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Psychological Disorders in Adulthood



Two main categories

- ▶ Major disorders in adulthood
 - ▶ Mood disorders
 - ▶ Anxiety disorders
 - ▶ Schizophrenia
 - ▶ Delirium, dementia and amnesic disorders
 - ▶ Substance related disorders
- ▶ Personality disorders

Disorders in adulthood

- ▶ Increased responsibilities during adulthood
- ▶ Difficulties
 - ▶ Family relationships
 - ▶ Employment/work struggles
 - ▶ Independent living
- ▶ Not always a disorder – severity and persistence over time

Mood disorders

- ▶ Disturbance in mood

- ▶ Within 'Mood Disorders': 1. **Depressive disorder** 2. **Bipolar disorder**

1. **Depressive disorders** may appear as cognitive impairment or physical symptoms

- ▶ Characterised by dysphoria (sad mood)
- ▶ Severity and time period can vary
- ▶ Other symptoms: appetite and sleep disturbances, feelings of guilt, low sense of self-worth

Depressive disorders

- ▶ Approx. 18% of adults estimated to meet the DSM criteria for major depressive disorder at some time during adulthood - extremely sad mood lasting at least 2 weeks
- ▶ In US 1-5% adults in US has major depression or dysthymia (milder, but more chronic)
- ▶ Older adults 15-30% of those living in the community
- ▶ Psychological symptoms (including suicidal thoughts) are less likely to be acknowledged by older adults so they are less likely to seek help (Amore et al, 2007)
- ▶ Argued that training not so good in recognizing the signs in older adults
 - ▶ Patients less likely to report symptoms in a useful manner
 - ▶ Depression a natural feature of ageing?
 - ▶ Comorbidity

Depressive disorders

- ▶ Psychosocial causes to be considered e.g.
 - ▶ Functional limitations (Okura et al, 2010)
 - ▶ Sensory impairments (Dillon et al, 2010)
 - ▶ Inability to perform self-care tasks (Yong, 2006)
 - ▶ Pain (McCarthy et al, 2009)
- ▶ Institutionalisation (Margrett et al, 2010)
- ▶ Stressful and traumatic events during both middle (Kendler et al, 2008) and late adulthood (Holley & Mast, 2007) – e.g. coping strategies

Depressive disorder

- ▶ Medical disorders – significant risk for depression

Specifically

- ▶ arthritis-related activity limitations (Shih et al, 2006)
 - ▶ Hip fracture (Lenze et al, 2007)
 - ▶ Diabetes (Campayo et al, 2010)
 - ▶ Stroke (Santos et al, 2009)
 - ▶ Hypertension (Garcia-Fabela et al, 2009)
- ▶ Also: tooth loss, vitamin D deficiency, (also a risk for cognitive impairment)
 - ▶ Untreated: further impairments in physical and cognitive functioning

Depressive disorder

- ▶ Depressive symptoms predict mortality in older adults, perhaps through the immune system (St John & Montgomery, 2009)
 - ▶ Depression may activate cytokines, which increase the risk of
 - ▶ Cardiovascular disease
 - ▶ Osteoporosis
 - ▶ Arthritis
 - ▶ Type 2 diabetes
 - ▶ Cancers
 - ▶ Periodontal disease
 - ▶ Frailty
 - ▶ Functional decline
- (Kiecolt-Glaser & Glaser, 2002)

Bipolar disorder

- ▶ **Bipolar disorder**

- ▶ Manic episode – typically lasting at least 1 week: elation, grandiosity, energetic
- ▶ Low mood: depressive state

- ▶ Less known about BD in later adulthood – lower rates of BD

- ▶ Possible neurological contributions as BD linked to higher risk for

- ▶ Cerebrovascular disease
- ▶ White matter hyperintensities (lesions in the brain)

Bipolar disorder

- ▶ High psychosocial cost for those with lifetime experience of bipolar disorder
- ▶ Older adults with lifetime history of 'rapid cycling'
 - ▶ Alternating frequently between depression and mania
- ▶ Life goals can be 'interfered with' or entirely derailed

