

Bibliography



BUILDING PARTNERSHIPS FOR
OLDER ADULT BEHAVIORAL HEALTH

This annotated bibliography provides references to books, journal articles, and reports cited in one of the eight Older Adult Behavioral Health training series modules which was co-sponsored by the Oregon Health Authority and Portland State University, and made possible by funding through the Oregon State Legislature. The bibliography is intended to supplement information on topics addressed in the modules, and the references provided in the participant companion guides. It was created to assist Older Adult Behavioral Health Specialists who would like to explore current research on aging programs and practices, healthy aging, and older adult behavioral health disorders.

Andreescu C., Teverovsky, E., Fu, Bo, Hughes, T.F., Chang C. C., Ganguli M. (2014).
Old Worries and New Anxieties: Behavioral Symptoms and Mild Cognitive Impairment
in a Population Study. *American Journal of Geriatric Psychiatry* 22 (3).

This study examined associations of depression and anxiety with mild cognitive impairment among 1,982 individuals aged 65 years and over. The study examined subgroups of anxiety symptoms and depression symptom profiles in relation to mild cognitive impairment (MCI), using both cognitive and functional approaches. Findings indicated that recent-onset anxiety was associated with MCI by nonamnestic and International Working Group (IWG) criteria, chronic severe anxiety was associated with MCI by all definitions, and chronic mild worry was associated with none. Of the depression profiles, the core mood profile was associated with Clinical Dementia Rating (CDR)-defined MCI, the apathy/neurovegetative profile was associated with MCI by amnestic, IWG, and CDR definitions, and the self-esteem/interpersonal profile was associated with none. Therefore, the authors concluded that in this population-based sample, subgroups with different anxiety and depression profiles had different relationships with cognitive and functional definitions of MCI. Anxiety, depression, and MCI are all multidimensional entities, interacting in complex ways that may shed light on underlying neural mechanisms.

Baltes, Paul B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. *Successful Aging: Perspectives from the Behavioral Sciences* Cambridge University Press.

This book chapter reviews research on the nature of psychological aging and presents a psychological model for the study of successful aging that includes three components: selection, optimization, and compensation. The authors contend that by using these three strategies, individuals can contribute to their own successful aging. They found that older adults can compensate for the limits they face in biological aging through selection and prioritization of tasks, interests, and demands.

Bryant, Mon S., Rintala, D.H., Jyh-Gong-Hou, Protas, E.J. (2014). Influence of fear of falling on gait and balance in Parkinson's disease. *Disability Rehabilitation* 36(9): 744-748.

This study examined the relationship of fear of falling with gait characteristics and balance in individuals with Parkinson's disease. Seventy-nine non-demented individuals with a mean age of 69 were studied. The study examined gait speed, stride length, time to take 5 steps, time to walk sideways, and time to complete the up and go test. Study results indicated that gait and balance of individuals with Parkinson's disease with a high level of fear of falling were poorer than those with a low level of fear of falling, regardless of previous fall history.

Buckley P.F., Miller B.J., Lehrer D.S., Castle D.J. (2009). Psychiatric comorbidities and schizophrenia. *Schizophrenia bulletin* 35(2): 383-402.

This article chronicles associations of comorbidities among patients with schizophrenia including substance abuse, anxiety including post-traumatic stress disorder and obsessive-compulsive disorder, and depressive symptoms. The study examines whether these comorbidities are "more than chance" and might represent (distinct) phenotypes of schizophrenia. The reviewers found that among the anxiety disorders, the evidence at present is most abundant for an association with obsessive-compulsive disorder. Recommendations include the need for additional studies in newly diagnosed antipsychotic-naïve patients and their first-degree relatives, and searches for genetic and environmental risk factors that can replicate preliminary findings and further investigate these associations.

Byers, Amy L., Yaffe, K., Covinsky, K.E., Friedman, M.B., Bruce, M.L. (2010). High Occurrence of Mood and Anxiety Disorders among Older Adults: The National Comorbidity Survey Replication. *Archives of General Psychiatry* 67(5): 489-496.

