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# Primary Care Mental Health in Older People

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Gabriel Ivbijaro  
Editors

# Primary Care Mental Health in Older People

A Global Perspective

 Springer

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*Healing minds*



*Jean-Marie Dausas 2018*

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## Foreword 1

There are three main reasons which are making me welcome this volume. First, it is bringing together primary health-care answers to key mental health problems which people face in older age. The problems to which the answers have been provided have been selected because they are frequent and because there are interventions which have been shown to be effective in reducing their impact. The answers have been provided by an array of experts with vast experience and deal with specific problems such as anxiety disorders and with important background issues such as the frailty of the elderly and the need to maintain and promote their dignity in health and disease.

A second reason for recommending the volume is that the text has not been produced by general practitioners nor by specialists nor by practitioners of allied professions but by all of them working together. There is no other manual where the principle of joint work by specialists, general practitioners, and allied professionals has been applied so rigorously in order to provide answers to problems and advice about action based on a mix of experience and knowledge which these three groups of people usually facing mental health problems in old age have assembled.

A third reason for welcoming this volume stems from its timing. The volume which has been prepared by Professors Ivbijaro and Mendonça Lima makes its appearance at the time when the United Nations have decided to make the fight against the noncommunicable diseases one of their key political as well as humanistic goals. Until recently, the United Nations and the international bodies dealing with health care such as the World Health Organization did not include mental and neurological disorders among their priority concerns: this has happened for the first time 2 years ago when the United Nations adopted their sustainable development goals, including among them the promotion of mental health, and more recently in 2018 when they specifically discussed what could be done to deal with noncommunicable diseases including mental disorders. It is to be expected that the urging of the United Nations will lead to action at country level, and when this happens, it will be particularly important to have materials which can provide guidance for action.

It is thus with much pleasure that I am recommending this volume to the many who have to face mental health and other problems in the elderly and that I am expressing my thanks to its editors who have produced a most valuable text based on evidence and shaped by wisdom and rich practical experience.

Norman Sartorius  
President, Association for the Improvement of Mental  
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## Foreword 2

It is timely that this valuable book is written when we are faced worldwide with the physical and mental health problems of aging populations. While increasing numbers of older adults are living long and robust lives, many are facing loneliness, frailty, and multimorbidity. Primary health care is particularly well-suited in countries of all types to provide a setting for the coordinated health and social care required by older adults and their families.

The 1978 Declaration of Alma-Ata lays a foundation for primary health care. However, progress over the following decades has been uneven. At least half the world's population lacks access to essential health services—care for communicable and noncommunicable diseases across the life span including mental health. Four decades later, the Declaration of Astana in October 2018 reaffirms the historic 1978 Declaration. Countries around the world have vowed to strengthen their primary health-care systems as an essential step toward achieving universal health coverage. Mental health has a firmer place in this renewed commitment.

The increasing focus on global mental health is linked with this Declaration and with two major policy initiatives related to it. One is the World Health Organization (WHO) call for universal health coverage: to ensure that all people have access to needed health services (including promotion, prevention, treatment, rehabilitation, and palliation) of sufficient quality to be effective, without imposing financial hardship. The first initiative is the World Health Organization (WHO) call for universal health coverage: to ensure that all people have access to needed health services (including promotion, prevention, treatment, rehabilitation, and palliation) of sufficient quality to be effective, without imposing financial hardship. The second initiative is the renewed focus on noncommunicable diseases (NCDs), spearheaded by the WHO Independent High-Level Commission on NCDs and Mental Health.

Primary health care is an important setting for the realization of both these policies—and others, notably the link to health in the UN Sustainable Development Goals—that encourage parity of mental health within health, a holistic approach to health care across the life span, and the engagement and empowerment of communities in health promotion and health care. The holistic approach to health care with a central place for mental health has been championed for decades. The logic and urgency of this approach are undoubted, and no more so than for older adults. Yet, large gaps remain in primary care mental health for this population as for others. There is a need for policy and practice guidance and demonstration of successful approaches

to good primary care mental health for older adults at global and local levels.

The editors have responded admirably to the challenge. In a comprehensive volume, they have brought together authors from different disciplines and various parts of the world in a scholarly and humane whole that offers inspiration as well as a practical resource. True to the Declarations of Alma-Ata and Astana, the book is primary care- and community-focused. It covers a number of topics relating to older people that are not commonly found in one volume: improving health, supporting self-care, promoting equity and universal access to care, recognizing the importance of primary care in the treatment of mental health problems of all types, and considering the complex relationship between mental and somatic health. Ensuring that each chapter is written by a combination of primary care doctors, old-age psychiatrists or physicians, and at least one other health professional or family carer gives the book its unusual and special relevance for health professionals, students, and policy-makers as well as interested lay audiences.

