



Mental health and the aging brain:
recognizing pathology
and practicing resiliency.



Developmental tasks of aging

- Erikson: Ego integrity vs. despair
- Ego integrity versus despair is the eighth and final stage of Erik Erikson's stage theory of psychosocial development. This stage begins at approximately age 65 and ends at death. It is during this time that we contemplate our accomplishments and can develop integrity if we see ourselves as leading a successful life. Coming to peace with what has happened or what has not happened.

Stages of Psychosocial Development



Proposed by Erik Erikson



- Know your baseline pattern : Winnie the Pooh characters- all diagnosable but they make up Christopher Robin's universe
- Lifelong pattern of behavior - benefit of knowing same primary care clinician over time

When is it pathology?



Change from baseline

Severity matters

Example: Major depressive disorder specifiers:

- Mild: minor impairment in social or occupational functioning
- Moderate: the number of symptoms, intensity of symptoms and functional impairment are more than mild and less than severe
- Severe: The number of symptoms is substantially in excess of that required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable and the symptoms markedly interfere with social and occupational functioning.

Statistics



Late onset (after age 65) Depression

- 10-15 % prevalence
- Undetected in older adults because of other causes confusing the issue
- Medicare screening at annual visits
- Big barriers in Wilmington and nationally to getting specialized care


Major Depressive Disorder


DSM 5



A) Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (eg. feels sad, empty, hopeless) or observation made by others (eg. appears tearful)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day, (as indicated by either subjective account or observation).
3. Significant weight loss or weight gain (a change of more than 5% body weight in a month) or a decrease or increase in appetite nearly every day.

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4. Insomnia or hypersomnia nearly every day
 5. Psychomotor agitation or retardation nearly every day (observable by others)
 6. Fatigue or loss of energy nearly every day.
 7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day (not merely self-reproach or guilt about being sick).
 8. Diminished ability to think or concentration, or indecisiveness, nearly every day (either by subjective account or as observed by others).
 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

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- B) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning**
 - C) The episode is not attributable to the physiological effects of a substance or another medical condition**

You can do everything healthy 'right' and have depression, you can do everything 'unhealthy and not have depression' the unique fingerprint of genes and the impact of 'epigenetic factors' nature and nurture

GOOD NEWS: depression is treatable: people who have the best outcomes take medicine and therapy. The benefits of discussing concerns out loud and reframe our thinking is very powerful but takes vulnerability- CBT (Cognitive behavioral therapy).



Depression vs grief

Big debate in the latest DSM 5: don't want to medicalize grieving but it is helpful to keep a watchful eye for getting stuck or losing ground outside of the normal grieving process.



Symptoms of Grief

- **Physical:** Fatigue, gastrointestinal upset, sleep disruption, appetite changes, headaches
- **Emotional:** Sadness, anxiety, anger, guilt, confusion, irritability, lack of motivation, sense of abandonment
- **Cognitive:** Difficulty concentrating, memory problems, intrusive thoughts/images of the lost loved one, academic or occupational difficulties
- **Behavioral:** Crying, restlessness, lashing out at others, substance use or other risky behaviors that dull the pain
Interpersonal: Social isolation, feeling like others do not understand, noticing that others interact with you differently
- **Spiritual:** Questioning God or one's faith, difficulty feeling hopeful, questioning one's sense of meaning and purpose



Sobering statistics of suicide

- One of the leading causes of death in the US
- Older adults are 12% of the population and 18% of suicide
- In 2020 out of the 46,000 suicides in the US, 9,137 were older adults (65 and up)
- Loneliness / Isolation
- Pain
- Grief
- Financial troubles
- Some indications: loss of interest in activities, giving away beloved items, avoiding social activities, neglecting self care/ grooming, lacking concern for personal safety.
- How to help? ASK. BE THERE. THINK SAFETY MEASURES- connect them to care.
- SUICIDE HOTLINE dial 988



Suicide

SUICIDE HOTLINE just became dial **988**

<https://www.episcopalchurch.org/ministries/faith-formation/mental-health-first-aid-and-suicide-prevention/>



Other pathology:

- Too many to name: The dementias, cognitive impairment, neurodegenerative diseases (Parkinson's plus)
- Anxiety disorders - Panic, PTSD, OCD,



Practicing Resiliency: Body Mind Spirit approach

- Body care: nutrition, physical activity, sleep, managing other illnesses (DM), moderation in all things (EtOH), polypharmacy
- Mind care: learn new things, challenge yourself with activities that are challenging but not impossible (new instrument? New hobby? use your previous skills to best of ability (playing music)
- Spiritual care: habits matter - attendance at church, prayer, meditation, nature, yoga, tai chi- ask for help in times of trouble (we have the dream team at St. Paul's for pastoral care) caring for others and taking your turn for receiving care from others



Characteristics of resilient people

- Sense of control- internal locus of control (feeling like you can respond to forces not blame external forces or problems)
- Problem solving skills
- Strong social connections
- Survivor mentality
- Emotional regulation
- Self- compassion



Activity : mind body spirit
emergency list or goal list



Resources

- National Institute of Aging: <https://www.nia.nih.gov/>
- National Alliance of Mental Illness <https://www.nami.org>
- New Hanover County Senior Resource Center:
<https://src.nhcgov.com/>
- Atomic habits: <https://jamesclear.com/atomic-habits>
- Resource for Mindfulness in older adults
<https://www.happierhuman.com/mindfulness-activities-seniors/>
- Cognitive Behavioral Therapy explained
https://www.youtube.com/watch?v=3VIL1L_yzMg
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