(Satajovic et al, 2008)

Anxiety disorders

- ▶ Anxiety appropriate to the person's objective circumstance – not atypical
- ▶ Excessive preoccupation not appropriate to objective circumstance – likely to be symptomatic of a disorder
- ▶ Most likely to be diagnosed with anxiety (U.S.):
 - ▶ Young adults – 21%
 - ▶ Middle-aged adults – 19%
 - ▶ Older adults – 7% Greater resilience? Less recognition and diagnosis?
- ▶ Older women approx. 5 times more likely than men

(Gum et al, 2009)

Anxiety disorders

- ▶ Can co-exist with medical symptoms
- ▶ Particularly in the case of
 - ▶ Post-traumatic stress
 - ▶ Panic attacks
 - ▶ Agoraphobia
- ▶ Older people with physical health problems – diagnostic difficulties (again)

Anxiety disorders

- ▶ Generalised anxiety disorder
 - ▶ Prone to worrying over minor problems
 - ▶ Overall sense of unease
 - ▶ Restless, tense, difficulty concentrating, irritability, sleep difficulties
- ▶ 2-5% of adults diagnosed in 12-month period
- ▶ 8% of medical patients
- ▶ Non-generalised anxiety disorder
 - ▶ Triggered by specific locations, people etc.

(Wittchen, 2002)

Anxiety disorders

- ▶ Panic disorder

- ▶ Person can feel they are about to die
- ▶ Avoidance of public places
- ▶ Can lead to also developing agoraphobia
- ▶ Higher percentage in early- and mid-adulthood (Kessler, 2005)

- ▶ Agoraphobia

- ▶ Much lower prevalence during older adulthood and in people aged 30-60 years
- ▶ In older adults, found to be more closely related to fear of harm or embarrassment

(Scogin et al, 2003)

Anxiety disorders

- ▶ Obsessive compulsive disorders
 - ▶ Obsessions, repetitive thoughts, compulsions
 - ▶ Unrelenting, irrational and distracting
- ▶ Obsessive-compulsive anxiety disorder
 - ▶ Persistent feelings of anxiety
 - ▶ Partially relieved by performing compulsive rituals or thinking certain thoughts
- ▶ Obsessive-compulsive personality disorder
 - ▶ Personality traits of being excessively rigid and perfectionistic

Anxiety disorders

- ▶ Lifetime prevalence of OCD
 - ▶ Rare disorder in older age group
- ▶ Hoarding – a variant of OCD
 - ▶ Progressive and chronic condition begins early in life and increases in severity into later life

(Ayers et al, 2010)
- ▶ PTSD
 - ▶ Prolonged effects of exposure to a traumatic experience
 - ▶ Acute stress disorder can last for months
 - ▶ Symptoms can persist for decades

e.g. recurrent images, hypervigilance, sleep and memory difficulties, inappropriately strong reactions to stimuli

 - ▶ Incidences of military experiences – expected that PTSD among older people will increase

Psychotic disorders:

▶ Schizophrenia

- ▶ Wide range of unusual symptoms, including
- ▶ Hallucinations, delusions (positive symptoms)
- ▶ Apathy, withdrawal, lack of emotional expression (negative symptoms)
- ▶ Also some speech and motor disturbance
- ▶ Two main types: Paranoid and Catatonic – all types involve a disturbance in ability to remain in touch with reality

Psychotic disorders

- ▶ Higher rates for adults aged 30 – 45 years (1.5%)
- ▶ Lower for older adults (0.2%) – but – people with this disorder are less likely to survive until old age
- ▶ 1% of the population has schizophrenia at some point in their lives
- ▶ Linked to substance abuse (correlation) – isolation, identity of being 'different'

