

'MIND Your Health' Webinar Episode 6: Elderly Mental Health Frequently Asked Questions (FAQs)

1. What are the chances that one can suffer from dementia and how soon?

While risk of dementia increases with age, it is not a direct cause of dementia. After the age of 85, the risk of dementia can be up to 1/3. However, managing risk factors like having a healthy lifestyle, managing chronic diseases like high blood pressure and diabetes, as well as being socially active, not smoking, are important ways to keep dementia at bay.

2. Do games like mahjong, sudoku, bingo and playing poker cards encourage slowing of dementia onslaught? Are they also helpful to dementia patients?

These activities stimulate the brain and helps to train memory. Playing such games also allow a person to socialise with others and that interaction can help the seniors with or without dementia. Of course, we will caution against excessive gambling, which is a problem!

3. How can we find out if an elderly has dementia?

Dementia is a serious type of cognitive impairment that can cause the sufferer to struggle with regular day to day tasks. It may present first as lapses of memory of things that happened recently (short term memory loss), and then progress to involve difficulty in doing simple tasks that were once familiar. People may also find themselves getting lost on routes familiar to them.

4. How is one's mental capacity accessed and is it directly related to dementia?

Mental capacity is assessed by whether someone is able to understand the decision in question, weigh the risk/benefits of the decision and then communicate and make that decision. The lack of mental capacity may occur sometimes in cases where physical or mental illness may affect their ability to understand and retain information; it may also be caused by intellectual disability; and sometimes even milder cognitive impairment. If there are no struggles with memory, there is no need to be assessed for dementia.

5. What is the waiting time presently like for elderly seeking services from hospitals to service providers and from service providers to residents?

Wait times have been greatly affected by the Covid-19 situation. It is possible this may be beyond even 2-3 months for a polyclinic referral. However, for urgent cases where there is risk of harm to self or others, you may consider bringing the patient to the Emergency Departments for assessment.

6. What is the best ways to avoid mental illnesses?

Keeping a healthy physical lifestyle and having balanced diet is very important. Focusing on mental wellness will also be key: resting enough, good stress management, mindfulness, healthy coping skills.

7. How do we manage an elderly with dementia who tends to wake up frequently in the middle of the night?

Sleep wake disturbance in patients with dementia can be very difficult to manage. Try avoiding having them nap for too long in the day and engage them with activities in the day. Also, if possible, allow them only to lie down in bed when it is time for rest. If the behaviour is serious, she may need to see a doctor to determine if the use of sedative medication is needed.

8. How do we educate the elderly with mental illness regarding the importance of following fall risk measures that are set for them?

In those with severe mental illness, it may be difficult to get them to understand this. Instead perhaps modifying the environment may be important e.g. grab bars, non-slip flooring, adequate lighting in areas. For those who may be more aware, gentle reminders, using of bells and checking in on them regularly may help. It would also be important to encourage them to train their balance and walking if possible, for example through physiotherapy.

9. Is there certain food that helps to slow down the possibility of dementia?

There is no specific type of food that one can take to prevent dementia. A healthy diet is really important as it is good for the brain and for the body. Low fat, low sugar diet with lots of greens certainly help. Certainly, there are also certain food/drinks to avoid. Alcohol for example, can lead to memory issues and confusion.

10. What can be done to make the elderly familiar to suicide prevention hotlines? And what are the steps to help an elderly who is suicidal?

We can certainly do better in terms of letting the seniors know more about the resources available to them. Not only that, but also to destigmatise accessing of mental health services, including hotlines and helplines. Efforts are underway of making hotlines available in different languages, and also publicising them in the media so that not just the elderly, but their caregivers can have access to it.

Apart from seeking counselling from Family Service Centres (FSCs) and other Non-Governmental Organization (NGOs), if there are concerns about risk of suicide, you can call SOS or the IMH Hotline. If there are urgent concerns, you can bring the elderly to the A&E of general hospitals or the Institute of Mental Health.

11. Does staying in the workforce (within your capabilities) help in delaying dementia for those prone to it?

Yes, working is not simply the act of earning an income. Work can stimulate a person intellectually. It allows the person to socialise which is important in forming a social and support network. Some type of work also allows for some form of physical activity. Importantly, for some people, working also provides a sense of self-worth and self-identity.

12. Is hoarding a mental illness? How can we manage an elderly who hoards?

Hoarding disorder is a mental illness, but hoarding itself can also be a symptom associated with conditions such as schizophrenia, obsessive compulsive disorder, grief, depression etc. To better manage the elderly who hoards, the first thing is always his or her safety. We know that hoarding causes fire risk and fall risk. We should then try to assess if there is any underlying condition driving the hoarding. If the underlying condition is not treated, we can clear the things at home, but they will most likely recur.

13. How does the elderly who is in need of help get picked up in our community providers in these days of stay home advisory, where home visits are limited?

