Introduction

Geriatric Psychiatry: Challenges and Opportunities

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Americans 80 years of age and older are the fastest growing demographic group in the United States. With the aging of the baby boomer generation, the demand for the services of geriatric psychiatrists should continue to grow. However, the clinical/scientific field of geriatric psychiatry faces not only enormous opportunities but also significant challenges. Five papers in this month’s issue of CNS Spectrums illustrate some of these options and hurdles.

In the first paper, Harman and colleagues report on a recent survey that assessed the attitude of 176 primary care physicians (PCPs) toward diagnosis, treatment, and management of depression in elderly patients. Almost all older Americans who suffer from depression and seek professional attention initially ask their PCPs for help. The results of the authors’ survey confirms that overall PCPs consider depression to be a significant problem in their older patients and that they feel reasonably confident in their ability to diagnose and manage it. However, almost half of them had not participated in continuing medical education related to this topic during the previous 3 years. Geriatric psychiatrists need to increase their efforts to collaborate more closely with their colleagues and educate PCPs about the recent advances in the diagnosis and treatment of late-life depression and other mental disorders. Family caregivers constitute another major constituency involved in the care of older persons with psychiatric disorders, and thus they are also major partners in this care.

Drs. Martire and Hall summarize findings from recent research on caregiving for patients with dementia, highlighting the positive impact of specific interventions, not only for the caregivers but also for the patients, and promising new directions for future research in this area.

Next, Bharucha and colleagues focus on the challenge of assessing behavioral disturbances in patients with dementia. The importance of this topic is illustrated by two recent randomized clinical trials that have successfully demonstrated the efficacy of atypical antipsychotics in the treatment of agitation and psychosis in patients with Alzheimer’s disease. In both studies the active medications were shown to have superior efficacy compared with placebo. However, 33% to 50% of patients treated with placebo experienced a clinical response and the observed effect sizes were modest. These high placebo-response rates over 6–12 weeks our ability to describe adequately behavioral disturbances, to distinguish the patients who may or may not require and benefit from treatment, and to characterize treatment response. This relative inability to differentiate the effects of placebo and active drugs motivates the need for developing better methods to assess the behavioral symptoms of dementia described by Bharucha and colleagues.

The fourth paper, by Lenze and colleagues, reviews the current state of knowledge on the anxiety disorders. Despite the high prevalence of late-life anxiety disorders in older persons, there are no published controlled studies of the treatment of these late-life disorders. Also, there are no published controlled data on the treatment of either late-life mania or bipolar depression. This can in part be explained by the regulatory environment. A few years ago, the Federal Drug Administration enacted a “pediatric rule” under which pharmaceutical companies can obtain an additional period of exclusive marketing rights if they conduct trials of their products in children and adolescents. By contrast, there are no incentives for manufacturers to study their drugs in older patients. The elderly tend to be more frail and prone to adverse drug reactions that can delay FDA approval and have to be reported in package inserts. The enactment of a “geriatric rule” by the FDA would create an incentive for pharmaceutical manufacturers to study their psychotropic medications in older people. This would increase the evidence on which treatment recommendations for older patients with psychiatric disorders can be based.

Finally, Sweet and colleagues describe their effort to systematically collect brain tissue postmortem (“brain banking”) from older patients who had suffered from mood disorders. Over the past 20 years, systematic neuroanatomical and neurochemical studies of brain tissue of patients with AD have played a crucial role in the elucidation of the pathophysiology of this disorder and have led to the design and testing of novel therapeutic agents. Typically, autopsy studies conducted in younger patients with mood disorders are limited to victims of suicide. By contrast, due to their shorter life expectancy, brains of a representative sample of older people with mood disorders could be collected. Indeed, Sweet and colleagues report that one third of the patients whom they approached agreed to donate their brain after their death. This information is encouraging.

REFERENCES

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