), 302-307.

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