This study examined nationally representative estimates of 12-month prevalence rates of mood, anxiety, and comorbid mood-anxiety disorder across 2575 young-old, mid-old, old-old, and oldest old community-dwelling adults ages 55 years and older. The

likelihood of having a mood, anxiety, or combined mood-anxiety disorder generally showed a pattern of decline with age. Twelve-month disorders showed higher rates in women compared to men; a statistically significant trend with age. In addition, anxiety disorders were as high if not higher than mood disorders across age groups. No differences were found between race/ethnicity groups. Prevalence rates of DSM-IV mood and anxiety disorders in late life tend to decline with age, but remain very common; especially in women. These results highlight the need for intervention and prevention strategies.

Carney, Caroline P., Jones, L., & Woolson, R.F. (2006). Medical Comorbidity in Women and Men with Schizophrenia. *Journal of General Internal Medicine* 21(11): 133-1137.

This study examined chronic medical comorbidity in persons with schizophrenia using validated measures. Subjects included 1,074 persons with schizophrenia or schizoaffective disorder and a control group of 726,262 who filed at least 1 claim for medical services in a 5 year period. The study found that subjects with schizophrenia were significantly more likely to have 1 or more chronic conditions compared with the control group including hypothyroidism, chronic obstructive pulmonary disease, diabetes with complications, hepatitis C, fluid/electrolyte disorders, and nicotine abuse or dependence. The study advises that familiarity with conditions affecting persons with schizophrenia may assist programs aimed at providing medical care for the mentally ill.

Carstensen, Laura. *A Long Bright Future*. (2011). Random House Inc., N.Y.

This book examines new possibilities offered by a longer life. The author debunks the myths and misconceptions about aging that obstruct the ability to prepare for the future for both individuals and society. The book examines the myths that growing older is associated with loneliness and unhappiness, and that only the genetically blessed live well and long. The author addresses other important components of a long life, including finances, health, social relationships, Medicare and Social Security, challenging our preconceived notions of old age.

Cornwall, Erin York, & Waite, L.J. Social Disconnectedness, Perceived Isolation, and Health among Older Adults. (2009). *Journal of Health and Social Behavior* 50(1): 31-48.

The authors of this study use population-based data from the National Social Life, Health, and Aging Project, and combine multiple indicators of social isolation into scales assessing social disconnectedness (e.g., small social network, infrequent participation in social activities) and perceived isolation (e.g., loneliness, perceived lack of social support). They examined the extent to which social disconnectedness and perceived isolation have distinct associations with physical and mental health among

older adults. Results indicate that social disconnectedness and perceived isolation are independently associated with lower levels of self-rated physical health. However, the association between disconnectedness and mental health may operate through the strong relationship between perceived isolation and mental health. Study findings indicated that health researchers need to consider social disconnectedness and perceived isolation simultaneously.

Drake, Robert E., & Mueser, K.T. (2002). Co-Occurring Alcohol Use Disorder and Schizophrenia. *Alcohol Research and Health* 26(2).

This review defines alcohol use disorder (AUD) as the most common co-occurring disorder in people with schizophrenia, and identifies both biological factors and psychosocial factors contributing to this co-occurrence. It explores the problems and effects of alcohol use disorder on the course and outcome of schizophrenia, treatment practices, and barriers to implementing effective policies and practices to addressing this complex disorder.