I am pleased to note that there are several present and past members of the World Psychiatric Association Section of Old Age Psychiatry among the distinguished authors and editors. I congratulate the editors and contributors on producing this book at a critical time of change in the field.

Helen Herrman  
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## Foreword 3

It is with great enthusiasm that I urge you to read this incredibly important work on mental health in the elderly written for primary care. As the global population ages, the practitioner most likely to treat the older person is the primary care physician. Some may lament that there are not enough mental health specialists and particularly not enough specialist in geriatric psychiatry. However, an equally important observation is that person-centered care can effectively be delivered by the provider who cares for the whole person. While there is added challenge because aging persons can have multiple medical problems which need primary care attention, most primary care doctors see large numbers of aging persons and are more experienced than is appreciated. An even bigger challenge comes in the delivery of mental health care. At any age, mental health is undertreated, even in many developed countries. With age, the problem is magnified, often because primary care settings lack confidence in addressing mental health in an aging and often frail population. Serious mental health problems are not assessed because primary care settings have limited resources to address newly identified problems. Additionally, comorbidities of aging may create contraindications to some treatments, and the absence of the specialist may leave the primary care doctor without confidence. Sadly, ignoring diagnosis and treatment may also occur because of the existing nihilism about treating elderly patients in general.

This book offers the perfect antidote to this lack of knowledge, lack of confidence, and the nihilism. Several of the introductory chapters provide a framework for understanding the breadth on influences in aging health including interaction between lifestyle and the physical, social, and economic environment and long-standing individual characteristics. The “how to” of interviewing for mental health and frailty are also offered. While the primary care provider may need a wide referral network for medical specialties, it is of note that more than seven chapters focus on non-pharmacological approaches that provide meaningful benefit. The evidence base that social and behavioral interventions can improve the quality of life of aging persons is well laid out and available to the reader.

I am particularly excited about the focus on promoting dignity in serving elders. Appreciation for the full past of the individuals as well as their present situation can help identify the path for best care and maximize quality of life.

The book has assembled experts for the chapter on pharmacological interventions in geriatric psychiatry and also contains well-constructed chapters

on dealing with the most troublesome conditions such as agitation, dementias, and suicide. Written for primary care provider, the text delivers clear description and guidance for diagnosis and management and acknowledges the need to integrate this care delivery with the family and other systems of care.

Dr. Carlos Augusto de Mendonça Lima, who is a giant in the field of geriatric mental health and one of my most respected colleagues, is the editor. After his training at the Federal University of Rio de Janeiro and his equivalence in Portugal and in Switzerland, he specialized in Psychiatry in France and received two Master's degrees and a Doctorate preparing himself not only for a lifetime of work in psychiatry but for a commitment to geriatric mental health. During his time at the World Health Organization, he initiated and then led the Collaborating Centre for Psychiatry of the Elderly. His expertise has been recognized as he has been elected by his peers to many leading professional organizations including the European Association of Geriatric Psychiatry and the International Psychogeriatric Association where I first came to know him. In this past year, he stood up to support patient and physician rights and opportunities to continue to receive approved treatments for dementia. His essay on the "The Old Age Psychiatry Paradox" remains on the IPA website. In it he highlights the growing knowledge in the field of old-age psychiatry, the growing need to serve expanding aging population, and the need to protect aging persons from the stigma of a secular society focused on wealth productivity. He also laments the constant challenges by authorities to undermine this specialty field by denying the need to support geriatric psychiatry specialty care, training, and education of the mental health workforce and by limiting the input of this special expertise in the development of guidelines and care for geriatric conditions. However, not one to simply point to such injustices, Dr. Lima has supported the generalists' need for more information and education to serve aging people because there are insufficient numbers of trained specialists.

Dr. Lima is joined in this effort by Dr. Gabriel Ivbijaro, MBBS, who was trained in Nigeria and has specialties in Neurology and Psychiatry from the United Kingdom. He is a Member of the World Organization of Family Doctors and was President of the World Federation for Mental Health (WFMH). He has been awarded a Member of the Most Excellent Order of the British Empire (MBE) by Her Majesty Queen Elizabeth II. Dr. Ivbijaro is an expert in addressing ways to reducing disparities in mental health services for ethnic minorities, and his psychiatry expertise is further evidenced in his role as Editor in Chief of *Mental Health in Family Medicine*.

