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#### **Title**

Late Life Schizophrenia: New Research Findings

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<sup>1</sup>NSMC/McLean Hospital/PartnersHealthcare/Harvard Medical School, Belmont, MA <sup>2</sup>Duke University School of Nursing/UNC-Chapel Hill School of Medicine, Efland, NC

Abstract: Eighty to 90% of patients with dementia exhibit behavioral symptoms over the course of the illness. Pharmacological treatments have an important role in managing behavioral symptoms but are laden with complexities: drug side effects and adverse effects, drug-drug interactions and drug-illness interactions. Alternative interventions are needed to provide dementia patients optimum care. This session is designed to teach dementia care providers to consistently use a structured problem solving strategy when confronted with behavioral symptoms of dementia at various stages of progression. This strategy is intended to be used before pharmacological treatments are needed as a primary or solitary intervention. Using a structured problem solving strategy may positively impact the clinical condition of the patient and reduce caregiver stress, strain and burden.

### Faculty Disclosures:

Helen H. Kyomen

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Teepa L. Snow Nothing to disclose

## LATE LIFE SCHIZOPHRENIA: NEW RESEARCH FINDINGS

Session 103

Dilip V. Jeste<sup>1,2</sup>; Paul D. Meesters<sup>3</sup>; Carl I. Cohen<sup>4</sup>; Ipsit V. Vahia<sup>1,2</sup>; Max L. Stek<sup>3</sup>

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<sup>3</sup>GGZ inGeest, Amsterdam, Netherlands

<sup>4</sup>Division of Geriatric Psychiatry, SUNY Downstate Medical Center, Brooklyn, NY

Abstract: The increasing scientific interest in schizophrenia in later life is all but devoid of urgency, as demographic trends will bring about a rapid increase in the number of elderly schizophrenia patients in the next decades, making them the fastest growing segment of the schizophrenia population. The picture emerging from recent research is subtle and diverse, and partially gives rise to cautious optimism. In a substantial number of patients, psychosocial function improves with age, while the intensity of psychotic symptoms tends to diminish. Although complete remission is uncommon, many individuals with schizophrenia may experience significant improvement in their quality of life. Still, ageing successfully remains elusive for the great majority of schizophrenia patients.

The overall aim of this session will be to share recently acquired knowledge in the international research field of late life schizophrenia, and to highlight the clinical relevance of findings for the clinical care of this vulnerable group of patients. The session will comprise three presentations. The first two presentations will focus on quality of life, as perceived by elderly individuals with schizophrenia. In the first presentation, Dr. Paul Meesters will present findings from a cross-sectional study within a psychiatric catchment area in the Netherlands, assessing 107 patients. In addition to the distribution of the quality of life scores, the study evaluated a number of demographic, clinical and social variables for their impact on perceived quality of life. In the second presentation, Dr. Carl Cohen will broaden the view, presenting data from a New York-based longitudinal study of quality of life that examined the fluctuations, predictors and impact of quality of life in 100 elderly community-living patients with early onset schizophrenia. In the third presentation, Dr. Ipsit Vahia will review the literature and present new data on trajectories of outcomes among older persons with schizophrenia. He also will evaluate the evidence for treatments across various modalities in late-life schizophrenia. As the discussant, Dr. Dilip Jeste will summarize the presentations and focus on how research findings may inspire the clinical care of elderly schizophrenia patients.

Faculty Disclosures: Carl I. Cohen

Nothing to disclose

Dilip V. Jeste Nothing to disclose Paul D. Meesters Nothing to disclose

Ipsit V. Vahia Nothing to disclose

Max L. Stek Nothing to disclose

## MOCK TRIAL OF A LAWSUIT ALLEGING FINANCIAL FRAUD AGAINST A 79 YEAR OLD WOMAN BY AN INSURANCE AGENT AND AN INSURANCE COMPANY

#### Session 216

Elliott M. Stein<sup>1,2</sup>; Sanford Finkel<sup>3</sup>; Benjamin Liptzin<sup>4,5</sup>; Barry Reisberg<sup>6</sup>

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<sup>3</sup>University of Chicago Medical School, Chicago, IL

<sup>4</sup>Baystate Medical Center, Springfield, MA

<sup>5</sup>Tufts University School of Medicine, Boston, MA

<sup>6</sup>New York University, New York, NY

Abstract: This is a case filed against an insurance agent and against an insurance company for selling several insurance policies and annuities to a 79 year old widow, including some which would not start paying out for many years (e.g., when she would be in her 90's). An appointed guardian brought the lawsuit several years later after the woman was diagnosed with dementia, in an attempt to recover the monies paid for the policies, plus substantial sums claimed for punitive damages and for RICO conspiracy claims. The case alleges that the agent should have known she was cognitively impaired and that the insurance company targeted elderly infirmed people to buy policies.

Issues include capacity to make financial decisions and questions of influence and elder manipulation, recognition of possible early cognitive impairment (in this person who subsequently was diagnosed with a dementia), as well as questions of ageism, and the expectations, rights, and limitations of aged individuals, and of those who deal with them.

The presenters will take the roles of the judge, the two opposing attorneys, and the expert psychiatric witnesses for each side.

#### Faculty Disclosures:

Sanford Finkel Nothing to disclose

Benjamin Liptzin Nothing to disclose

Barry Reisberg

Other: Barry Reisberg, M.D. has developed clinical assessment instruments for which he is the copyright holder, which can be used in capacity assessments.

Elliott M. Stein Nothing to disclose

#### MODIFIABLE RISK FACTORS FOR NEURODEGENERATION

Davangere P. Devanand<sup>1</sup>; Gary W. Small<sup>2</sup>; David Merrill<sup>2</sup>; Jose Luchsinger<sup>1</sup>