Ellison, Nell. (2008). Mental Health and Palliative Care: Literature Review. *Mental Health Foundation*. London, SE9QB. Link to PDF: http://www.mentalhealth.org.uk/content/assets/pdf/publications/mental_health_palliative_care.pdf

This review examines literature on the increased incidence of, and the difficulties associated with treating physical illness that may require palliative care among those with mental health problems. It further reviews the literature on palliative care for people with severe and enduring mental health problems (such as schizophrenia, bipolar disorder and severe clinical depression). Lastly, literature on anorexia nervosa and palliative care and end-of-life care for people with dementia was reviewed. The relationship between mental health problems and poor physical health was well documented and extensively researched, but there was found to be relatively little literature on the challenges associated with treating people with co-morbidity. There was also found to be an overwhelming lack of literature on the palliative care needs of those with existing mental health problems and very little literature on the appropriateness of palliative care for the treatment of anorexia nervosa. The authors concluded that these gaps in the literature reveal a lack in the provision of palliative care for those with existing mental health problems, and the need for future research, practice and policy in these areas.

Foti, M. E., Bartels, S.J., Van Citters, A.D., Merriman, M.P., Fletcher, K.E. (2005). End-of-Life Treatment Preferences of Persons With Serious Mental Illness. *Psychiatric Services* 56(5): 585-591.

This study examined preferences for end-of-life care among 150 community-residing persons with serious mental illness. The Health Care Preferences Questionnaire was administered to obtain information about treatment preferences in response to hypothetical medical illness scenarios: use of pain medication in the case of incurable cancer and use of artificial life support in the case of irreversible coma. Participants were asked what their treatment preferences would be for an imaginary person in each scenario ("other") as well as their preferences for themselves ("self"). For the scenario involving pain medication for incurable cancer, most participants chose aggressive pain management even if cognition might be affected. Few participants thought a doctor should provide patients with enough medication to end their lives. For the scenario involving irreversible coma, approximately one-quarter said that they would prefer to immediately terminate life support, and half said they would choose to turn it off after a defined period. The study concluded that persons with serious mental illness were able to designate treatment preferences in response to end-of-life health state scenarios, and that future research is needed to test advance care planning methods, assess stability of choices over time, and ascertain the utility of scenario-based preferences to guide end-of-life care decisions in this population.

Gum, Amber, Kallimantis, B., Konn, R. (2009). Prevalence of Mood, Anxiety, and Substance-Abuse Disorders for Older Americans in the National Comorbidity Survey-Replication. *American Journal of Geriatric Psychiatry* 7(9).

This study examined the prevalence of anxiety, mood, and substance disorders was examined by age (18–44, 45–64, 65–74, and 75 years and older) and sex. Covariates of disorders for older adults (65 years and older) were explored. The study documents the continued pattern of lower rates of formal diagnoses for elders. These rates likely underestimate the burden of late-life psychiatric disorders, given the potential for underdiagnoses, clinical significance of subthreshold symptoms, and lack of representation from high-risk older adults (e.g., medically ill, long-term care residents).

Gustafsson, Helena, Nordstrom, A., Nordstrom, P. (2015). Depression and subsequent risk of Parkinson disease: A nationwide cohort study. *Neurology*. 10(12).

This study investigated the long-term risk of Parkinson disease (PD) after depression. The nationwide study cohort of included 140,688 cases of depression. Potential genetic links of the 2 diagnoses of depression and PD was investigated in 540,811 sibling pairs. During a median follow-up period of 6.8 years, 3,260 individuals in the cohort were diagnosed with PD. Among participants with depression, recurrent hospitalization was a risk factor for PD. In family analyses, siblings' depression was not significantly associated with PD risk in index persons. The study found a direct association between depression and subsequent PD. Given that the association was significant for a follow-

up period of more than 2 decades, the study concluded that depression may be a very early symptom of PD, or a contributing risk factor.

Harvey, Phillip D. (2005). *Schizophrenia in late life: Aging effects on symptoms and course of illness*. Washington, DC, US: American Psychological Association.

This book presents a comprehensive picture of the current research about older adults with schizophrenia. With normal aging used as the point of comparison, Harvey explores issues related to schizophrenia and aging. The central issue addressed is that of age-related changes in the clinical features of schizophrenia including delusions, hallucinations, emotional changes, cognitive impairments, and adaptive life skills. The book further examines whether the course of schizophrenia changes over time, whether symptoms and functioning of those with the disease improve with age, require less care, and recover. Pharmacological and behavioral treatments for schizophrenia are discussed. The book concludes with health policy recommendations and discusses the need for treatment guidelines targeted to older adults.

