Disorders of Aging and Cognition

Chapter 18

Disorders of Aging and Cognition

- Dementia – deterioration of one’s memory and related cognitive faculties – is currently the most publicized and feared psychological problem among the elderly
  - It is, however, hardly the only one
    - A variety of psychological disorders are tied closely to later life
  - As with childhood disorders, some of the disorders of old age are caused primarily by pressures that are particularly likely to appear at that time of life, others by unique traumatic experiences, and still others – like dementia – by biological abnormalities

Old Age and Stress

- Geropsychology is the field of psychology dedicated to the mental health of elderly people
- Old age is usually defined in our society as the years past age 65
  - Around 36 million people in the U.S. are “old” – 12% of the population and growing
  - Older women outnumber older men by 3 to 2
- Like childhood, old age brings special pressure, unique upsets, and profound biological changes
Old Age and Stress

- The psychological problems of elderly persons may be divided into two groups:
  - Disorders that may be common in people of all ages but are connected to the process of aging
    - Depressive, anxiety, and substance-related disorders
  - Disorders of cognition that result from brain abnormalities
    - Delirium, dementia

Depression in Later Life

- Depression is one of the most common mental health problems of older adults
- The features of depression are the same for elderly people as for younger people
  - As many as 20% of people experience this disorder at some point during old age
  - The rate is highest in older women
- Several studies suggest that depression among older people raises their chances of developing significant medical problems

Depression in Later Life

- Elderly persons are also more likely to commit suicide than younger ones, and often their suicides are related to depression
- Like younger adults, older people who are depressed may be helped by cognitive-behavioral therapy, interpersonal therapy, antidepressant medications, or a combination of these approaches
Depression in Later Life

- More than half of older patients with depression improve with these treatments.
- It is sometimes difficult for elderly people to use antidepressant drugs effectively and safely because the body’s metabolism works differently in later life.
- Moreover, among elderly people, antidepressant drugs have a higher risk of causing some cognitive impairment.

Anxiety Disorders in Later Life

- Anxiety is also common among the elderly.
- At any given time, around 6% of elderly men and 11% of elderly women in the U.S. experience at least one of the anxiety disorders:
  - GAD is particularly common, experienced by up to 7% of all elderly persons.
  - The prevalence of anxiety increases throughout old age.

Anxiety Disorders in Later Life

- There are many things about aging that may heighten anxiety levels, including declining health.
  - Researchers have not, however, systematically tied anxiety disorders among the elderly to specific events or losses.
- Older adults with anxiety disorders are often treated with psychotherapy of various kinds, particularly cognitive-behavior therapy.
  - Many also receive antianxiety medications:
    - Again, all such drugs must be used cautiously with older people.
Although alcohol abuse and other forms of substance abuse are significant problems for many older persons, the prevalence of such patterns actually appears to decline after age 60.

Surveys find that 4% to 7% of older people, particularly men, display alcohol-related disorders in a given year.

Researchers often distinguish between older problem drinkers who have experienced significant alcohol-related problems for many years and those who do not start the pattern until their 50s and 60s.

The latter group typically begins abusive drinking as a reaction to the negatives events and pressures of growing older.

Alcohol abuse and dependence in elderly people are treated much as in younger adults.

Approaches include detoxification, Antabuse, Alcoholics Anonymous (AA), and cognitive-behavioral therapy.

A leading kind of substance abuse in the elderly is the misuse of prescription drugs.

Most often it is unintentional.

Yet another drug-related problem is the misuse of powerful medications at nursing homes.
• Elderly people have a higher rate of psychotic symptoms than younger persons
  – Among aged people, these symptoms are usually due to underlying medical conditions such as delirium and dementia
  – However, some elderly persons suffer from schizophrenia or delusional disorder

• Schizophrenia is less common in older persons than in younger ones
  – Many people with schizophrenia find that their symptoms lessen in later life
  – It is uncommon for new cases of schizophrenia to emerge in later life

• Another kind of psychotic disorder found among the elderly is delusional disorder, in which individuals develop beliefs that are false but not bizarre
  • This disorder is rare in most age groups, but its prevalence appears to increase in the elderly population
  • Some clinicians suggest that the rise is related to the deficiencies in hearing, social isolation, greater stress, or heightened poverty experienced by many elderly persons
Disorders of Cognition

