August 2014

Current Awareness Bulletin

MENTAL HEALTH OLDER PEOPLE

This bulletin includes recent articles and reports from selected journals and websites on the topic of Mental Health Older People.

This is not an exhaustive list and if you require further information on a specific topic you should carry out a full literature search, or ask Library Services to undertake this for you.

In this issue

In the electronic version of this bulletin you can jump directly to the area you want. Use Ctrl + click to follow the link on the title below.

Contents

1  Links to the latest issues of key psychology journals and their table of contents
2  Journal abstracts on newly published work
3  New Books in the Health Library

Key Journals – Ctrl Click to access current table of contents

Age and Ageing (bimonthly)
Aging and Mental Health (8 issues per year)
BMC Geriatrics (monthly online open access)
Dementia – The International Journal of Social Research and Practice (quarterly)
Drugs & Aging (monthly)
International Journal of Alzheimer’s Disease (annually)
International Journal of Geriatric Psychiatry (monthly)
International Journal of Older People Nursing (quarterly)
International Psychogeriatrics (monthly) Username: cambridge1 Password: manlib
Journal of Aging and Health (8 issues per year)
Journal of Gerontological Social Work (8 issues per year)
Nursing Older People (10 issues a year - full access available with Athens password)
The Journals of Gerontology Series B (bimonthly)
Abstracts

Please note that access to fulltext pdfs is given only where available through NHS core content or library subscriptions. For access to articles that do not have links please contact the library service.

A pilot study: comparative research of social functioning, circadian rhythm parameters, and cognitive function among institutional inpatients, and outpatients with chronic schizophrenia and healthy elderly people

Yu Kume, Takio Sugita, Kenya Oga, Kai Kagami, Hitomi Igarashi

*International Psychogeriatrics*, FirstView article published online on 5 August 2014

Irregular circadian rhythm and cognitive impairment are frequently observed in patients with chronic schizophrenia. However, their effects in different living environments or with aging remain unclear. The aim of this study was to clarify the characteristics of circadian rhythm and cognition function in the patients with chronic schizophrenia.

Methods: This report described data collected using continuous wrist-active monitoring in real-life settings for seven days and the Brief Assessment of Cognition in Schizophrenia Japanese Version (BACS-J) from 10 inpatients with chronic schizophrenia, 10 outpatients with chronic schizophrenia, and 15 healthy elderly people. The Global Assessment of Functioning (GAF) Scale was used to measure the social functioning in the patients with chronic schizophrenia.

Results: The outpatients with chronic schizophrenia exhibited highly interrupted circadian patterns in terms of stability and the fragmentation of activity (p < 0.05) as indexed according to Interdaily Stability (IS) and Intradaily Variability (IV). The inpatients with chronic schizophrenia indicated the most stable rhythm (p < 0.05) and inactive state (p = 0.001) among the groups. Also, the inpatients with chronic schizophrenia showed poorer cognitive functioning with Z-scores of subtests except digit sequencing (p < 0.01).

According to stepwise linear regression analysis, the motor speed of BACS-J and IS of circadian parameters were the most powerful variables to predict the GAF in patients with chronic schizophrenia.

Conclusions: The characteristics of circadian rhythm and cognition function in the inpatients with chronic schizophrenia appear distinct from those in the outpatients and the healthy elderly people. Circadian rhythm and cognition function in the patients with chronic schizophrenia may, in part, be affected by different living environments.

Amnestic mild cognitive impairment and incident dementia and Alzheimer's disease in geriatric depression

David C Steffens, Douglas R McQuoid, Guy G Potter

*International Psychogeriatrics*, FirstView article published online on 17 July 2014

Memory impairment in geriatric depression is understudied, but may identify individuals at risk for development of dementia and Alzheimer's disease (AD). Using a neuropsychologically based definition of amnestic mild cognitive impairment (aMCI) in patients with geriatric depression, we hypothesized that patients with aMCI, compared with those without it, would have increased incidence of both dementia and AD.

