Dual Diagnosis: Mental Illness & Developmental Disabilities

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DEMOGRAPHICS

- 10-15% of DD are 65+
- 40-70% mental disorder
- 40% not in formal delivery system
- 70+ institutionalized
- 22,000 in ECF are 55+
- Women live longer

Old Age for DD

- Onset 40 to 70 years
- ↓ Cognition 35 years of age

Mentally Healthy Aging

- Positive self-attitude
- Growth and self-actualization
- Reality perception
- Integration of personality
- Autonomy
- Environmental mastery

Maladaptive Coping

- Denial
- Rigidity
- Selective memory, hearing
- Exploitation of age and/or disability
- Depression
- Isolation/Rejection

Mental Health Intervention

- Lack of control over situations & environment
- Fear of dependency
- Feelings of helplessness

Comorbid Mental Disorders

- Mood Disorders (depression)
- Anxiety Disorders
  - Obsessive-Complusive disorder
  - PTSD
- Schizophrenia
- Paranoia/Delusions

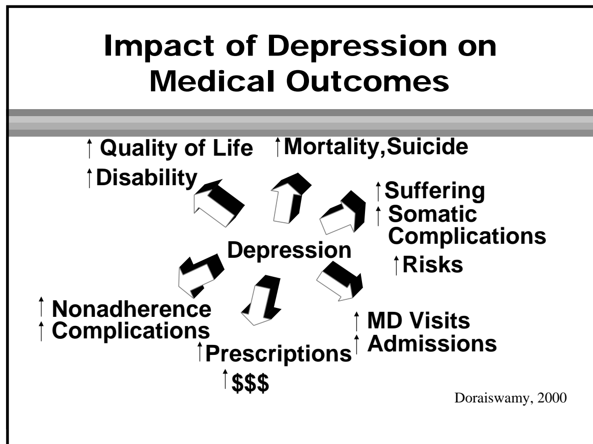
Evaluation

- Complete PE
- History
- MRI/CT scan
- UA
- Chest film
- EKG
- Functional
- IADLs/ADLs
- Tests/referrals
- Social/family
- Blood tests
  - CBC w diff
  - Metabolic screen
  - Thyroid
  - B12, folate
  - VDRL
  - Drug levels

Depression

- Highly treatable
- A variety of treatments
- Improved quality of life
- Myths and lack of identification
- Mimics dementia
- 75% of all antidepressants rx'd by Internists
- High rates of suicide

Impact of Depression on Medical Outcomes



Doraiswamy, 2000

Reasons for under-recognition and inadequate treatment

- Patient:
  - Failure to recognize symptoms
  - Misunderstanding of severity and consequences
  - Limited access to treatment
  - Stigma often attached to depression
  - Poor compliance with treatment

Overview of Depression

- Clinical depression is a common psychiatric disorder
- There are risk factors for major depression
- Patients may present with multiple symptoms; not all patients present with the same symptoms
- Other medical and psychiatric illnesses may be associated with depression

Depression

- **Depression is often underdiagnosed and/or misdiagnosed**
- **Effective treatments for depression are available**
- **The cost of <u>not</u> treating or <u>under</u>treating depression may be high**

Adapted from Depression in Primary Care: Volume 1.
Detection and Diagnosis. Clinical Practice Guideline, Number 5. Rockville, MD:
US Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research; April 1993. AHCPR publication No. 93-051993. AHCPR Publication No. 93-0550.

Depression Symptoms

- **Sad, anxious, or empty mood**
- **Feelings of pessimism, hopelessness**
- **Feelings of guilt, worthlessness, or helplessness**
- **Loss of interest or pleasure in activities once enjoyed**

Depression Symptoms

- **Decreased energy, a feeling of fatigue or of being slowed down**
- **Difficulty concentrating, remembering, or making decisions**
- **Restlessness**
- **Irritability**

Depressive Symptoms

- Sleeping too much or too little
- Change in appetite
- Weight gain or loss
- Chronic pain or other persistent bodily symptoms not explainable by injury or medical condition
- Thoughts of death or suicide

Depression Diagnosis

A depressive episode is diagnosed if five or more or these symptoms lasting most of the day, nearly every day, for 2 weeks or longer.