Together, through this book, Drs. Lima and Ivbijaro bring their expertise and commitment to serving the mental health needs of elderly patients through their most likely health-care providers, primary care physicians. Because of their leadership, they have been able to assemble international experts to provide this work, written for a wide audience of health-care professionals to provide understanding of the complex problems in geriatric psychiatry. This advocacy in action will serve aging patients by supporting their

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treating physicians. I am so grateful for the role model these authors provide and this important work. It will make contributions for many physicians and the aging patients they serve.

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## Foreword 4

Over the past decade, Professor Gabriel Ivbijaro, Dr. Carlos Augusto de Mendonça Lima, and their colleagues have been leading efforts to focus global attention on mental health concerns and to strengthen the role played by primary care clinicians all around the world in the diagnosis and management of mental health problems and in tackling the stigma and discrimination that often accompany a diagnosis of mental illness.

While mental health problems can affect people of all ages, this important new publication focuses attention on an area of clinical practice that is often neglected and poorly managed, and sometimes even ignored: the management of mental health problems in older people.

We are often reminded that “you can judge a society by the way it treats its most vulnerable members.” Along with the youngest members of our communities, our most senior members are often among our most vulnerable. And those with mental health problems and disability can be especially vulnerable and at risk of abuse, neglect, and inadequate care.

This area of clinical practice, mental health care for older people, is at last receiving the attention it deserves, and this book provides a timely and very important contribution. As populations age in every country, and as multimorbidity increases, the number of older people with cognitive and other mental health challenges will continue to rise, and our health-care services need to be equipped and supported to support all our older patients.

This book is not afraid to tackle some of the most serious mental health challenges facing older people: neurocognitive disorders, depression and suicide risk, psychosis and agitation, frailty and comorbidity, bereavement and loss, and sexuality and sexual activity.

I especially commend the human rights approach of this publication, advocating for dignity and respect in the clinical treatment of all older people with mental health concerns. As health professionals and carers, we should always treat our patients with the same dignity and respect that we would expect for our own older loved ones, and for ourselves.

I commend the editors, Professor Gabriel Ivbijaro and Dr. Carlos Augusto de Mendonça Lima, and all the contributing authors on this new publication. The important insights and solutions to clinical dilemmas contained in this book will be of great interest to medical students, doctors in training, and established medical practitioners, not only in family medicine and in psychiatry but in all medical specialties. This book will also provide a valuable

resource to all health-care workers involved in working in primary care and to everyone involved in the care of older people in all settings.

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## Foreword 5

I am honored to be able to introduce this very important book. As the economies of the world develop, education and health systems improve, and people live longer. Hence, the phenomenon of global aging represents a success story for societies and their people. Coming with this though is a dramatic increase in the numbers of older people who have managed to avoid or outlive a wide range of illnesses which in the past would have cut short so many of those lives. This raises significant health challenges for high-, middle-, and low-income economies with an increasingly aging population and a range of chronic illnesses and comorbidities. So for so many countries, primary care needs to be at the forefront of health systems, and the primary care mental health for older people remains much in need of development.

This book is written by a combination of primary care doctors, old-age psychiatrists, physicians, and allied health professionals. It makes an essential contribution to knowledge, and the emphasis on health promotion is particularly welcomed, especially with the need to develop community resilience and self-management strategies in older people. And so important is the human rights approach to respecting autonomy, equity, independence, and universal access for older people. Primary care is likely to continue to be at the forefront of health systems because of the growing need for an emphasis on prevention, tight financial constraints, and a lack of well-developed secondary health-care services in some countries.

I am glad to see that this book addresses the wide range of mental health problems in older people including dementia, depression, and delirium but also has a strong emphasis on comorbidity and polypharmacy. This means that the book should be a reader-friendly practical resource for many clinical services seeking to improve their primary care provision with the most important benefit of also helping improve the care provided to older people.

I congratulate Dr. Carlos de Mendonça Lima and Professor Gabriel Ivbijaro for putting together such a comprehensive and thoughtful book, which, I am sure, will be of great use for many years to come.

Martin Orrell  
Director, Institute of Mental Health, President of the  
European Association of Geriatric Psychiatry (EAGP),  
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## Foreword 6

Mental health is essential for health. Mental and physical problems are interwoven. Mental health problems will be among the leading causes of burden of disease in 2030 and the main causes of disability-adjusted life years. Between 2011 and 2030, the World Economic Forum predicts that mental illness worldwide will cost more than physical ailments such as cancer, heart disease, or diabetes.