Methods: Participants were aged 60 years and older and consisted of depressed participants and non-depressed volunteer controls. The depressed cohort met criteria for unipolar major depression. All participants were free of dementia and other neurological illness at baseline. At study entry, participants were administered a standardized clinical interview, a battery of neurocognitive tests, and provided a blood sample for determination of apolipoprotein E genotype. A cognitive diagnosis was assigned by a panel of experts who convened annually and reviewed available clinical, neuropsychological and laboratory data to achieve a consensus cognitive diagnosis to determine a consensus diagnosis. Survival analysis examined the association between aMCI and later dementia (all-cause) and AD.

Results: Among 295 depressed individuals, 63 (21.36%) met criteria for aMCI. Among 161 non-depressed controls, four (2.48%) met aMCI criteria. Participants were followed for 6.28 years on average. Forty-three individuals developed dementia, including 40 (13.6%) depressed and three (1.9%) control participants. Both aMCI and age were associated with incident dementia and AD.

Conclusions: The presence of aMCI is a poor prognostic sign among patients with geriatric depression.
Clinicians should carefully screen elderly depressed adults for memory impairment.

“Being all alone makes me sad”: loneliness in older adults with depressive symptoms
Ilse M. J. van Beljouw, Eric van Exel, Jenny de Jong Gierveld, Hannie C. Comijs, Marjolijn Heerings, Max L. Stek, Harm W. J. van Marwijk

International Psychogeriatrics, September 2014, Volume 26, Issue 9, pages 1541 - 1551

The consequences of co-occurring persistent loneliness and late life depression are yet unknown. The aim of this study was to get a deeper insight into the mental health consequences of loneliness in older persons with depressive symptoms and their perspectives of emotional distress by using a mixed-methods study design.

Methods: Two hundred and forty nine community-dwelling older persons with depressive symptoms according to the Patient Health Questionnaire-9 (≥6) were included. A validated cut-off score on the Loneliness Scale was used to distinguish lonely elders from elders who were not lonely. Quantitative and qualitative data were used to examine differences in mental health and perspectives on emotional distress between lonely and not lonely older persons with depressive symptoms.

Results: Loneliness was highly prevalent among older persons with depressive symptoms (87.8%). Lonely people suffered from worse mental ill-health (e.g., more severe depressive symptoms, more often a depressive disorder and a lower quality of life) compared to not lonely individuals. Depressive symptoms were regarded as a logical consequence of loneliness. Lonely people perceived little command over their situation: causes of loneliness were attributed externally to perceived deficits in their social networks and they mainly expressed the need to be listened to.

Conclusion: Our findings underline the importance of paying considerable attention to (severe) loneliness in older adults with depressive symptoms given its high prevalence and serious mental health consequences. Future studies should look into whether addressing loneliness when discussing depressive symptoms in clinical practice may provide an opportunity to better adjust to older persons’ depression perceptions and might therefore improve care utilization.

Depressive symptoms are independently associated with recurrent falls in community-dwelling older adults
Sébastien Grenier, Marie-Christine Payette, Francis Langlois, Thien Tuong Minh Vu, Louis Bherer

International Psychogeriatrics, September 2014, Volume 26, Issue 9, pages 1511 - 1519

Falls and depression are two major public health problems that affect millions of older people each year. Several factors associated with falls are also related to depressive symptoms such as medical conditions, sleep quality, use of medications, cognitive functioning, and physical capacities. To date, studies that investigated the association between falls and depressive symptoms did not control for all these shared factors. The current study addresses this issue by examining the relationship between falls and depression symptoms after controlling for several confounders.

Methods: Eighty-two community-dwelling older adults were enrolled in this study. The Geriatric Depression Scale (GDS-30) was used to evaluate the presence of depressive symptoms, and the following question was used to assess falls: “Did you fall in the last 12 months, and if so, how many times?”

Results: Univariate analyses indicated that the number of falls was significantly correlated with gender (women), fractures, asthma, physical inactivity, presence of depressive symptoms, complaints about quality of sleep, use of antidepressant drugs, and low functional capacities. Multivariate analyses revealed that depressive symptoms were significantly and independently linked to recurrent falls after controlling for confounders.