- Cognitive “mishaps” (e.g., leaving without keys, forgetting someone’s name) are a common and quite normal feature of stress or aging
- As people move through middle age, these memory difficulties and lapses of attention increase, and they may occur regularly by age 60 or 70
- Sometimes, however, people experience memory and other cognitive changes that are far more extensive and problematic

Disorders of Cognition

- While problems in memory and related cognitive processes can occur without biological causes (in the form of dissociative disorders), more often, cognitive problems have organic roots, particularly when they appear in later life
  - The leading cognitive disorders among elderly persons are delirium and dementia

Delirium

- Delirium is a clouding of consciousness
  - As a person’s awareness of the environment becomes less clear, he or she has great difficulty concentrating, focusing attention, and thinking sequentially
  - This leads to misinterpretations, illusions, and, on occasion, hallucinations
Delirium

- This state of massive confusion typically occurs over a short period of time, usually hours or days
- It may occur in any age group, including children, but it is most common in elderly persons
- Delirium affects fewer than 0.5% of the nonelderly population, 1% of people over 55, and 14% of those over 85 years of age
- Fever, certain diseases and infections, poor nutrition, head injuries, strokes, stress (including the trauma of surgery), and intoxication by certain substances may all cause delirium

Dementia & Alzheimer’s Disease

- People with dementia experience significant memory losses along with losses in other cognitive functions, such as abstract thinking or language
- People with dementia may also experience changes in personality and behavior
- At any given time, around 3% to 9% of the world’s adult population are suffering from dementia

Dementia & Alzheimer’s Disease

- The experience of dementia is closely related to age
- Among people 65 years of age, the prevalence is around 1 to 2%, increasing to as much as 50% among those over the age of 85
- Like delirium, some forms of dementia result from nutritional, metabolic, or other problems that can be corrected
- Most forms, however, are caused by brain diseases or injuries, such as Alzheimer’s disease or stroke, which are currently difficult or impossible to correct
Alzheimer’s Disease

- This disease, identified in 1907, is the most common form of dementia, accounting for as many as two-thirds of all cases
  - Around 5 million people in the U.S. currently have this disease
- This gradually progressive disease sometimes appears in middle age (early onset), but most often occurs after the age of 65 (late onset)
  - Its prevalence increases markedly among people in their late 70s and early 80s

Alzheimer’s Disease

- The time between onset and death is typically 8 to 10 years, although some people may survive for as many as 20 years
- It usually begins with mild memory problems, lapses of attention, and difficulties in language and communication

Alzheimer’s Disease

- As symptoms worsen, the person has trouble completing complicated tasks and remembering important appointments
- Eventually sufferers also have difficulty with simple tasks, distant memories are forgotten, and changes in personality often become very noticeable
Alzheimer’s Disease

- As the symptoms of dementia intensify, people show less and less awareness of their limitations
- Eventually they become fully dependent on other people, they lose almost all knowledge of the past and fail to recognize the faces of even close relatives
- Alzheimer’s victims usually remain in good health until the later stages of the disease

Alzheimer’s Disease

- Research has suggested several possible causes for the development of the disease, including genetic factors and abnormalities in brain structure and brain chemistry

What Are the Genetic Causes of Alzheimer’s Disease?

- It appears that Alzheimer’s disease often has a genetic basis
  - Clinicians now distinguish between early-onset (familial) Alzheimer’s disease and late-onset (sporadic) Alzheimer’s disease
What Are the Genetic Causes of Alzheimer’s Disease?

• Early-Onset
  – Studies have found that mutations in particular genes increase the likelihood of plaque and tangle formations and, in turn, of Alzheimer’s disease
  – Apparently some families transmit these mutations and the onset of the disease is set into motion

• Late-Onset
  – This form of the disease appears to result from a combination of genetic, environmental, and lifestyle factors
  – The genetic factor at play in sporadic Alzheimer’s Disease is different from the ones involved in familial Alzheimer’s disease

How Does Brain Structure Relate to Alzheimer’s Disease?