Yes, providing care for the elderly can be a challenge now that community services cannot run at their full capacity. Our community partners are still actively trying to reach out to those who are their clients and new cases. Some home visits are done with appropriate infection control guidelines.

14. Is sleep wake disturbance in the elderly always a sign of dementia? Or is it natural to sleep less and have disrupted sleep as you age?

Aside from dementia, sleep disturbances can also be symptoms of depression, anxiety, and even some medical problems such as thyroid issues. It is natural for seniors to experience changes in the quality and duration of their sleep, due to various changes in the body.

15. How do we help the elderly who refuses to seek medical help?

For elderly who refuse to seek medical help, it may be good to try and see if their friends or peers can help encourage them. Sometimes grandchildren can also help to persuade them. Seeking help from a counsellor or religious advisors may also be a useful first step.

16. How can we comfort an elderly who has been complaining about not being able to sleep well, body aches and gets upset easily?

Seniors with multiple physical complaints (especially non-specific ones) may indicate a mood or anxiety problem. It is important to ensure that there are no medical conditions causing these symptoms first, and then have an assessment of their mental state. Someone who gets upset easily and grumpy may be suffering from a depressive illness. If there is a very overly change in personality, then we need to check whether this could be a brain issue. Hence, it would be important to assess for underlying causes before attributing it to grumpiness or even mental health issues.

17. How do we advise and persuade the elderly to stay at home more for their own health safety? Some seniors prefer and need to walk around, socialise, to stay 'sane'.

There should be a balance of staying at home to rest and avoiding community Covid-19 exposure; but also, the need to keep their brain and body active by exercising and socialising. We would encourage the elderly to go out of the house and move around for at least 30-min to 1-hour minimum; every other day if possible.

18. Can an active elderly get dementia?

Yes, we have spoken a lot about the benefits of exercise and being active. These help to reduce the risk of dementia. However, there are other risk factors such as smoking, alcohol use, cholesterol level, blood pressure. There is also one risk factor which all of us are going to experience, which is advancing age. The risk of many different types of dementias goes up significantly with age.

19. Does Vascular Dementia cause the elderly to hallucinate?

Yes, Vascular Dementia can cause patients to have hallucination and confusion.

20. Are there ways or medication that can prevent or even slow down the deterioration of dementia?

Prevention of dementia comes from managing risk factors: healthy lifestyle, control of chronic diseases, no smoking, social health and mental health for example. There is no medicine that can cure and reverse dementia. There are also no medications that will totally block the risk of dementia. Hopefully, medical science will get us there one day. Currently, there are medications available that can slow down the deterioration of the symptoms of dementia. There are also medications that can treat the BPSD (behavioural and psychological symptoms in dementia) such as medicine for depression and anxiety. Do discuss this with the senior doctor to find out more, as each of these medications also have their own adverse effects. Hence, it is a balance between benefits and risks.

21. Will mild dementia automatically develop into severe dementia? And if the patient resists medication, will the condition deteriorate faster?

There is always a risk of the dementia worsening. We do advise that patients with dementia continue to have good control of their blood pressure, blood sugar so that these risk factors are watched. And defaulting from medication can result in deterioration of the condition.

22. Are there any resources or support available for caregivers?

We recognise the important roles that caregivers play in supporting our patients. There is this organisation called "Caregiver Alliance" that provide training and support. You can read more about them here (<https://www.cal.org.sg>).

23. Is the normal decline in memory in ageing not associated with dementia, caused by degeneration of the brain?

Yes, our brain becomes smaller and shrinks normally with age.

24. Are patients with dementia aware of their condition?

During the initial stages of memory loss, or loss of cognitive skills, the seniors are aware of their condition. These symptoms may frustrate them. As dementia progresses, especially when it's severe, they would not have the insight.

25. If an elderly keeps expressing that they want to go home after the family have moved to a new house, is that the kick start of dementia for that person?

If a person with dementia moves to a new house, it can be a very disorienting and stressful time for them. This can worsen symptoms. It would be good to surround them with things that may be more familiar to their past. For a normal elderly person, changing house can also be stressful and lead to changes in their mood and behaviour as well. This may not cause dementia.

26. Can intervention such as therapeutic horticulture helps to slow down the deterioration of dementia?

Yes, it can help cultivate good mental health. This would reduce risk of getting dementia, and for those with dementia, it can help slow progression.

27. Is it safe for an elderly with Alzheimer's Dementia, mild cognitive impairment, and moderate behavioural issues, to live alone in the community with no social/family support? Is there an agency that can check on them?

It is actually quite unsafe without social or family support. We would recommend flagging this elderly up to a Family Service Centre so that the initial assessment and support building can begin. You can check with this website to see if there are any agencies near the area where the person lives.