Conclusions: Results of the present study highlight the importance of assessing depressive symptoms during a fall risk assessment.

Does the age-related positivity effect in autobiographical recall reflect differences in appraisal or memory?
Emily Schryer and Michael Ross


Two studies examined the extent to which the age-related positivity effect in autobiographical recall is the result of age differences in appraisal and memory.

**Methods.** In Study 1, older and younger participants reported 1 pleasant and 1 unpleasant event for 5 days. Participants attempted to recall those events a week later. In Study 2, older and younger participants imagined that positive, negative, and neutral hypothetical events had occurred either to themselves or to an acquaintance and were later asked to recall those events.

**Results.** In Study 1, younger adults reported a complete set of positive and negative events. Older adults reported a pleasant event each day, but 38% did not report an unpleasant event on at least 1 day. A week later, older and younger adults were equally likely to recall the events they had reported. In Study 2, older adults who imagined events happened to themselves rated events as more positive in valence than younger adults did. Older and younger adults were equally likely to remember pleasant and unpleasant events at the end of the study.

**Discussion.** The data suggest that the age-related positivity effect resides in the appraisal rather than the recall of autobiographical events.

Available in fulltext from *Journals of Gerontology*

---

**Efficacy of pain treatment on mood syndrome in patients with dementia: a randomized clinical trial**

B. S. Husebo, C. Ballard, F. Fritze, R. K. Sandvik and D. Aarsland


Depression is common in nursing home (NH) patients with dementia, and often clustered with anxiety and other mood symptoms. An association between pain and depressive symptoms has been reported, but the impact of pain management on depression and other mood symptoms has not been investigated.

**Objective:** Secondary analyses of a cluster randomized clinical trial examine the response of dementia-related mood symptoms to a Stepwise Protocol of Treating Pain.

**Method:** Three-hundred fifty-two patients with moderate and severe dementia and significant behavioural disturbances, related to 60 clusters (i.e. clusters defined as single independent NH units) in 18 NHs of Western Norway, were included. All patients in the intervention group received individual daily pain treatment with paracetamol, extended release morphine, buprenorphine transdermal patch or pregabaline for 8 weeks, with additional follow-up assessment 4 weeks after completion of the intervention. Clusters randomized to control received usual treatment. A mood cluster consisting of depression, anxiety, sleep disorders, apathy and appetite items from the Neuropsychiatric Inventory-Nursing Home (NPI-NH) was the primary outcome.

**Results:** Analysed by Mann–Whitney U-tests, Stepwise Protocol of Treating Pain conferred significant benefit in treatment of the NPI-NH mood cluster (F = 13.4, df = 1;299, p < 0.001) and depression (F = 2.0, df = 1;301, p = 0.025). Further analyses highlighted improvements in apathy (F = 5.3, df = 1;300, p = 0.017), night-time behaviours (F = 3.1, df = 1;301, p = 0.050), and appetite items (F = 11.6, df = 1;301, p = 0.005), but not irritability (p = 0.092) and anxiety (p = 0.125).

**Conclusion:** Mood symptoms including depression significantly improved with pain treatment, emphasizing the importance of more rigorous treatment of pain in agitated people with dementia. Findings have potentially immediate clinical relevance

Available in fulltext from *International Journal of Geriatric Psychiatry*

---

**Factor structure, evolution, and predictive power of emotional competencies on physical and emotional health in the elderly**

Carole Fantini-Hauwel and Moïra Mikolajczak

*Journal of Aging and Health, September 2014, Volume 26, Issue 6, pages 993-1014*

Emotional competence (EC) has been found to be an important predictor of individuals’ health. While it is well known that EC predicts important outcomes in young adults, its importance is less clear in the elderly.
We aimed to address this gap: Is the structure of EC the same in older as in younger adults? How do EC evolve between 50 and 80 years old? Does the predictive power of EC, regarding physical and emotional adjustment, increase or decrease with age?