• Researchers have identified a number of biological factors related to the brain abnormalities seen in Alzheimer’s disease
• To understand the role of these factors, an understanding of the operation and biology of memory is necessary...
Other Forms of Dementia

- A number of other disorders may also lead to dementia, including:
  - Vascular dementia (multi-infarct dementia)
    - May follow a cerebrovascular accident, or stroke, during which blood flow to specific areas of the brain was cut off, with resultant damage
    - This dementia is progressive but its symptoms begin suddenly, rather than gradually
    - Cognitive functioning may continue to be normal in the areas of the brain not affected by the stroke
  - Pick's disease – a rare disorder that affects the frontal and temporal lobes and is clinically similar to Alzheimer's disease
  - Creutzfeldt-Jakob disease – caused by a slow-acting virus, this disease has symptoms that include spasms of the body
  - Huntington's disease – an inherited progressive disease in which memory problems worsen over time, along with personality changes, mood difficulties, and movement problems
  - Parkinson's disease – a slowly progressive neurological disorder marked by tremors, rigidity, and unsteadiness that can cause dementia

- Viral and bacterial infectious disorders such as HIV and AIDS, meningitis, and advanced syphilis
- Brain seizure disorder
- Drug abuse
Assessing and Predicting Dementia

- Most cases of Alzheimer’s disease can be diagnosed with certainty only after death, when autopsy is performed
- However, brain scans, which reveal structural abnormalities in the brain, now are commonly viewed as assessment tools

Assessing and Predicting Dementia

- Several research teams are currently trying to create tools that can identify persons likely to develop dementia
  - One research team is using PET scans
- The most effective interventions for dementia are those that help prevent problems or, at the very least, are applied early, so it is essential to have tools that identify the disorders as early as possible

What Treatments Are Currently Available?

- Treatments for the cognitive features of Alzheimer’s have been at best modestly helpful
- A number of approaches have been applied, including drug therapy, cognitive techniques, behavioral interventions, support for caregivers, and sociocultural approaches
What Treatments Are Currently Available?

- The drugs currently prescribed affect acetylcholine and glutamate, the neurotransmitters known to play an important role in memory.
  - Although the benefits of the drugs are limited and the risk of harmful side effects is sometimes high, the drugs have been approved by the FDA.
  - Another approach, taking Vitamin E, seems to help prevent or slow down further cognitive decline.

What Treatments Are Currently Available?

- Alternative drug treatments currently are being investigated.
- A number of studies also seem to suggest that certain substances (e.g., estrogen, ibuprofen) may reduce the risk of Alzheimer’s disease.
- Cognitive treatments have been tried with some temporary success.
- Behavioral interventions have been tried with modest success.

What Treatments Are Currently Available?

- Caregiving can take a heavy toll on the close relatives of people with dementia.
  - Almost 90% of all people with dementia are cared for by their relatives.
  - One of the most frequent reasons for the institutionalization of people suffering from Alzheimer’s is that overwhelmed caregivers can no longer cope with the difficulties of keeping them at home.
What Treatments Are Currently Available?

- In recent years, sociocultural approaches have begun to play an important role in treatment
- A number of day-care and assisted-living facilities have been opened to provide care for those with dementia
- Studies suggest that such facilities often help slow the cognitive decline of residents and enhance their enjoyment of life

Issues Affecting the Mental Health of the Elderly

- As the study and treatment of elderly people have progressed, three issues have raised concern among clinicians:
  - The problems faced by elderly members of racial and ethnic minority groups
  - The inadequacies of long-term care
  - The need for a health-maintenance approach to medical care in an aging world

Issues Affecting the Mental Health of the Elderly

- Discrimination because of race and ethnicity has long been a problem in the U.S., particularly for those who are old
  - To be both old and a member of a minority group is considered to be in "double jeopardy" by many observers
  - Older women in minority groups are considered to be in "triple jeopardy"
  - Because of language barriers and cultural issues, it is common for elderly members of ethnic minority groups to rely solely on family members or friends for remedies and health care
Issues Affecting the Mental Health of the Elderly

• Many older people require long-term care outside the family
  • "Long-term care" may refer variously to the services offered in a partially supervised apartment, in a senior housing complex, or in a nursing home
  • The quality of care at such residences varies widely
• Many worry about being "put away" and about the costs of long-term care
  • Worry over these issues can greatly harm the mental health of older adults, perhaps leading to depression and anxiety, as well as family conflict

Issues Affecting the Mental Health of the Elderly

• Medical scientists suggest that the current generation of young adults should take a health-maintenance, or wellness, approach to their own aging process
  – There is a growing belief that older adults will adapt more readily to changes and negative events if their physical and psychological health is good

Comer, Abnormal Psychology, 8e