Grief vs. Depression

- Symptoms overlap - sadness, insomnia
- Differences – psychomotor retardation, suicidality
- Course
  - Bursts vs. enduring
  - Triggered vs. autonomous
  - Lessening vs. persistent

Depression with Psychosis

- More difficult course
- Hallucinations
- Delusions

Bipolar Affective Disorder

- Manic-depressive disorder
- unusual shifts in mood, energy, & ability to function

BAD symptoms

- ⇧energy, activity, restlessness
- "High," euphoric mood
- Racing thoughts, rapid speech
- Distractable
- ⇩sleep
- Poor judgement
- Unrealistic beliefs

BAD symptoms

- Spending sprees
- Provocative, intrusive, aggressive behavior

Depression and Cognitive Disorders

- Depression can cause cognitive impairment
  - Usually mild and of recent onset
- 20%-40% with Alzheimer's disease exhibit depressive symptoms or syndromes
  - Often an early symptom

Waragg et al, 1989; Cummings, 1992

Depression & Cognitive Disorders (cont.)

- Depression impairs quality of life, leads to excess functional disability, and increases likelihood of placement in long-term care facility
- Responds to treatment

Depression and Cognitive Disorders (cont.)

- Similar rates of depression have been reported in patients with subcortical (e.g., Parkinson's disease) and vascular dementias

Waragg et al, 1989; Cummings, 1992

Suicide

- Talking about suicide
- Previous attempts
- Family history
- Hopeless, helpless, burden
- Abusing drugs & alcohol
- Suicide notes

Nonpharmacologic Strategies

- Rehabilitation programs
- Psychotherapy
- Exercise
- Alternative /complimentary
- ECT

Therapy Goals for Depression

- **Restore psychosocial and occupational functioning**
- **Remission of all signs and symptoms**
- **Reduce acute risk of suicide**
- **Reduce the likelihood of relapse and recurrence**

Adapted from Depression in Primary Care: Volume 2. Treatment of Major Depression, Number 5, Rockville, MD: US Dept of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research; April 1993. AHCPR Publication No. 93-0551.

Anxiety Disorders

- **Definition: excessive worry, fears, apprehension, foreboding, restlessness, nervousness, somatic symptoms, inner distress, thoughts and physical symptoms, and usual ways of coping do not relieve.**

Types of Anxiety

- **Panic**
- **Agoraphobia**
- **Phobias**
- **OCD**
- **PTSD**
- **Acute Stress Disorder**
- **Substance Abuse**
- **Anxiety – Medical Conditions**
- **GAD**
- **Anxiety Disorder**

Diagnostic Criteria

Excessive worry (apprehension, expectation) and anxiety occurring more days than not for at least 6 months

The person cannot control or relieve the anxiety

Dx Criteria (cont.)

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

Rule Outs

- Depression, Panic Attacks, Social Phobias, OCD
- Physical sequelae
- Medication side effects, OTCs
- Withdrawal, Substance Abuse
- Delirium
- Medical Conditions

Work Up

- History
- Assessments
- Medical and Psychiatric History and Treatment
- Relationship History
- Coping Styles
- Anxiety Scales

Symptoms

- Palpitations
- SOB
- Lump in throat
- Increased BP
- Rapid Breathing
- Pain
- "Spells"
- Restlessness
- Wobbly
- Avoidant
- Nervousness
- Tension
- Fearfulness, fright
- Irritability
- Hypervigilance
- Poor memory
- Ruminations
- Poor concentration
- Anticipation of doom

Treatments

- Psychotherapy, Behavioral Supportive & Milieu
- Psychopharmacological: Short-acting Anxiolytics, Longer-acting for Severe Problems
- Combination
- Referral to Behavioral Medicine Clinician

