National Council on Ageing and Older People

MENTAL DISORDERS
Ageing In Ireland Fact File No. 8

While most older people are in good mental health, a significant number suffer from a mental disorder at any one time. The majority of those with a mental disorder will continue to function independently in the community, but others will require support from community care services to do so. In addition, some older people, particularly those with severe dementia, will require institutional care.

In a 1996 study entitled *Mental Disorder in Older Irish People: Incidence, Prevalence and Treatment*,[1] carried out on behalf of the National Council for the Elderly, it was estimated that 20–25% of older Irish people have a mental disorder of some severity at any one time. Roughly 5% of people over 65 years suffer from some form of dementia and a further 15–20% suffer from other mental problems such as depression and anxiety. These problems are normally of a mild severity but a significant proportion require specialist intervention. In 1998, there was a total of 6,738 admissions of persons aged 65 and over to psychiatric units in Ireland.[2]

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Affective Disorders: Depression

- Depression is an emotional state characterised by feelings of sadness, loneliness, rejection, failure, hopelessness or a combination of these feelings. Other indicators may include thought distortions and physical problems such as sleep disturbance, lethargy or a suppressed appetite.

- Depression as a psychiatric disorder is distinct from feelings of 'the blues' when indicators are severe, prolonged and out of proportion to prevailing circumstances.

- Depression is the most common mental disorder in older people and some studies show a higher rate among older people than younger age groups. Most of this difference is caused by functional disability, chronic illness, social support, lower income and cognitive impairment.

- A study undertaken in 1998 examined the psychological health profile of those aged 65 and over in the 1997 Living in Ireland Survey. Using the General Health Questionnaire, the study compared the health profile of those over 65 with those below that age.[10] It found that women are more likely to have higher levels of distress than men and that there is a definite age progression in distress levels.

- The study also found that those over 65 who were at risk of poverty (with incomes below the 60% relative poverty line) had almost 1.5 times the risk of suffering psychological distress, and those in basic deprivation had twice the risk of suffering psychological distress.

- However, an older person experiencing deprivation and with chronic illness has almost eight times the risk of psychiatric disturbance compared to an older person with neither of these characteristics.[10]

- Almost 45% of those aged 65 have a chronic illness, which has a significant impact on the older population. One quarter (25%) of older people have a chronic illness in combination with income poverty. This leads to 4.5 times the risk of developing a psychiatric disorder compared to an older person who has neither of these characteristics.[10]

- A 1996 review carried out for the Council estimated that 13.1% of older Irish people living in the community suffered from some form of depression at any one time.[1] A 2000 study of older people in the community found that while 2% of older people had clinical levels of depressions, a further 5% of the group reported borderline signs of depression. Groups where respondents scored at borderline or clinical levels of depression or anxiety disorders were highest amongst women, amongst those living in rural locations and amongst those aged 75 or over.[3]

- Though admission rates for depressive disorders were highest in the age group 65–74 years (accounting for over 400 admissions per 100,000 population), the rate of older people being admitted to psychiatric hospital and units on account of depressive disorders is continuing to decrease.[2] In 1998, 1,537 older people were admitted to psychiatric hospitals and units for depressive disorders.

- The level of depression among older people in long-stay care institutions is generally higher than that seen in the community. A 1991 study found that 30% of nursing home residents had some form of depression.[4]

- Mania is a persistent elevation of mood characterised by mental and physical overactivity. Mania generally occurs in episodes. Sometimes an individual has alternating manic and depressive episodes.

- People with mania have an abundance of energy and this is made evident by raving thoughts, rapid speech and a decreased need for sleep. Inappropriate behaviour is sometimes observed, especially in social interactions of sexual behaviour. In older people, disorientation and delirium are important with other symptoms generally of a milder severity than in younger age groups.

- The prevalence rate for mania is low in older people. The 1996 review estimated that 1,000 people over 65 had a diagnosis of mania, with about 400 admissions to

psychiatric hospitals and units in any one year. In 1998, the number of older people admitted to psychiatric hospital and units with a diagnosis of mania fell to 294.

Dementia

- Dementia is a term used to describe a group of organic or physically-based mental disorders. People with dementia are a heterogeneous group, which means there is no single solution to the problem of dementia. The most common dementia is Alzheimer's disease, accounting for 50–60% of all cases of dementia in the over-65s.

- Roughly 20% of dementias are caused by a series of minor strokes in the brain (multi-infarct dementia). The remainder are caused by a variety of disorders including Parkinson's disease, Huntingdon's disease, Creuzfeld Jackob's disease, Lewy Body disease and alcoholism.

- The dementias involve a disturbance of several brain functions, including memory, thinking, comprehension, orientation, language and judgement. There may also be a deterioration in emotional control and social behaviour.

- Most dementias have a gradual onset and become progressively worse over time. They are predominately disorders of later life with prevalence and incidence rates rising sharply with advancing age.