<https://www.aic.sg/resources/Documents/Brochures/Mental%20Health/Mind%20Matters%20Resource%20Directory%20Listings.PDF>

28. As a caregiver, does insights to wellbeing and resilience diminish over a period?

Caregiver fatigue or burnout is something which we are concerned about as well. It happens when the caregiver feels exhausted - both physically and emotionally. It is important for the caregiver to watch out for themselves, and important for you to watch out for a caregiver you may know. These signs include behaviours like sleep issues, poor appetite, irritability, nasty remarks about the person being cared for etc. Caregivers do need their own emotional support too so do keep a lookout for them.

29. Are there certain guidelines which specialty is the most suitable for the management of dementia?

For most dementia, a Psychiatrist/ Neurologist/ Geriatrician will be suitable. For complicated cases with behaviour and psychiatric issues, a Psychiatrist may be better.

30. How does having high blood pressure or not controlling sugar level contribute to the onset of dementia?

Uncontrolled diabetes, cholesterol or hypertension can increase the risk of small strokes to the brain. This causes damage to the brain and may affect cognition.

31. Can technology be used to help in looking after people with dementia?

Yes, there is the use of technology to help monitor the movements of elderly in case they fall; or to engage them in activities for socialising.

32. Is it harmful for an elderly person to not sleep well at night but sleeps in the day?

This reversal of sleep-wake cycle may not be harmful per se, but it can cause distress to both the senior and the caregiver. The senior may always associate night-time with sleep. When they cannot fall asleep at night, they may get frustrated and worried, and such emotions are going to make them even less likely to fall asleep. In the daytime, the mind and body of the

senior is just so tired and so they just take long naps. When they take long naps, they cannot sleep at night. You can imagine this vicious cycle just worsening.

As for the caregivers, it is difficult to sleep in peace knowing that your loved ones are feeling frustrated and not able to sleep. The senior who can't sleep may also wake the caregiver up for help, to chat etc.

33. Young people may be too busy to look after parents with dementia. Would nursing homes be a good solution?

In cases where there is insufficient care available at home, nursing home may be indicated. However, currently our nursing homes are quite full and there may be a wait time to get a bed in voluntary nursing homes.

34. What advice do you have for someone who does not have any suitable family members to act as LPA donees?

In cases where no family members can be suitable donees, you should choose your donees wisely. They should be people you trust to decide and act in your best interests, should you no longer be able to take care of yourself in the future.

All donees must be at least 21 years old. A property and affairs donee should not be an undischarged bankrupt. A licensed trust company can be a property and affairs donee.

<https://www.msf.gov.sg/opg/Pages/FAQQuestion.aspx>

35. Are there places or communities that are friendly to elderly living with dementia?

You may refer to the following resources:

<https://www.aic.sg/body-mind/dementia-friendly-community>

<https://www.dementiafriendly.sg/>

36. Who can I approach if I need to seek assistance and advice from a lawyer pertaining to LPA?

You can visit the following website if you need more advice.

<https://www.msf.gov.sg/about-MSF/our-people/Divisions-at-MSF/Family-Development-and-Support/Ageing-and-Extended-Family-Branch/Pages/Office-of-the-Public-Guardian.aspx>

37. Are there public donees for LPA wellbeing?

Yes, there are professionals who can be appointed as donee in some cases.

<https://www.msf.gov.sg/policies/Pages/Professional-Deputy-and-Donee-Scheme.aspx>

38. Are there any kind of food that an elderly can eat to avoid dementia?

There is no food type in particular that one can take to avoid dementia. A well-balanced, nutritious diet low in fat and sugars, full of greens is important for everyone, including the elderly. Certainly, there are certain food/drinks to avoid for the elderly, such as alcohol, as alcohol can cause confusion and memory problems.

39. Is there a guide to set up our homes to be friendly to persons with Dementia?

You may consider the following resources:

<https://dailycaring.com/13-ways-to-create-a-dementia-friendly-environment-at-home/>

https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/making_your_home_dementia_friendly.pdf

<https://www.youtube.com/watch?v=TmtAjC72DaU>

40. How can we help an elderly who is an introvert and resist meeting new people?

You should continue to reach out to this elderly. One question I would ask first is whether this introvert nature and shyness is new, or whether this is the elderly's personality. Certainly, if this represent social withdrawal, then I would be concerned about the possibility of depression and anxiety. If I happen to be seeing this elderly, I would want to engage him or her and find out the reason for this resistance. And slowly build the rapport and trust in order to better help this person.

41. How do we introduce technology to the elderly and reduce the pressure for a cashless society?

Importantly, we need to be patient when we are introducing technology to the elderly. Even when the teaching gets repetitive, we should continue to be calm and kind. We take the instructing slow and write down explicit instructions for them, even though it may seem very simple for us. Give them the confidence and take baby steps.

42. Do you have any recommendation of articles/ books/ resources that we can refer and build up our communication skills with seniors?

<https://www.touch.org.sg/about-touch/stories/details/2019/08/29/the-art-of-communicating-with-seniors>