Thought Disorders

- Schizophrenia
- Paranoia/Delusions
- Psychosis
  - Depression
  - Dementia
  - BAD
  - Sensory Loss

Psychiatric and medical comorbidities in schizophrenia

- High rates of psychiatric comorbidity
  - depression (approximately 25%)
  - suicidality (approximately 50%)
  - substance abuse (eg, alcohol, drugs) (up to 50%)
- High rates of medical comorbidity
  - underdiagnosis of physical illness
  - increased mortality
  - high lifetime rates of high blood pressure (34%), diabetes (15%), STDs (10%)

Paranoia/Delusions

- A fixed, unshakable belief
- Can have hallucinations - incorrect sensory perceptions
- Types
  - Paranoid
  - Complex

Behavioral Responses

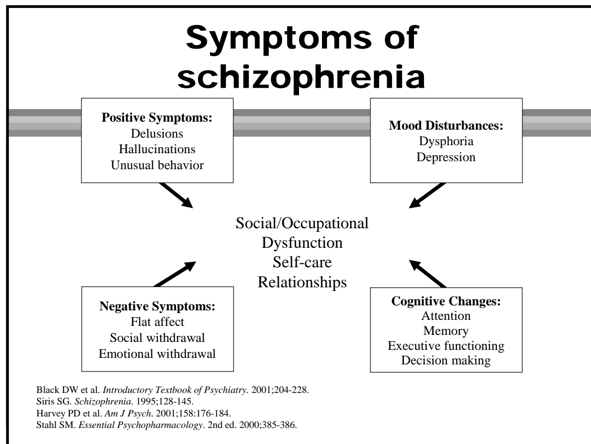
- Anxiety
- Disorientation
- Interference with ADLs
- Resistiveness to care
- Aggressiveness& agitation
- Misidentification
- Inappropriate behavior

Treatment

- Degree of bothersomeness
- Attention to sensory perceptions
- Environmental modications
  - Lighting
  - Noise
  - Safe ambulation
  - Social environment

Treatment (cont.)

- Hearing & vision checks
- Staff approach
- Distraction
- Positive approach/tone
- Pharmacological



Assessment issues

- Is the client better?
- Why drugs on board?
- Are they effective?
- Side effects/weans?
- Newer drugs with less side effects?
- Compliance issues
- Patient education/understanding

Treatment goals in schizophrenia

Acute	Medium term	Long term
Control psychotic symptoms, including agitation and behavior	Stabilize positive, negative, depressive, and cognitive symptoms	Continue to improve symptoms, particularly negative and cognitive
Promote safety of patient/staff/society	Establish appropriate drug and dose for maintenance treatment	Improve global function • Social • Financial • Occupational • Practical
Choose appropriate treatment that: • Treats acute symptoms • Facilitates assessment • Fosters a therapeutic relationship	Provide psychosocial support: • Information/education • Compliance	Prevent relapse

APA Practice Guidelines for the Treatment of Psychiatric Disorders. 2000;301-356.
Schatzberg AF. *The American Psychiatric Press Textbook of Psychopharmacology*. 2nd ed. 1998;751-772.

Considerations in prescribing atypical antipsychotics

- Efficacy in
  - positive symptoms
  - negative symptoms
  - depressive symptoms
  - cognitive symptoms
- Potential for side effects
  - weight gain
  - prolactin elevation
  - sedation
  - dyslipidemia
  - metabolic effects (glucose dysregulation)

Adaptive Mechanisms

- Restitution, replacement or compensatory behavior
- Use of activity or busyness
- Insight
- Positive emotion
- Life review

Lifestyle Changes

- Dreams & plans
- Supervision required
- Loss or changes in friends,dreams
- Financial constraints
- Loss of personal privacy

Plans for the Future

- Making today count
- Redefining priorities
- Living situations
- Support and Assistance
- Planning