- There are just over 31,000 people in Ireland with dementia (58% are women and 42% are men). Just over 22,000 people with dementia reside in the community, just over 7,000 in long-stay care and just over 500 in psychiatric hospitals, with an unknown number of people with dementia occupying acute medical beds. More people are now living to an age where dementia usually arises and more cases are also now being detected earlier.[5]

- Between 1984 and 1994, the rate of all admissions to psychiatric hospitals and units for dementia among older people fell from 27.4 to 13.6 per 10,000 population. This fall is due mainly to a change in policy on the placement of dementia patients. In contrast, the rate of dementia in non-psychiatric long-stay care institutions is high with a 1991 study finding that 58% of nursing home residents had a cognitive impairment.[4]

- The National Council on Ageing and Older People has recommended a three-year Action Plan for Dementia. The objective of this three-year plan is to create a positive and holistic environment for the development of dementia services in this country, heralding a new and sustained person-centred approach to the support of people with dementia and their carers.[6]

Schizophrenia

- Schizophrenia is a form of psychosis, that is, a condition where the individual finds it hard to stay in touch with reality. Symptoms may vary from person to person, but distortions of thought, perception, judgement, emotion and behaviour are common.

- Schizophrenia symptoms can be characterised as ‘positive’ or ‘negative’. Positive symptoms include hallucinations (auditory or visual), delusions (eg paranoia) and thought disorder. Thought disorder commonly involves jumbled thoughts and poor concentration leading to an inability to produce comprehensive speech. Negative symptoms include withdrawal, lack of emotion and self-neglect.

- Schizophrenia usually develops in adolescence or early adulthood, but often lasts into old age. In addition, a distinct form of schizophrenia, sometimes termed paraphrenia, develops for the first time in a small number of older people. As people with schizophrenia age the level of positive symptoms tends to diminish.

- Roughly 1% of all older Irish people suffer from some form of schizophrenia which is the same level seen in younger adult age groups. Between 1984 and 1994, the rate of all admissions of older people to psychiatric hospitals and units for schizophrenia fell slightly from 14.1 to 13.4 per 10,000 population. In 1998, 452 older Irish people were admitted to psychiatric hospitals and units for schizophrenia. The rate seems to have stabilised with 142.5 per 100,000 population for the 65–74 age group and 63.6 per 100,000 population for the 75+ age group[2] being admitted to psychiatric hospitals and units for schizophrenia.

Neuroses and Personality Disorders

- Neurosis is a general term covering minor mental disorders or describing a specific disorder which may be a common reaction to stress. The common disorders which fall under the heading neuroses are anxiety disorders, panic attacks, phobias and obsessive-compulsive disorders.

- A person with a neurotic disorder is still in touch with reality and generally continues to behave within socially acceptable limits. However, despite the fact the neuroses are termed ‘minor mental disorders’, they can be very distressing and disabling to the individual concerned and his or her family.

- The 1996 study estimated that 1–4% (depending on the measures used) of Irish older people suffer from a clinical (ie requiring intervention) neurosis.[1]

- More worrying in terms of everyday quality of life is the finding from a 1994 survey that 23% of older Irish community residents suffer from ‘psychological distress’.[7]

- Personality disorders are deeply ingrained and enduring behaviour patterns, manifesting themselves as inflexible responses to a broad range of personal and social

situations. They represent either extreme or significant deviations from the way the average individual in a given culture perceives, thinks, feels and in particular relates to others.

- There is some evidence that some personality disorders (eg antisocial) may improve as people age but others (eg obsessional and paranoid) do not. Because of their nature, certain personality disorders may lead to older people refusing essential medical services. Older people with a personality disorder may also be disruptive in an institutional setting.

- Official statistics suggest that very few older Irish people have personality disorders of a sufficient severity to warrant psychiatric intervention. The number of older people being admitted to psychiatric hospitals and units based on personality disorder diagnosis fell from 71 in 1994 to 31 in 1998. However, this may in part be due to an unwillingness to accept treatment.

Alcohol and Drug Abuse and Dependence

- While it is generally accepted that the rate of heavy drinking decreases and the rate of abstinence increases with age, alcohol abuse nevertheless remains an important problem in later life. Drug abuse is much less common in people over 65 years, although it may become an increasingly important problem in the future as younger age cohorts, with a history of drug abuse, move into older age.

- Alcohol abuse by older people is particularly worrying as alcohol interacts dangerously with a number of medications. Alcohol can also exacerbate later-life disorders such as dementia, heart and respiratory related illness and can cause malnutrition.

- Risk factors for alcohol and drug abuse in old age include bereavement, disability, chronic pain, insomnia and other mental problems such as depression and anxiety.

- While the rate of alcoholism in Irish older people is low compared to younger age groups, the number of admissions to psychiatric hospitals and units (478 in 1994 to 407 in 1998) is still quite high.[1] Only the most serious cases are usually treated in psychiatric institutions.

- The proportion of women with alcohol-related problems is much higher in the older populations than in younger age groups.

