

Mental Health: Some Education and a Discussion

Bikram Sekhon, RN MN BN BKin

Acknowledgement

- Diane Snell, RN MN
 - University of Calgary Faculty of Nursing



UNIVERSITY OF CALGARY
FACULTY OF NURSING

Disclosure

- Not an academic presentation
- Knowledge from practice and theory I have gained
- Interested in developing seniors' programming

BREAKDOWN

PART 1: Education

1. Polypharmacy
2. Chronic Pain
3. Depression
4. Wellness!

PART 2: Discussion

1. How do you maintain and improve your own mental health?
2. What is hindering your ability to keep doing this?
3. What would you like to see from your healthcare systems?

PART ONE

Polypharmacy

- Multiple medications
- Common in later life (prescribed and “off the books”)
- Drug-drug interaction concerns
- Grapefruit juice??
- Alcohol, other substances – what are you using it for?
 - Do you need the other stuff then?
- Think about staying ≤ 5 regular medications
- Especially if you drink and/or use THC cannabis
- Pay attention to changes in memory, concentration and mood when:
 - New medications are started
 - Old medications are stopped
 - Medications are changed

Polypharmacy

Polypharmacy: Anticholinergic Burden List

Drugs with ACB Score of 1

Generic Name	Brand Name
Alimemazine	Theralen™
Alverine	Spasmonal™
Alprazolam	Xanax™
Aripiprazole	Abilify™
Asenapine	Saphris™
Atenolol	Tenormin™
Bupropion	Wellbutrin™, Zyban™
Captopril	Capoten™
Cetirizine	Zyrtec™
Chlorthalidone	Diuril™, Hygroton™
Cimetidine	Tagamet™
Clidinium	Librax™
Clorazepate	Tranxene™
Codeine	Contin™
Colchicine	Colcrys™
Desloratadine	Clarinet™
Diazepam	Valium™
Digoxin	Lanoxin™
Dipyridamole	Persantine™
Disopyramide	Norpace™
Fentanyl	Duragesic™, Actiq™
Furosemide	Lasix™
Fluvoxamine	Luvox™
Haloperidol	Haldol™
Hydralazine	Apresoline™
Hydrocortisone	Cortef™, Cortaid™
Iloperidone	Fanapt™
Isosorbide	Isordil™, Ismo™
Levocetirizine	Xyzal™
Loperamide	Immodium™, others
Loratadine	Claritin™
Metoprolol	Lopressor™, Toprol™
Morphine	MS Contin™, Avinza™
Nifedipine	Procardia™, Adalat™
Paliperidone	Invega™
Prednisone	Deltasone™, Sterapred™
Quinidine	Quinaglute™
Ranitidine	Zantac™
Risperidone	Risperdal™
Theophylline	Theodur™, Uniphyll™
Trazodone	Desyrel™
Triamterene	Dyrenium™
Venlafaxine	Effexor™
Warfarin	Coumadin™

Drugs with ACB Score of 2

Generic Name	Brand Name
Amantadine	Symmetrel™
Belladonna	Multiple
Carbamazepine	Tegretol™
Cyclobenzaprine	Flexeril™
Cyproheptadine	Periactin™
Loxapine	Loxitane™
Meperidine	Demerol™
Methotrimeprazine	Levoprome™
Molindone	Moban™
Nefopam	Nefogesic™
Oxcarbazepine	Trileptal™
Pimozide	Orap™

Drugs with ACB Score of 3

Generic Name	Brand Name
Amitriptyline	Elavil™
Amoxapine	Asenden™
Atropine	Sal-Tropine™
Benzotropine	Cogentin™
Brompheniramine	Dimetapp™
Carbinoxamine	Histex™, Carbihist™
Chlorpheniramine	Chlor-Trimeton™
Chlorpromazine	Thorazine™
Clemastine	Tavist™
Clomipramine	Anafranil™
Clozapine	Clozaril™
Darifenacin	Enablex™
Desipramine	Norpramin™
Dicyclomine	Bentyl™
Dimenhydrinate	Dramamine™, others
Diphenhydramine	Benadryl™, others
Doxepin	Sinequan™
Doxylamine	Unisom™, others
Fesoterodine	Toviaz™
Flavoxate	Urispas™
Hydroxyzine	Atarax™, Vistaril™
Hyoscyamine	Anaspaz™, Levsin™
Imipramine	Tofranil™
Meclizine	Antivert™
Methocarbamol	Robaxin™
Nortriptyline	Pamelor™
Olanzapine	Zyprexa™
Orphenadrine	Norflex™
Oxybutynin	Ditropan™
Paroxetine	Paxil™
Perphenazine	Trilafon™
Promethazine	Phenergan™
Propantheline	Pro-Banthine™
Propiverine	Detrunorm™
Quetiapine	Seroquel™
Scopolamine	Transderm Scop™
Solifenacin	Vesicare™
Thioridazine	Mellaril™
Tolterodine	Detrol™
Trifluoperazine	Stelazine™
Trihexyphenidyl	Artane™
Trimipramine	Surmontil™
Tropium	Sanctura™

Categorical Scoring:

- Possible anticholinergics include those listed with a score of 1; Definite anticholinergics include those listed with a score of 2 or 3

Numerical Scoring:

- Add the score contributed to each selected medication in each scoring category
- Add the number of possible or definite Anticholinergic medications

Notes:

- Each definite anticholinergic may increase the risk of cognitive impairment by 46% over 6 years.³
- For each on point increase in the ACB total score, a decline in MMSE score of 0.33 points over 2 years has been suggested.⁴
- Additionally, each one point increase in the ACB total score has been correlated with a 26% increase in the risk of death.⁴

