TOPIC: Elderly Mental Health

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Is depression part of ageing?

NOT part and parcel of ageing

 Older adults reported higher levels of well-being than do younger adults¹

Enhanced emotion regulation

(1. Urry H. L., & Gross, J. J. (2010). Emotion regulation in older age. Current Directions in Psychology, 19, 352 – 357.



Depression in the elderly

- Low Mood
- Disturbed sleep
- Appetite
- Interest
- Guilt
- Concentration
- Psychomotor retardation
- Suicidal thoughts



Depression without sadness

- Anxious
- Preoccupation with worries
- Marked negativity



Pseudo-dementia



Preoccupation with bodily functions

Anxiety in the elderly



	Behavioural		
	Avoidance		
Physical	Seek reass	surance	
Tremor	Feeling dizzy		Psychological
Dizziness		Get cross or short-tempered	Irritability
Headache	Breathe quickly Feeling hot or sweaty Body or muscles feel tight		Restlessness
Indigestion		Feeling scared or	Sleep disturbance
Palpitations		nervous	Worrying thoughts
Muscle ache		TAT	Sexual dysfunction
Chest discomfort		'Butterflies' in my tummy	Sensitivity to noise
Bowel disturbance			Poor concentration
Difficulty breathing	Want to get out, run away, or hide	Legs shake	

(Psychology Tools, 2021)



Anxiety in the elderly

•Unique symptom expression

Worry spheres

- Falling
- Fewer work-related worries
- Anxiety for a number of social situations rather than social concerns

Subtypes of OCD

- Greater fear of having sinned, more hand washing
- Compulsive hoarding severity increases with age



- Prevalence of dementia was 10% in Singapore in the older adult (60 years old and above) population¹
- Older age(75 years old) was associated with a higher risk¹

1. Subramaniam. M, at al. (2015). Prevalence of dementia in people aged 60 years and above: Results from the WiSE study. Journal of Alzheimers Disease, 45, 1127 – 1138.

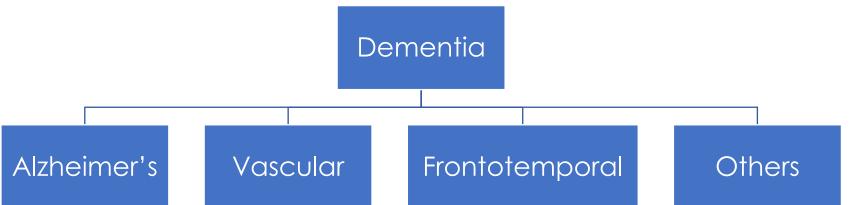


(Chiew, 2016)

<u>Dementia in the elderly</u>

- Not just memory problems!
- Not a specific disease
 - A collection of symptoms
 - Caused by a number of disorders that affect the brain







- A significant decline in brain functions
 - Amnesia = Memory problems
 - Aphasia = Language problems
 - Agnosia = Sensory processing problems
 - Apraxia = Motor planning problems
 - Executive dysfunction = Reasoning, planning, organization, problem solving, control problems



- Interfere with independence in everyday activities
- Does not occur exclusively in the context of delirium
- Not better explained by another mental disorder

IRREVERSIBLE NOT A NORMAL PROCESS OF AGEING



- Forgetful of recent events
- Misplacing things
- Difficulty in communication
- Deviation from routine
- Difficulties in planning
- Difficulties (or reduced quality) in completing familiar tasks
- Poor judgment (in social situations)
- Confusion with time and place



Stages of Dementia

Mild Dementia	Need assistance in complicated tasks e.g. finance management, operating gadgets/appliances
Moderate Dementia	Need assistance in self-care, hygiene, occasional incontinence, language difficulty
Severe Dementia	Total assistance in ADL, lost of language ability and physical changes in mobility - bedridden

Challenging behaviors in Dementia



 Behavioral and psychological symptoms of dementia (BPSD)
Verbal/vocal

verbal/voo

Verbally nonaggressive Complaining Negativism Repetitive sentences/questions Constant unwarranted requests for attention or help

nonaggressive -

Physically nonaggressive Performing repetitious mannerisms Inappropriate robing and disrobing Eating inappropriate substances Handling things inappropriately Trying to get to a different place Pacing, aimlessly wandering General restlessness Hoarding things Hiding things Verbally aggressive Cursing and verbal aggression Making strange noises Verbal sexual advances Screaming

Physically aggressive

Hurting self or others

Throwing things

Tearing things

Spitting, biting

Scratching

Grabbing

Kicking

Hitting

Physical sexual advances

Different BPSD may occur at any time during the course of dementia

 Not every person with dementia will experience BPSD in the course of their illness

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physical

(Cohen-Mansfield, 2000)

aggressive



<u>What can be done?</u>

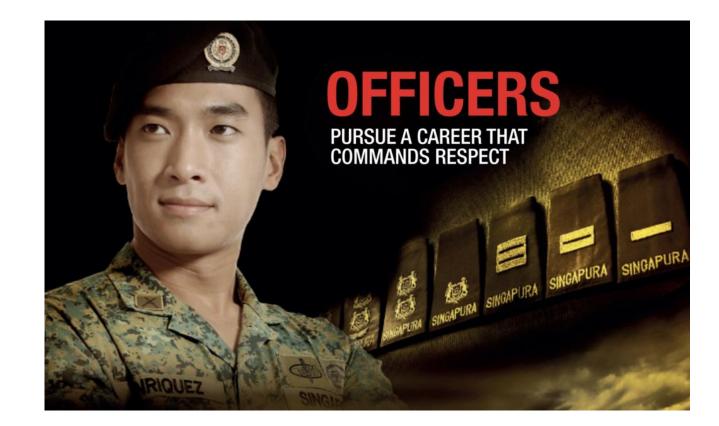
Biological	Social	Psychological
Medications	Financial assistance	Behavioral therapy
	Lasting power of attorney	Simulated presence therapy
	Court appointed deputyship	Occupational therapy
	Advanced medical directives	
	Home modification	

Connecting with people with dementia...



Practical tip 1 – Life story

• Use of life story to understand person with dementia





Practical Tip 2: Modify communication

- Good listening
 - Non-verbal
 - Themes
- Ensure the person knows you are talking to them
 - Establish eye-contact
- Support attempts to communicate
- Adjust to accommodate abilities
 - Repeat, revise
- Give the most important information at the end of the sentence
- Use familiar phrases and expressions



Practical tip 3 – Support choice making

- The choice making continuum
 - Open ended question: what do you want for lunch?
 - Choice of two (verbal): do you want rice or noodles?
 - Choice of two (representation of activities)
 - Choice of two (actual activities)
- Observe behavioral indicators
 - E.g., move towards or away, touch, smile, shout, point, push away, throw away



Practical tip 4 – Facilitate participation

• Tactile cues and hand under hand technique



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https://youtu.be/6gLrH8mioCw



Practical tip 5 – Play along!



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https://youtu.be/ZpXeefZ2jAM



Ageing gracefully

Accept changes

Adapt to limitations

Adventurous to explore alternatives

<u>Where can you get help?</u>



Community Resources	Contact Details	<u>Website</u>
Alzheimer's Disease Association (ADA)People with dementia-Day care services-Elder-sittersCaregivers and helpers-Counselling-Support groups-Dementia care training	6377 0700	<u>https://alz.org.sg</u>
Memory clinics	Available in restructured k (CGH, IMH, SGH, NNI, NUK	•
Agency for Integrated Care (AIC)	1800 650 6060	<u>www.aic.sg</u>
CARA	cara@dementia.org.sg	<u>https://cara.sg</u>