Older people live longer and will be the vast majority of the population in the future. It is estimated from community epidemiological surveys that as many as 20–30% of persons meet criteria for mental disorders, but there is a significant gap between the prevalence of mental problems and the number of people receiving care. Primary care helps to close this gap because the majority of people report at least one primary care visit per year and maintain a stable and enduring relationship with their primary care doctors. Therefore, it is no surprise that most mental health treatment is provided in primary care and most psychotropic drugs are prescribed by family physicians. In recent years, there has been a growth in diagnosis and drug treatment, what may represent an increased acceptance of mental illness and improved case finding but may also be the result of overdiagnosis and overenthusiastic treatment, and it is important to have a global perspective of mental health in primary care.

Professor Gabriel Ivbijaro is a very respected professor at Nova University (Lisbon) with a vast experience as Adviser of the World Health Organization, Chair of the World Dignity Project, and Past President of the World Federation for Mental Health. In 2012 in collaboration with an international group of general practitioners, psychiatrists, policy-makers, mental health professionals, and mental health advocates, he edited an unprecedented book providing the best available evidence for the management of patients with mental health conditions in primary care. Following the previous successful model, Professor Gabriel Ivbijaro and Dr. Carlos Augusto de Mendonça Lima coordinated a new fantastic resource to support the delivery of holistic mental health interventions to older adults in the primary care setting.

This book reflects their style, very didactic and complete. It addresses functional mental health problems (such as anxiety, depression, psychotic and personality disorders) and acquired organic mental disorders of old age (such as dementia, cognitive impairments, and delirium) and explores the complex relationship between mental and somatic health and health problems, including aspects of multimorbidity and polypharmacy. Editors and

authors are primary care- and community-focused because the main aim of the book is to promote pathways to care for older people with mental health problems respecting their autonomy, independence, and human rights and the importance of the life-course approach.

I am happy to commend this book *Primary Care Mental Health in Older People: A Global Perspective* for use to primary health care professionals, general practitioners, family doctors, community psychiatrists, and trainees, and it should be a standard reference to those providing mental health care.

Isabel Santos

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## Acknowledgements

Many individuals and researchers who care for older adults have contributed to this book, and we are very grateful to each one of them.

Primary Care Mental Health in Older Adults is based on the current literature and the clinical experience of a group of psychiatrists who care for older adults, family doctors and other mental health professionals, public health professionals, policy makers and mental health advocates with an interest in the mental health of older adults. We would like to thank them all for their invaluable contribution towards the success of this project.

Global mental health is very important. This is why we have brought together experts from all continents of the world who have taken into account current trends in the care of older adults, the current burden of disease, the philosophy of care whilst knowing that primary care can help to improve access to care in an equitable and fair way and ensuring that dignity is at the core of all our clinical encounters with older adults.

We have also included good practice examples to help clinicians, older adults and their families and those who pay for the delivery of services to consider innovative ways to deliver care.

Older adult patients with mental health difficulties, carers and their families matter and we hope that this book will be an additional resource to promote practice that allows them to lead a more fruitful life in the community.

Each chapter in this book was assigned to a team with a team leader/corresponding author who coordinated the contributions of team members to develop the chapter. Each chapter was peer reviewed by a psychiatrist, general practitioner and a public health specialist using the following criteria:

- Will the chapter support primary and community care practitioners caring for older adults with mental health difficulties in their daily practice?
- Will the chapter support dignity in the delivery of care to older adults with mental health difficulties?
- Is the content relevant to the care of older adults with mental health difficulties?
- Are the key messages:
  - consistent with the chapter content?
  - fit for purpose?
- Does the chapter reflect the complexity and systems within primary and community care?
- Are there copyright issues?
- Is the chapter internally consistent?
- Are there any factual errors?
- Are there any chapters that need to be merged to present a more coherent picture?

Additional changes were made by the team and the chapter resubmitted to peer review and accepted once it was considered robust and relevant to primary care and mental health of older adults.

We are grateful to the reviewers for all their efforts. We would also like to thank all the contributors, including the project manager and copy-editors at Springer and all those who contributed in one way or another to produce this book. This work would not have been possible without them.

We learn a lot from our patients, and we are grateful to them.

