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Can Adults with Severe Cognitive Impairment Use Tablet Device (iPad) Applications (Apps)?

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Introduction: There has been rapidly growing interest and a quickly emerging market for electronic health applications (apps) for older adults, including those with dementia. Preliminary evidence indicates that older adults with cognitive impairments may demonstrate behavioral control when tablet devices (iPads) are used as an intervention. However, guidelines are lacking regarding the extent to which the nature and severity of cognitive deficits may be associated with ability to use specific types of apps. This study aims to delineate associations between cognitive status and types of apps used by patients enrolled in a study of iPad use for behavioral control in dementia.

Methods: This study is based on a sample of 64 adults enrolled in a pilot study of iPad use among geriatric psychiatry in-patients. We classified dementia based on scores on the Mattis Dementia Rating Scale (DRS) score into categories of mild, moderate and severe. We also classified apps using a system developed for this project, that rated apps as high demand (i.e. those involving more than 5 cognitive domains), moderate demand (between 2 and 5 domains) and low demand/passive (less than 2 domains). We utilized over 70 apps of varying degrees of complexity over the course of the study.

Results: Preliminary results indicate that use of iPads can be both safe and efficacious in older adults, including those with severe dementia. iPads may serve as a tool for engagement and providing stimulation in the environment, as well as for control of agitation. We will present associations between specific cognitive domains and types of apps used.

Conclusions: This study indicates that iPad use may be feasible even in the most severely impaired older adults. Our data will provide guidelines to clinicians and caregivers on how to utilize iPads as an effective caregiving tool. This study will also provide evidence to guide future app development.

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Do Mental Health Diagnoses and Treatment Predict Advance Directive Completion in Older Adults? A Population Based Study

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Introduction: Less than 30 percent of the U.S. population has completed an advance directive. Few studies have examined advance directive completion rates in older adults, nor the contribution of mental health diagnoses or treatment participation to advance directive completion.

Methods: We examined advanced directive completion in the population-based Successful Aging Evaluation (SAGE) study. The SAGE study is a longitudinal study of randomly selected, community dwelling adults residing in San Diego, California. For our study, participants in the SAGE study between the ages of 50 and 99 years who completed the 2010 survey and provided a response to the question, "Do you currently have an advance directive?" were included. 988 participants met these criteria. Predictors of advance directives included sociodemographic variables, access to healthcare, health status, and mental health and medical diagnoses and treatment, social support and fear of death. Primary analyses were multivariate logistic regressions adjusting for demographic variables.

Results: The rate of advance directive completion was 76%; older age and Caucasian ethnicity were associated with a higher rate of advance directive completion. After adjusting for demographic variation, factors that increased the likelihood of advance directive completion were health insurance OR = 6.7 (95% CI: 2.30 -19.10), greater social support Odds Ratio (OR) = 1.2 (95% CI: 1.07 - 1.32). Notably, greater fear of death was associated with lower rate of completion of advance directives, OR = .89 (95% CI: .82 - .97) and those currently seeing a mental health provider were less likely to have an advance directive OR = .45 (95% CI: .32 - .88). Prior history of a diagnosis of anxiety or depression or prior psychiatric hospitalization was not associated with advance directive completion.

Conclusions: Although mental health diagnoses were not associated with advance directive completion, treatment by a mental health provider and greater fear of death were associated with lower completion even after adjusting for multiple covariates.

These findings suggest an opportunity for mental health providers to assist in efforts to improve rates of advance directive completion.

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Psychiatric Face-Time: Telehealth for Technology Driven Innovations in Geriatric Mental Health Care

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Introduction: Telepsychiatry, the provision of psychiatric care via live interactive video conferencing, has been demonstrated to be a cost-effective means of increasing access to mental health care. Its use has been studied across various patient populations and clinical settings to include older adults and those in long term care settings [1]. In 2003, there were approximately 2200 geriatric psychiatrists in the United States, barely half of the estimated number required to meet the mental healthcare needs of older adults [2]. Access to appropriate, specialized psychiatric care remains an unmet need for this underserved population. Here we describe a unique model of clinical service delivery developed to increase access to geriatric mental health care. The geriatric psychiatry telehealth service at the University of South Carolina School of Medicine represents a collaborative effort between academia and a rural senior care program. Academic geriatric psychiatrists provide clinical psychiatric consultative services via telehealth to participants of the Program of All-inclusive Care for the Elderly (PACE). PACE is a specialized program designed to provide coordinated medical care and ancillary clinical services to community dwelling older adults.

Methods: We conducted a retrospective chart review on 34 PACE patients evaluated by telepsychiatry. Of these, 6 had incomplete data and were excluded from data analysis. Univariate analysis was conducted for demographic data, presence of medical co-morbidities, diagnosis, and types of treatment recommended. Chi square analysis was conducted to examine factors affecting no-show rates.

Results: Results showed mean age of 75, with majority of patients being female and African American. A majority had at least 4 medical co-morbidities and were on 10 or more medications. Most were not hearing or visually impaired. More than 40% were referred for behavioral issues with almost 40% having a diagnosis of dementia at baseline and 70% with dementia diagnosis after initial telepsychiatry consultation. Sixty four percent of patients kept all appointments, and almost one third were seen three or more times. Patients who were referred for anxiety were more likely to miss appointments ($p < 0.05$) than those referred for other reasons.

Conclusions: This study demonstrates a unique collaborative effort between an academic telepsychiatry program and PACE. Telepsychiatry can be used to meet the mental health care needs of older adults, including those with cognitive impairment and significant medical co-morbidities. Patients referred for anxiety may be more likely to miss appointments. Determination of ways to minimize anxiety and prepare patients for the telepsychiatry encounter, as well as outcome studies are future areas of focus. 1. Hilty DM, Ferrer DC, Parish MB, Johnston B, Callahan EJ, Yellowlees PM. The effectiveness of telemental health: a 2013 review. *Telemed J E Health* 2013; 19(6): 444-54 2. Bartels SJ. Improving system of care for older adults with mental illness in the United States. Findings and recommendations for the President's New Freedom Commission on Mental Health. *Am J Geriatr Psychiatry*. 2003 Sep-Oct;11(5):486-97.

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Dementia and Psychosis in Cerebellar Degeneration

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Introduction: The cerebellum has been historically associated with motor function but neuroanatomical and neuropsychological studies suggest it has a role in modulation of cognitive and affective functioning(1-3).The cerebellum has connections with nonmotor cortical and subcortical areas including limbic system and the prefrontal cortex(4). The nonmotor functions of