Aging Brain Care

www.agingbraincare.org

Chronic Pain

- Impacts:
 - Energy
 - Sleep
 - Cognition
 - Mobility
 - Activities of daily living
 - Emotional well-being

Chronic Pain

- Working with hurt, but avoiding harm
- Pain doesn't provide a measure of how your tissues actually are
 - E.g. Losing a finger vs. getting a papercut
 - It gets worse as pain persists – nervous system changes

Chronic Pain

- So – goal is to counter the nervous system changes – but how?
- Exposure to the movements that cause pain – but gradually
 - “Guard dog” analogy
- Look into physiotherapy, kinesiologist, or exercise therapist – your best friend as you age

Chronic Pain

- Some things to look at along with pain medications*:
 - Omega 3 fish oils
 - Magnesium citrate supplements
 - Vitamin C – 1000mg per day
 - Vitamin D – 2000mg per day
- Other medication options:
 - Topical analgesics
- Other “voodoo” that seems to work:
 - Mirror therapy
 - Acupuncture
 - Electronic muscle stimulation

*Remember to consult with your doctor for interactions

Chronic Pain and Depression?

- Chronic pain and depression – chicken or the egg?
- Actually it's both
- Depression at baseline increases risk of pain
- Chronic pain at baseline increases risk of depression
- Depression results in increased stress hormones, and pro-inflammatory molecules
- Chronic pain results in decreased mobility, and decreased endorphins

Depression

- If you are depressed, you are less able to bounce back from medical events
- Kidneys?
- Bowels?
- Sensory stimulation?
- Sex?
- Delirium?
- Dementia?
→ Polypharmacy??

Depression



Not a normal part of aging!

- Most older adults with symptoms of depression do not meet the full criteria for major depression
- Stigma associated with depression may be more prevalent in older adults
 - Symptoms not acknowledged/under reported (shameful, flawed character, weakness)
 - Treatment not accessed
 - Masked by dementia
 - Masked by co-morbidities

PREVELANCE:

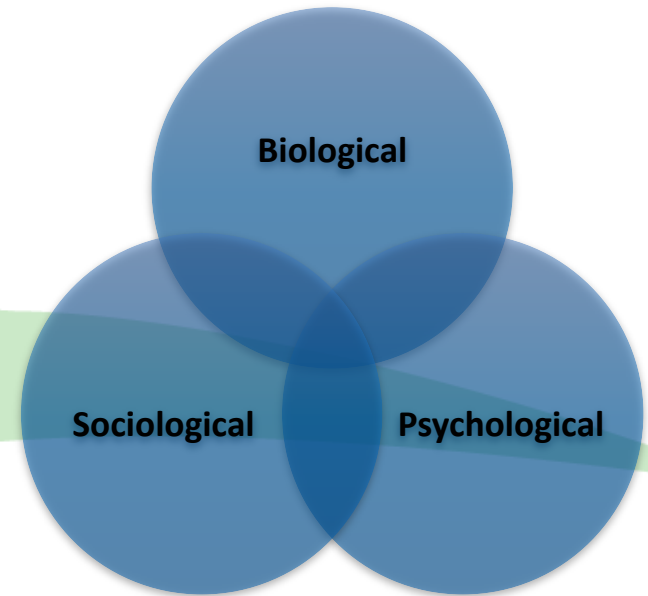
- Estimated 5-10% will experience depressive disorder that is severe enough to require treatment
- Rate increases 30-40% for those living in institutions

(Mood Disorders Society of Canada; Health Canada)

Risk Factors

- Transition
- Loss of spouse
- Isolation
- Chronic illness
- Previous experience of depression
- Sleep disturbances
- Medications
- Alcohol abuse

Causes/Etiology



Complex in Older adults!

- Must consider a biopsychosocial framework:
 - Health, gender, socioeconomic status, development, environment, losses
 - Neurotransmitters imbalances or dysregulation of endocrine function



Predisposing Factors

- Female
- Widowed or divorced
- History of depression
- Vascular brain changes
- Avoidant or dependent personality
- Physical & chronic illnesses
- Medications
- Excessive alcohol consumption
- Minimal social support
- Family caregiving
- Recent bereavement
- Moving to supported living or LTC
- Chronic stress
- Persistent sleep difficulties



Presentation

SYMPTOMS	BEHAVIOURS
Decreased energy, motivation, interest, engagement	Decreased self-care ability, decreased or difficulty with ADLs
Somatic complaints	Pain, insomnia, hypochondriasis
Decreased or increased appetite	Refusing food/fluids, overeating, weight gain, weight loss
Decreased concentration, indecisiveness	Difficulty making decisions, following a plan
Loss of self-esteem, loss of purpose	Change in appearance, change in hobbies
Combative or resistive	Verbal, physical attacks at caregivers, family, friends

Depressive Disorders

EVALUATING SYMPTOMS

- In – Interests
- S – Sleep
- A – Appetite
- D – Depressed Mood
- C – Concentration
- A – Activity
- G – Guilt
- E – Energy
- S – Suicidal Ideation

“In SAD CAGES”

Depressive Disorders

REMEMBER:

1. Polypharmacy?
2. Chronic pain?
3. What else is going on?
4. You might not be depressed
5. If you are, it's not normal and you can get help for it

WELLNESS!

- Exercise
- Eating healthy
- Time for self-care
- Mindfulness
- Social time
- Feeling connected
- Serving a purpose larger than yourself

PART TWO



Question #1

How do you currently maintain and improve your own mental health?



Question #2

What is hindering your ability to keep your mental health strong?



Question #3

How do you prevent becoming isolated?



Question #4

What would you like to see from your healthcare systems to support your mental health and well-being?