Substance-related disorders

- ▶ Majority of adults who abuse or are dependant on alcohol or illicit drugs – late teens-early 20s
- ▶ However, overall numbers and percentages of older adults are increasing
 - ▶ Mainly due to the Baby Boom generation
- ▶ Older adults are particularly at risk for abuse of prescription drugs
 - ▶ In the US, over a third of medications prescribed are for over 65s
 - ▶ Non-medical use of prescription drugs most common form of abuse age 65+

Substance-related disorders

- ▶ Older abusers of alcohol are likely to die in their 60s or 70s
- ▶ Risks include
 - ▶ Cirrhosis of the liver
 - ▶ Heightened rate of injury (such as hip fractures and vehicle accidents)
 - ▶ Interference with beneficial effects of prescription medications
 - ▶ Physiological changes to kidneys
- ▶ Prolonged abuse - risks
 - ▶ Changes in frontal lobes and cerebellum
 - ▶ Exacerbation of effects of normal ageing – cognitive and motor functioning
- ▶ Severe and prolonged abuse
 - ▶ Dementia

Anti-social personality disorder

- ▶ Characterised by psychopathy
- ▶ Traits: Factor 1
 - ▶ Disturbances in capacity to experience empathy, guilt and remorse
 - ▶ Manipulativeness, egocentricity and callousness
- ▶ Traits: Factor 2
 - ▶ Unstable and impulsive behaviours
 - ▶ Socially deviant lifestyle

Anti-social personality disorder

- ▶ Maladaptive personality traits are extremely stable over time
- ▶ Harpur, Hart and Hare (2002): 900 male prisoners 18 – 89 years old
 - ▶ No age differences found on factor 1 (personality)
 - ▶ Socially deviant and impulsive behaviours found to have decreased dramatically across age groups
 - ▶ Rate of imprisonment decreases after age 45
- ▶ Decrease in deviant and impulsive behaviours may be due to attrition
 - ▶ Violence, substance abuse, poor health habits

Elder abuse

- ▶ Elder abuse can lead to serious clinical consequences
 - ▶ Loss of functioning
 - ▶ Depression
 - ▶ Anxiety
- ▶ Emotional, physical, financial abuse
- ▶ Difficult to document due to
 - ▶ Shame, fear, guilt (afraid to report abuse of self)
 - ▶ Denial by abusers

Suicide

- ▶ Links to psychiatric disorders are extremely high
- ▶ Most frequent diagnoses
 - ▶ Major depressive disorder
 - ▶ Alcohol abuse or dependence
 - ▶ Schizophrenia
- ▶ Major concern: white male widowers, particularly if have cancer or cardiovascular disease (Conwell et al, 2002)

Suicide

- ▶ Older patients contemplating suicide may appear to have only mild to moderate depressive symptoms – again, diagnostic difficulties
- ▶ US data (Duberstein & Conwell, 2000)
 - ▶ Between 43 and 76% of all suicides had seen a health care provider within one month of their death
- ▶ More recently – major increase in training in order to intervene
 - ▶ Greater sensitivity to symptoms of mood disorder in older adults
 - ▶ Evaluation of additional psychological and medical risk factors

Personality disorders: Cultural considerations

Ronningstam et al (2018)

- ▶ Diagnosis and treatment of personality disorders need to consider the individual in the context of the culture and society in which they live.
- ▶ Core personality problems, especially emotion dysregulation and interpersonal functioning are specifically influenced by cultural norms and context.

Aziz & Naz (2023)

- ▶ Challenges such as diagnostic tool adaptation and the balance between universal and culture-specific approaches were identified.

Useful Reading

Aziz, A., & Naz, S. (2023). Cross-Cultural Differences in Psychological Disorders: Investigating how Cultural Context Influences the Prevalence, Diagnosis, and Treatment of Psychological Disorders. *Insights-Journal of Life and Social Sciences*, 1(1), 1-7.

Ronningstam, E. F., Keng, S. L., Ridolfi, M. E., Arbabi, M., & Grenyer, B. F. (2018). Cultural aspects in symptomatology, assessment, and treatment of personality disorders. *Current psychiatry reports*, 20, 1-10.