Rao, Jaya K., Anderson, L.A., Feng-Chang, L., Laux, J.P. (2014). Completion of Advance Directives Among U.S. Consumers. *American Journal of Preventive Medicine* 46(1): 65-70.

The purpose of this study was to characterize U.S. adults who did and did not have an advance directive and examine factors associated with their completion, such as the presence of a chronic condition and regular source of health care. Of the 7946 respondents, 26.3% had an advance directive. The study found the most frequently reported reason for not having one was lack of awareness. Advance directive completion was associated with older age, more education, and higher income and was less frequent among non-white respondents. Respondents with advance directives also were more likely to report having a chronic disease and a regular source of care. Advance directives were less frequent among those who reported not knowing if they had an end-of-life concern. Data indicated racial and educational disparities in advance directive completion and highlighted the need for education about their role in facilitating end-of-life decisions.

Saxon, Sue V., Etten, M.J., Perkins, E.A. *Physical Change & Aging: A Guide for the Helping Professions*, sixth edition. (2015). Springer Publishing Company, LLC.

This text for gerontology students provides information about physical changes and common pathologies associated with aging emphasizing psychological and social implications of these changes. The book focuses on anatomy, physiology, and common health problems that occur with aging. It emphasized the positive aspects of aging and demonstrates how the elderly population can enhance healthy aging. The book provides new data and guidelines on risk factors, nutrition, preventive measures, interventions,

and commonly prescribed medications, and includes expanded treatment of complementary and alternative therapies. Also included is an updated discussion of grief, ethical issues, and funeral options. The book reinforces information with practical applications of aging data.

Sessumus, L.L., Zembrzuska, H., & Jackson, J.L. (2011). Does this patient have medical decision-making capacity? *JAMA*, 306(4): 420-427.

The purpose of this review was to determine the prevalence of incapacity and assessment accuracy in adult medicine patients without severe mental illnesses. The review included high-quality prospective studies of instruments that evaluated medical decision-making capacity for treatment decisions. The studies indicated that incapacity was uncommon in healthy elderly control compared with medicine inpatients. Clinicians accurately diagnosed incapacity, although they recognized it in only 42% of affected patients. Although not designed to assess incapacity, Mini-Mental State Examination (MMSE) scores less than 20 increased the likelihood of and scores greater than 24 significantly lowered the likelihood of incapacity. Of 9 instruments compared with a gold standard, only 3 are easily performed and have useful test characteristics: the Aid to Capacity Evaluation (ACE), the Hopkins Competency Assessment Test, and the Understanding Treatment Disclosure. The study concluded that incapacity is common and often not recognized. The MMSE is useful only at extreme scores. The ACE is the best available instrument to assist physicians in making assessments of medical decision-making capacity.

Stanford Center on Longevity: Redesigning Long Life. Accessed 10/22/2015.

Link: <http://longevity3.stanford.edu/about-the-center-2/>

The mission of the Center is to study the nature and development of the life span, and finds innovative ways to solve problems of adults ages 50 and over by improving the well-being of people of all ages. The Center collaborates with partners to develop workable solutions to confront population aging in three research divisions, Mind, Mobility, and Financial Security.

Stowe, James D., & Cooney, T.M. (2015). Examining Row and Kahn's Concept of Successful Aging: Importance of Taking a Life Course Perspective. *The Gerontologist*, 55(1): 1-8.

This article critiques Rowe and Kahn's conceptualization of successful aging using principles of the life course perspective. The authors advise caution when defining successful aging by Rowe and Kahn's model that define successful aging by avoiding disease, maintaining high cognitive and physical functioning, and engagement late in life. The authors stress the importance of viewing aging as a lifelong, intergenerational

process that takes into account the influence time, place, and social structure have on the experience of aging.