Method: A total of 6,688 participants filled subjective health and EC questionnaires. We gathered their medication consumption over the last 11 years, from the database of health insurance.

Results: While the structure of ECs remains stable in older adults, it generally declines as people get older, except for emotion regulation, which improves with age. Results also show that EC predicts both physical and emotional health.

Discussion: These results suggest that the development of specific interventions to improve EC may be useful for the elderly.

Hearing loss in older persons: Does the rate of decline affect psychosocial health?


*Journal of Aging and Health,* August 2014, Volume 26, Issue 5, pages 703-723

This study investigates whether the rate of decline in older persons’ hearing status is associated with the rate of decrease in their psychosocial health and explores moderation by baseline hearing status, health-related factors, and sociodemographic factors.

Method: Multilevel analyses were applied to data of 1,178 older participants from the Longitudinal Aging Study Amsterdam (LASA), covering 3 to 7 years of follow-up.

Results: Faster decrease in speech-in-noise recognition was significantly associated with more increase in loneliness for persons with a moderate baseline speech-in-noise recognition (emotional and social loneliness) and for persons who recently lost their partner (emotional loneliness). No relationship was found with depression.

Discussion: The results indicate that faster hearing decline results in more increase in loneliness in specific subgroups of older persons: in persons with an already impaired hearing and in widow(er)s. Monitoring older persons’ hearing seems important and may be a relevant starting point for targeted loneliness prevention efforts.

Life course influences of physical and cognitive function and personality on attitudes to aging in the Lothian Birth Cohort 1936

Susan D. Shenkin, Ken Laidlaw, Mike Allerhand, Gillian E. Mead, John M. Starr, Ian J. Deary

*International Psychogeriatrics,* September 2014, Volume 26, Issue 9, pages 1417 - 1430

Reports of attitudes to aging from older people themselves are scarce. Which life course factors predict differences in these attitudes is unknown.

Methods: We investigated life course influences on attitudes to aging in healthy, community-dwelling people in the UK. Participants in the Lothian Birth Cohort 1936 completed a self-report questionnaire (Attitudes to Aging Questionnaire, AAQ) at around age 75 (n = 792, 51.4% male). Demographic, social, physical, cognitive, and personality/mood predictors were assessed, around age 70. Cognitive ability data were available at age 11.

Results: Generally positive attitudes were reported in all three domains: low Psychosocial Loss, high Physical Change, and high Psychological Growth. Hierarchical multiple regression found that demographic, cognitive, and physical variables each explained a relatively small proportion of the variance in attitudes to aging, with the addition of personality/mood variables contributing most significantly. Predictors of attitudes to Psychosocial Loss were high neuroticism; low extraversion, openness, agreeableness, and conscientiousness; high anxiety and depression; and more physical disability. Predictors of attitudes to Physical Change were: high extraversion, openness, agreeableness, and conscientiousness; female sex; social class; and less physical disability. Personality predictors of attitudes to Psychological Growth were similar. In contrast, less affluent environment, living alone, lower vocabulary scores, and slower walking speed predicted more positive attitudes in this domain.

Conclusions: Older people's attitudes to aging are generally positive. The main predictors of attitude are personality traits. Influencing social circumstances, physical well-being, or mood may result in more
positive attitudes. Alternatively, interventions to influence attitudes may have a positive impact on associated physical and affective changes.

**Predictors of anxiety in centenarians: health, economic factors, and loneliness**

Oscar Ribeiro, Laetitia Teixeira, Lia Araújo, Rosa Marina Afonso, Nancy Pachana

*International Psychogeriatrics,* FirstView article published online on 13 August 2014

Centenarians’ psychological well-being is presently of great interest in psychogeriatric research but little is known about factors that specifically account for the presence of clinically relevant anxiety symptoms in this age group. This study examined the presence of anxiety and its predictors in a sample of centenarians and aims to contribute to a better understanding of anxiety determinants in extreme old age.