- The rate of admissions has fallen from 15.2 to 11.9 per 10,000 population between 1984 and 1994 but this may reflect a move towards community-based treatment of alcohol abuse.[1] In 1998 133.3 per 100,000 population in the 65–74 age group and 50.4 per 100,000 population in the 75+ age group were admitted due to alcohol abuse.

- Little evidence for drug abuse and dependence in older people exists nationally or internationally. However, it is widely believed that the problem is underdiagnosed because most abuse occurs with prescription drugs. Both clinicians and patients may refuse to accept that abuse or dependence is occurring because the drugs being taken are considered ‘legitimate’.

Mental Handicap

- Mental handicap (also referred to as mental retardation, learning disability or developmental disability) is defined as a condition of arrested or incomplete development of the mind, which is characterised by the impairment of skills during infancy and early development which contribute to overall intelligence. The condition can result from genetic disorders or can be acquired (eg as a result of brain trauma or infection).

- Preliminary findings from the 1996 analysis of the National Mental Handicap database indicate that 1,375 Irish persons over 55 years had a moderate, severe or profound mental handicap (2.02 per 10,000 population). This figure is likely to grow as longevity in this population increases.

- It was estimated that almost a third (32.6%) of persons over 55 years with a mental handicap in 1981 suffered from an additional psychiatric syndrome.[8] Persons with some forms of mental handicap (eg Down’s Syndrome) are at risk of developing dementia at a premature age.

Suicide

- The 1996 review found that the level of suicide in older males had increased significantly over the period 1977 to 1992 from just over 9 to almost 18 per 100,000 population. This matched the increases observed in males aged 15–24 years, the group traditionally seen as at highest risk.[1]

- Older men aged 65 years and over continue to show an increase in the rate of suicide.[9] In 1999, 41 men over 65 committed suicide.[11]

- The factors associated with suicide by older people include declining physical health, chronic pain, loss of independence, bereavement, alcohol and drug abuse, and loneliness.

Mental Health Promotion

- Mental health promotion amongst older people can have many benefits. Late-life mental disorders are often misconstructed as having an inevitable course. In reality early detection and treatment can lead to significant improvements in mental health and quality of life. In addition, good practice in mental health can prevent many disorders occurring at all.

- A key to mental disorder prevention is preparation for the changes that occur in old age (eg retirement, bereavement, poor health). Programmes designed to develop self-esteem and coping skills and counselling for those undergoing change are important in this regard.

- Public education programmes, directed at older people and their carers and focusing on the nature of mental disorders in old age, would enable older people to detect mental problems at an early stage. It would also reassure older people that mental disorders are not a negative reflection on their character and encourage them to seek help as early as possible.

- Similar programmes for care professionals (eg GPs and public health nurses) are needed to ensure problems are detected at an early stage. Such a programme would also educate healthcare providers on the effects of physical problems (eg chronic pain) on mental health.

Reference Material

1. Keogh, F. and Roche. A., 1996. *Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment.* Dublin: National Council for the Elderly.
2. Browne, C., Daly, A. and Walsh, D., 2000. *Irish Psychiatric Services Activities 1998*. Dublin: Health Research Board.
3. Garavan, R., Winder. R. and McGee, H., 2001 *Health and Social Services for Older People* (HeSSOP). Dublin. National Council on Ageing and Older People.
4. O'Neill, D. *et al*., 1991. Dementia and Depression in a Nursing Home Population, in O'Neill, D. (ed.), *Carers, Professionals and Alzheimer's Disease.* Dublin: John Libbey.
5. O' Shea, E., 2000. *The Cost of Caring for People with Dementia and Related Cognitive Impairments*. Dublin: National Council on Ageing and Older People.
6. O' Shea, E., and O'Reilly, S., 1999. *An Action Plan for Dementia.* Dublin: National Council on Ageing and Older People.
7. Fahey, T. and Murray, P., 1994. *Health and Autonomy Among the Over-65s in Ireland.* Dublin: National Council for the Elderly.
8. Mulcahy, M. and Reynolds, A., 1984. *Census of Mental Handicap in the Republic of Ireland.* Dublin: Health Research Board.
9. Office for Health Gain (1998) *Suicides in the Republic of Ireland – The Public Health Imperative*. Corcoran, R (Ed). *The Journal of Health Gain* Vol.2 Issue 3.
10. Layte, R., Fahey, T. and Whelan, C., 1999. *Income, Deprivation and Well-Being Among Older Irish People*. Dublin: National Council on Ageing and Older People.
11. Central Statistics Office, 2000. Vital Statistics.

Useful Contacts

- The Alzheimer Society of Ireland, Alzheimer House, 43 Northumberland Avenue, Dun Laoghaire. Telephone 01 284 6616.
- Western Alzheimer Foundation, Lower James Street, Claremorris, Co. Mayo. Telephone 094 62480.
- Mental Health Association of Ireland, Mensana House, 6 Adelaide Street, Dun Laoghaire, Co. Dublin. Telephone 01 284 1166.
- Aware (helping to defeat depression), 72 Lower Lesson Street, Dublin 2. Helpline 01 676 6166.

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