

# **Promotion of Mental Health in Older People**

**Helen Chiu**

**Professor, Department of Psychiatry, CUHK**

**President, Hong Kong Psychogeriatric Association**

**Past President, International Psychogeriatric Association**

**Past President, Pacific Rim College of Psychiatrists**

**Past President, Hong Kong College of Psychiatrists**

- **Why is this topic important?**
- **Includes Prevention of Mental Disorders and Promotion of Mental Health**
- **Prevention of Mental disorders is a new field**

# Why is Prevention important?

## ***Dementia*** – ADI, 2009

35.6 million people with dementia in 2010 → 65.7 million by 2030 → 115.4 million by 2050

## ***Depression*** –

4th leading cause of Global Burden of Disease in 1990

2<sup>nd</sup> leading cause of Global Burden of Disease in 2020

## ***Suicide*** –

up to 1 million deaths per year

# Dementia

- Local studies – 4% of people aged 65 or above have dementia (Chiu et al, 1998), 8.9% people 70 or above have mild dementia (Lam et al, 2008)
- Around 70% due to Alzheimer's disease

# Risk factors of Alzheimer's disease

1. Ageing
2. Family Hx – 3x risk c.f. general population
3. ApoE4, APP gene, Presenilin genes, etc
4. Down's syndrome
5. Low education
6. Head injury
7. Vascular risk factors: midlife Hypertension, DM, hyperlipidaemia
8. Midlife obesity
9. Smoking

# Mild Cognitive Impairment

- Older people who have mild degree of cognitive impairment, not amounting to dementia, i.e. daily functioning not impaired significantly
- Higher risk to develop dementia

# Strategies for promoting Brain Health

(Middleton & Yaffe, 2009; Barnes & Yaffe, 2011)

1. Decrease or treat vascular risk factors
2. Life-long learning or education
3. Cognitively stimulating activities
4. Regular physical exercise
5. Build up social network and develop leisure activities

# Strategies for promoting Brain Health

6. Healthy Diet – balanced diet, less saturated fat, less salt and sugar, more fruits and vegetables  
e.g. mediterranean diet
7. Avoid smoking, excessive drinking and drug abuse
8. Avoid trauma to head



# Suicide Prevention

- Multiple causative factors in suicide
- Interaction of biological, social and psychological factors

# Suicide Prevention Strategies

Systematic review (Mann et al, 2005)

- 1. Physician education in depression recognition and treatment,
- 2. restricting access to lethal methods and
- 3. gatekeeper education

are the most promising interventions to reduce suicide rates.

- Other interventions need more evidence of efficacy

# Suicide in Hong Kong

- Suicide rate 13.6/100,000 (2010)
- Suicide rates highest in the older age group
- 2-3 times that in the general population
- M to F ratio is around 1.3 to 1 in older subjects
- Commonest methods of suicide : Jumping from height, Hanging, Charcoal burning

# ***Psychological Autopsy Study in Hong Kong***

(Chiu et al, 2004)

70 suicide cases, 100 control cases

age  $\geq$  60

## **Results:**

1. 87% of suicide cases had a mental disorder compared to 9% of controls, in particular depressive illness
2. 60% of suicide subjects had expressed suicidal intention before suicide
3. 75% of suicide subjects had consulted a doctor within 1 month of death compared with 39% of controls
4. Suicide cases --  $\uparrow$ negative life events,  $\uparrow$  no. of physical illness,  $\uparrow$ cancer,  $\uparrow$ pain,  $\uparrow$ past hx of attempted suicide

# **Elderly Suicide Prevention Program (ESPP)**

- 7 ESPP teams under Hospital Authority
- Territory wide service from Oct 2002

# Elderly Suicide Prevention Program (ESPP)

A multi-faceted 2-tiered service model

- 1<sup>st</sup> tier: social centres and other NGOs, volunteers, frontline workers, GPs, hot-line
- 2<sup>nd</sup> tier: Fast-track clinics, PG multidisciplinary team

Training provided to GPs and other gatekeepers (frontline workers), referral to 2<sup>nd</sup> tier

2<sup>nd</sup> tier:

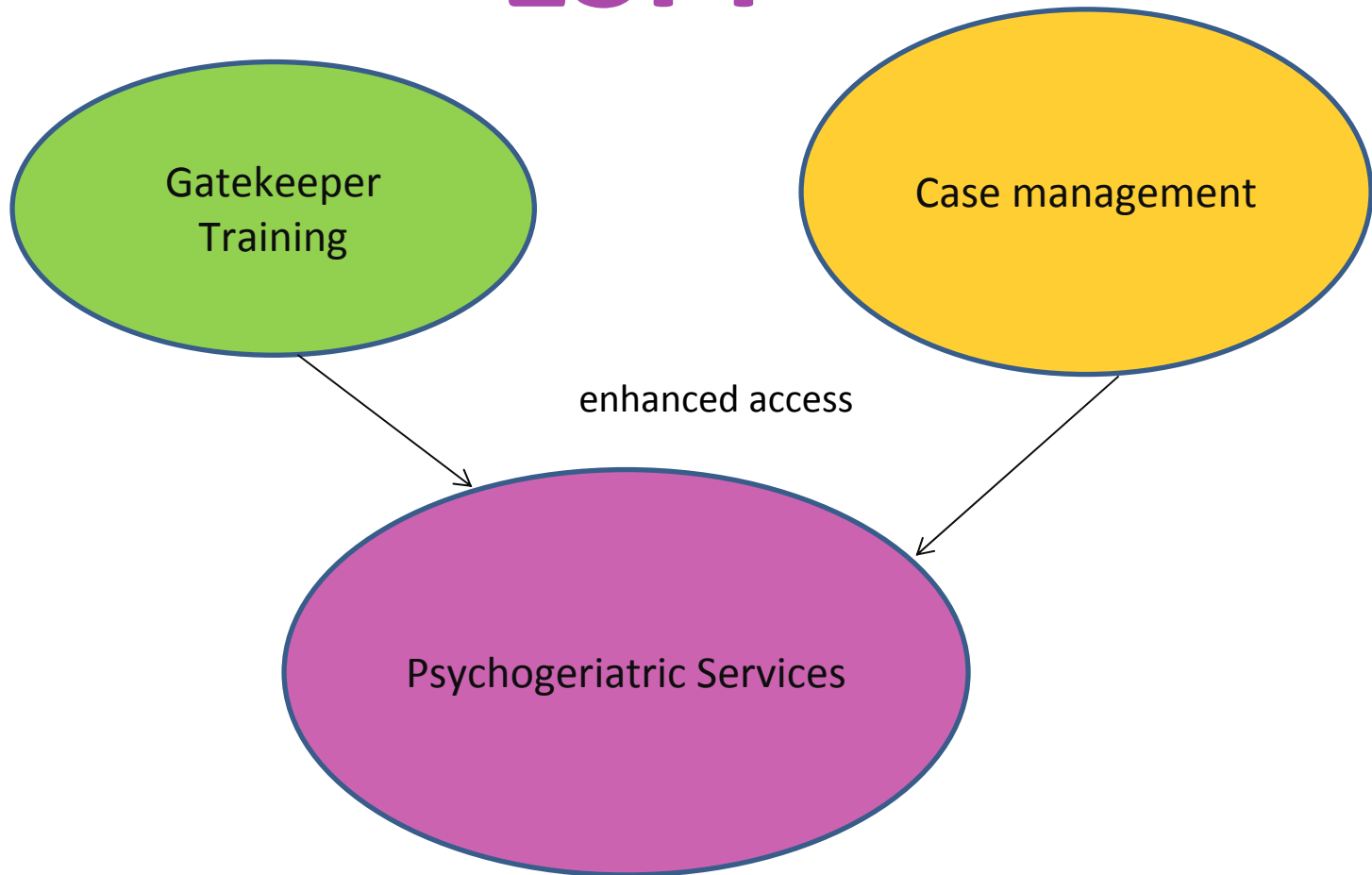
Assessment and management of elderly with suicidal risk by psychogeriatricians and multidisciplinary team

Home visit and case management by community psychogeriatric nurses

# Core components of ESPP service

- Gatekeeper Training: GP in the recognition and management of depression/referral of older people at risk to ESPP. Educate front-line workers in detection of depression and suicidal risk in elderly clients
- Access enhancement to Mental health service from community gate-keepers
- Specialist Psychogeriatric multidisciplinary team management
- Case management by psychiatric nurses

# ESPP





# ESPP

- 2 year outcome of suicide attempters (Chan et al, 2011)
- Pre-ESPP group (N=66) and ESPP group (N=351)
- 2 year suicide rate significantly higher in Pre-ESPP group

# Elderly Suicide Prevention

- Suicide rates in the elderly from 1986 to 2007 shows significantly decreased suicide rate in the old-old females after ESPP (Chan et al, 2011)
- ESPP may provide benefit to old-old females (over 85)(Chan et al, 2011)
- Needs caution on interpretation because of limitations of studies
- Effects on women consistent with previous studies
- Need to study how best to reach and help at-risk older men

# Preventing late-life depression

- Prevention of relapse of depression by drug treatment and psychotherapy is effective
- Several selective prevention studies (targeting people at risk but not yet depressed) have been effective in stroke and macular degeneration, with use of antidepressant or Problem Solving Therapy (Baldwin R, 2010)

# Preventing late-life depression

- Exercise can ↓ depressive symptoms and can be used as adjunctive treatment in depression, may be effective for subthreshold cases of depression (Sjosten & Kivela, 2006)
- A systematic review and meta-analysis shows support for exercise to improve mental well being (e.g. life satisfaction, self-esteem) in older people (Windle G et al, 2011)

# Conclusions

- Emerging evidence of strategies for promotion of Brain Health, suicide prevention and preventing Depression in late life
- A young field and more research required