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-Compulsive 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

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>Mortality, Suicide</th>
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<tbody>
<tr>
<td>Disability</td>
<td>Depression</td>
</tr>
<tr>
<td>Suffering</td>
<td>Somatic Complications</td>
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<tr>
<td>Risks</td>
<td>Nonadherence</td>
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<tr>
<td>Complications</td>
<td>Prescriptions</td>
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<tr>
<td>Admissions</td>
<td>MD Visits</td>
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Doranowamy, 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 not treating or undertreating depression may be high


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

- 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 of 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

Waraggg 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 modifications
  - Lighting
  - Noise
  - Safe ambulation
  - Social environment

Treatment (cont.)

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

Positive Symptoms:
- Delusions
- Hallucinations
- Unusual behavior

Mood Disturbances:
- Dysphoria
- Depression

Social/Occupational Dysfunction
- Self-care

Negative Symptoms:
- Flat affect
- Social withdrawal
- Emotional withdrawal

Cognitive Changes:
- Attention
- Memory
- Executive functioning
- Decision making

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

<table>
<thead>
<tr>
<th>Acute</th>
<th>Medium-term</th>
<th>Long-term</th>
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<tbody>
<tr>
<td>Control psychotic symptoms, including agitation and behavior</td>
<td>Stabilize positive, negative, depressive, and cognitive symptoms</td>
<td>Continue to improve symptoms, particularly negative and cognitive</td>
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<tr>
<td>Promote safety of patient/staff/society</td>
<td>Establish appropriate drug and dose for maintenance treatment</td>
<td>Improve global function</td>
</tr>
<tr>
<td>Choose appropriate treatment that:</td>
<td>Provide psychosocial support:</td>
<td>• Social</td>
</tr>
<tr>
<td>• Treat acute symptoms</td>
<td>• Information/education</td>
<td>• Financial</td>
</tr>
<tr>
<td>• Facilitate assessment</td>
<td>• Compliance</td>
<td>• Occupational</td>
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<tr>
<td>• Foster a therapeutic relationship</td>
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<td>• Practical</td>
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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