**Methods:** We examined how socio-demographic, health, functional, and social factors contribute to the presence of clinically significant anxiety symptoms in centenarians recruited from two Portuguese centenarian studies. The Geriatric Anxiety Inventory – Short Form (GAI-SF) was used to assess anxiety symptoms.

**Results:** A total of 97 centenarians (mean age 101.1 years; SD = 1.5 years; range = 100–108) with no/minor cognitive impairment were included. Clinically significant anxiety symptoms (GAI-SF ≥3) were present in 45.4% (n = 44) of the sample. Main predictive factors included worse health perception, higher number of medical conditions, financial concerns related to medical expenses (income inadequacy) and loneliness.

**Conclusions:** Results suggest that along with health status (subjective and objective), income inadequacy related to medical expenses and feeling lonely may predispose centenarians to clinically significant anxiety and be important to their overall well-being. Further research is needed on the repercussions of clinical anxiety in centenarians’ quality of life and on co-morbid conditions (e.g. depression) at such advanced ages.

**Predictors of hoarding severity in older adults with hoarding disorder**

Catherine R. Ayers, Mary E. Dozier

*International Psychogeriatrics,* FirstView article published online on 13 August 2014

The recent addition of hoarding disorder (HD) to the Diagnostic and Statistical Manual of Mental Health Disorders, 5th edition, has highlighted the dearth of information about the demographic, sociologic, and medical predictors of HD severity, particularly in older adults. Although there have been several previous studies examining the characteristics of older adults with HD, and one investigation of psychiatric correlates of hoarding symptom severity in non-clinical older adults, there has been little investigation about which characteristics predict hoarding symptom severity in older adults with HD.

**Methods:** Participants were 71 older adults who were enrolled for one of the two studies of HD at the VA San Diego Healthcare System between January 2010 and January 2014.

**Results:** There were multiple differences in the predictive ability of patient characteristics between the more cognition-related symptoms of HD and the more concrete measure of clutter, including gender-based differences and anxiety severity. Further, married participants were more likely to report lower hoarding severity, and there was no significant relationship between hoarding severity and intervention attempts or hoarding and reported falls in the past three years.

**Conclusions:** Multiple predictive factors have been presented, which may result in further studies to investigate possible predictive differences in cognition and clutter symptoms of HD. Future studies should examine the possibility of the predictive factors also identified to be moderators of treatment outcomes.

**Psychotic major depression in older people: a systematic review**

Rossetos Gournellis, Panagiotis Oulis and Robert Howard


This study aimed to systematically review available evidence relevant to the following issues: (1) whether psychotic major depression (PMD) in older people differs in overall severity from non-PMD, besides the presence of psychotic symptoms; (2) whether it constitutes a distinct clinical entity from non-PMD; and (3) whether it differs from PMD in younger adults.
Design: A computerized MEDLINE, PsycINFO and the entire Cochrane Library search has been performed in June 2013 for prospective controlled studies investigating PMD features in older people.

Results: Thirty-five relevant studies were identified. PMD in older people compared with non-PMD has been shown to present with overall more severe depressive symptomatology, more psychomotor disturbance, more guilt feelings, more depressive episodes with psychosis, worse prognosis, more severe executive dysfunction associated with frontal lobe atrophy, and lower serum dopamine β-hydroxylase activity. No differences in the efficacy of an antidepressant plus antipsychotic combination versus antidepressant monotherapy in the acute treatment as well as in the maintenance treatment were found. PMD in older patients is characterized by more somatic complaints and delusions of hypochondriacal and impending disaster content and by a lower comorbidity with anxiety disorders compared with PMD in younger adults.

Conclusions: Psychotic major depression in older people is associated with higher severity in most clinically important key features than in non-PMD. However, available evidence is still insufficient for the conclusive elucidation of its nosological status. Finally, the differences between PMD in older and younger patients can be attributed to biological and psychosocial changes of old age.