Substance Abuse and Mental Health Services Administration & National Council on Aging (2011). *Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services*. National Council on Aging, Inc.

Link: https://www.ncoa.org/wp-content/uploads/NCOA-Sustainability-Rpt-1_12-web.pdf Accessed 10/22/15.

This report provides results of a study to investigate what has worked in sustaining older adult behavioral health services among past NCOA and CMHS-SAMHSA past grantees, and to assess sustainability and financing of these programs. The report provides lessons learned from 12 past SAMHSA and U.S. Administration on Aging (AoA) grantees and a roundtable of national experts.

The Gerontologist (2015). Special Issue: Successful Aging. Vol. 66, No. 1. *The Gerontological Society of America*. Oxford University Press.

This issue provides articles that examine the knowledge base that currently exists, examines what successful aging is, how it should be measured, and study findings. Additional articles discuss successful aging concepts, perspectives, practices, and definitions.

University of Pennsylvania Population Aging Research Center.

Link: <https://parc.pop.upenn.edu/> Accessed 10/22/2015.

The Center researches early-life conditions and older health, behavior, and well-being, global aging, bio-demographic and evolutionally approaches to life history, and domestic and international perspectives on the well-being of older adults. Established in 1994, the Center's research associates come from a variety of disciplines, and sponsors an annual pilot proposal competition, and a weekly seminar series.

Woods, A., Willison, K., Kington, C., & Gavin, A. (2008) Palliative care for people with severe persistent mental illness: a review of the literature. *Canadian Journal of Psychiatry* 53(11): 725-36.

This literature review of palliative care for people with severe persistent mental illness (SPMI) was conducted to inform clinical practice, research, and education. Empirical studies and nonempirical papers were included. Few empirical studies exist. There is even less information about the palliative care needs of, or the nature of palliative care provided to, people with SPMI. Mental health, primary care, and palliative care providers need to partner with people who have SPMI in developing and providing

palliative care. The field of palliative care for people with SPMI is wide open and in need of methodologically sound studies that will help define the issues that exist for this vulnerable population. Recognizing the similarities between mental health and palliative care should lead to collaborative ventures and discussions in an attempt to address common and parallel issues.

World Health Organization (2004). Prevention of Mental Disorders: Effective Interventions and Policy Options. WHO Library Cataloguing-in-Publication Data
Link:
http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_s_r.pdf Accessed 10/22/2015.

This Summary Report provides an overview of international evidence-based programs and policies for preventing mental and behavioral disorders. It focuses on primary prevention. It describes the concepts relating to prevention; the relationship between prevention of mental disorders and the promotion of mental health; malleable individual, social and environmental determinants of mental disorders; the emerging evidence on the effectiveness of preventive interventions; the public health policy and practice implications; and the conditions needed for effective prevention.

Yochim, Brian P., Mueller, A.E., Segal, D.L., (2012) Late life anxiety is associated with decreased memory and executive functioning in community dwelling older adults. *Journal of Anxiety Disorders* 27(6): 567-575.

This study assessed the degree to which anxiety and depression symptoms are associated with memory and executive functioning among 120 community-dwelling older adults with a mean age of 74 years. Participants completed the Geriatric Anxiety Scale, Geriatric Depression Scale, Comorbidity Index, California Verbal Learning Test, Second Edition, and the Trail Making, Verbal Fluency, and 20 Questions subtests of the Delis–Kaplan Executive Function System (D–KEFS). Analyses indicated that anxiety and depression predicted poorer ability to learn new information. Anxiety, but not depression, predicted decreased categorization as measured by the D–KEFS 20 Questions, Initial Abstraction Score. Depression but not anxiety, predicted performance on D–KEFS Letter Fluency and Category Fluency. Findings suggest that anxiety and depression have unique relationships with cognitive functioning in community-dwelling older adults.