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# Contents

## Part I

- 1 Aims and Concept of Primary Care Mental Health in Older Adults: A Global Perspective** . . . . . 3  
Gabriel Ivbijaro and Carlos Augusto de Mendonça Lima
- 2 Epidemiology and the Scale of the Problem** . . . . . 5  
Yaccub Enum, Wolfgang Spiegel, Karen Bernard, Monica Hill, and Taofik Olajobi
- 3 Wider Determinants of Health** . . . . . 13  
Sabine Bährer-Kohler and Brendan McLoughlin

## Part II

- 4 Frailty** . . . . . 31  
Christophe J. Büla, Manuel Sanchez Perez, and Laurence Seematter Bagnoud
- 5 Comorbidity, Multi-Morbidity, Stepped Care and Skill Mix in the Care of the Older Population** . . . . . 45  
Gabriel Ivbijaro, David Goldberg, Yaccub Enum, and Lucja Kolkiewicz

## Part III

- 6 History Taking and Assessment** . . . . . 53  
Orestes V. Forlenza, Marta L. G. F. Pereira, Paulo R. Canineu, and Florindo Stella
- 7 Neurocognitive Assessment** . . . . . 65  
Thomas Desmidt, Meryll Butters, Hakan Yakan, Wolfgang Spiegel, Gustav Kamenski, and Vincent Camus
- 8 Promoting Dignity in the Care of the Older Adult** . . . . . 73  
Gabriel Ivbijaro, Lucja Kolkiewicz, David Goldberg, Claire Brooks, and Yaccub Enum

**Part IV**

- 9 Pharmacological Interventions in Older Adults** . . . . . 85  
Jay J. Patel, Dale W. Smith, John Heafner, Christopher NG,  
and George T. Grossberg
- 10 Psychological Interventions in Older Adults** . . . . . 111  
Todd M. Edwards, Anthony Dowell, David Clarke,  
Vinodkumar R. Gangolli, and Jo Ellen Patterson
- 11 Exercise for Older Adults with Mental Health Problems** . . . . . 127  
Roger Hilfiker
- 12 Advocating for Better Mental Health Care for Older Adults** . . . 145  
Carlos Augusto de Mendonça Lima, Gabriel Ivbijaro, Sudhir  
Kumar, and Jacob Roy

**Part V**

- 13 Anxiety Disorder in Older Adults** . . . . . 161  
Valeska Marinho, Bruno Gherman, and Sergio Luís Blay
- 14 Bereavement in Older Adults** . . . . . 167  
Mercedes Fernández Cabana, Alejandro García-Caballero,  
and Raimundo Mateos
- 15 Bodily Distress Syndrome (BDS), Bodily Stress  
Syndrome (BSS) and Health Anxiety in Older Adults** . . . . . 177  
Gabriel Ivbijaro, David Goldberg, Lucja Kolkiewicz,  
Todd M. Edwards, Clifton McReynolds, and Igor Svab
- 16 Biopsychosocial Approaches to Depression  
in the Older Adults** . . . . . 189  
David Baron and Jessica Uno
- 17 Suicidal Behaviour in Older Adults** . . . . . 199  
Diego De Leo and Urska Arnautovska
- 18 Psychosis in Older Adults** . . . . . 211  
Carlos Augusto de Mendonça Lima, Emanuela Sofia Teixeira  
Lopes, and Aleksandra Milicevic Kalasic
- 19 Sexuality in Older Adults** . . . . . 229  
António Pacheco Palha

**Part VI**

- 20 Delirium in Older Adults: Practical Guide  
for Primary Health Services** . . . . . 239  
Manuel Coroa, Horácio Firmino, Vasco Nogueira, and Luiz  
Miguel Santiago

---

<b>21 Neurocognitive Disorders in Old Age: Alzheimer’s Disease, Frontotemporal Dementia, Dementia with Lewy Bodies, and Prion and Infectious Diseases . . . . .</b>	<b>251</b>
Armin von Gunten, Eduardo Nogueira, Henk Parmentier, and Irênio Gomes	
<b>22 Neurocognitive Disorders in Older Adults (Vascular Dementia) . . . . .</b>	<b>299</b>
Olatunji Aina, Jenny Downes-Brydon, and Edmond Chiu	
<b>23 Health-Care Delivery for Older People with Dementia in Primary Care . . . . .</b>	<b>311</b>
Conceição Balsinha, Manuel Gonçalves-Pereira, Steve Iliffe, José Alexandre Freitas, and Joana Grave	
<b>24 Agitation. . . . .</b>	<b>331</b>
Anne P. F. Wand and Brian Draper	
<b>Part VII</b>	
<b>25 Psychosocial Rehabilitation in Mental Health Care for Older Adults . . . . .</b>	<b>351</b>
Carlos Augusto de Mendonça Lima and Nicolas Kuhne	
<b>26 Cognitive Intervention for Patients with Neurocognitive Impairments . . . . .</b>	<b>363</b>
Genevieve Gagnon and Marjolaine Masson	
<b>Part VIII</b>	
<b>27 Case Studies. . . . .</b>	<b>377</b>
Gabriel Ivbijaro, Carlos Augusto de Mendonça Lima, Lucja Kolkiewicz, and Yaccub Enum	

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