---

**Shared reality of the abusive and the vulnerable: the experience of aging for parents living with abusive adult children coping with mental disorder**

Tova Band-Winterstein, Yael Smeloy, Hila Avieli  
*International Psychogeriatrics, FirstView article published online on 30 July 2014*

Increasing numbers of aging parents are finding themselves in the role of caregiver for their mentally ill adult child due to global deinstitutionalization policy. The aim of this paper is to describe the daily aging experience of parents abused by an adult child with mental disorder and the challenges confronting them in this shared reality.

**Methods:** Data collection was performed through in-depth semi-structured interviews with 16 parents, followed by content analysis.

**Results:** Three major themes emerged: (a) old age as a platform for parent's vulnerability facing ongoing abuse; (b) “whose needs come first?” in a shared reality of abusive and vulnerable protagonists; (c) changes in relationship dynamics.

**Conclusions:** Old age becomes an arena for redefined relationships combining increased vulnerability, needs of both sides, and its impact on the well-being of the aging parents. This calls for better insights and deeper understanding in regard to intervention with such families.

---

**Veteran status and men’s later-life cognitive trajectories: Evidence from the Health and Retirement Study**

Maria T. Brown, Janet M. Wilmoth, and Andrew S. London  
*Journal of Aging and Health, September 2014, Volume 26, Issue 6, pages 924-951*

The aim of this study is to determine the extent to which men's later-life cognitive trajectories vary by veteran status.

**Method:** We use Health and Retirement Study (HRS) data to estimate growth curve models examining men's later-life cognitive trajectories by veteran status, war service status, and period of service. Analyses control for early-life characteristics that influence selection into military service and later-life cognition, and mid- to late-life characteristics that potentially mediate the relationship between military service and later-life cognition.

**Results:** Veterans have higher cognition scores relative to nonveterans around retirement age, but their cognition scores decline more rapidly with increasing age, such that cognition scores are similar in both groups among the oldest old. Veterans who served during the Korean War have lower cognition scores around retirement age, but less steep age-related declines, than veterans who served during World War II.

**Discussion:** Findings are discussed in relation to the extant literature, future research, potential service needs, and study limitations.

---

**Vitamin D and the risk of dementia and Alzheimer disease**
Objective: To determine whether low vitamin D concentrations are associated with an increased risk of incident all-cause dementia and Alzheimer disease.

Methods: One thousand six hundred fifty-eight elderly ambulatory adults free from dementia, cardiovascular disease, and stroke who participated in the US population–based Cardiovascular Health Study between 1992–1993 and 1999 were included. Serum 25-hydroxyvitamin D (25(OH)D) concentrations were determined by liquid chromatography-tandem mass spectrometry from blood samples collected in 1992–1993. Incident all-cause dementia and Alzheimer disease status were assessed during follow-up using National Institute of Neurological and Communicative Disorders and Stroke/Alzheimer's Disease and Related Disorders Association criteria.

Results: During a mean follow-up of 5.6 years, 171 participants developed all-cause dementia, including 102 cases of Alzheimer disease. Using Cox proportional hazards models, the multivariate adjusted hazard ratios (95% confidence interval [CI]) for incident all-cause dementia in participants who were severely 25(OH)D deficient (<25 nmol/L) and deficient (≥25 to <50 nmol/L) were 2.25 (95% CI: 1.23–4.13) and 1.53 (95% CI: 1.06–2.21) compared to participants with sufficient concentrations (≥50 nmol/L). The multivariate adjusted hazard ratios for incident Alzheimer disease in participants who were severely 25(OH)D deficient and deficient compared to participants with sufficient concentrations were 2.22 (95% CI: 1.02–4.83) and 1.69 (95% CI: 1.06–2.69). In multivariate adjusted penalized smoothing spline plots, the risk of all-cause dementia and Alzheimer disease markedly increased below a threshold of 50 nmol/L.

Conclusion: Our results confirm that vitamin D deficiency is associated with a substantially increased risk of all-cause dementia and Alzheimer disease. This adds to the ongoing debate about the role of vitamin D in nonskeletal conditions.

Available in fulltext from Neurology (PDF)
Why not join our library and discover the full range of services we offer?
Please complete a library registration form (available on the intranet or in your local CWPT library) and return to any of our libraries.