



The Role of the Psychiatrist

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The role of the psychiatrist in assisted living (AL) remains largely undefined, but there is no doubt that psychiatrists can improve the lives of AL residents by identifying potential problems and helping the staff manage them. AL facilities that make psychiatric care available to residents early and on a continuing, consistent basis create an opportunity for psychiatric diagnoses to be made early, so that medications can be coordinated, and staff and other medical personnel can be educated on how to make quality care available.



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Why Psychiatry?

Thirty percent of people over the age of 65 have dementia; the incidence rises to 50% after the age of 85. Since the average age of AL residents is 85, one can estimate that half of AL residents manifest behavioral or psychiatric problems associated with dementia.

Psychiatric symptoms usually begin in the first year of the disease and progression, while gradual, is erratic toward the more severe psychiatric symptoms of paranoia, delusions, and hallucinations. The patient often is fearful or embarrassed to talk to family members, and family members tend to dismiss what the patient says as ridiculous because of its lack of reality.

Thus, an important role of the psychiatrist is helping the staff monitor residents and arranging consultation when necessary to establish a diagnosis and to assess how the underlying psychiatric disorders affect the resident's behavior. All of this information should be shared not only with the other members of the team but with the family and the resident as well. Recent research has shown that only 50% of people with dementia are told about the diagnosis, but 90% want to know the realities of their condition. It also has been shown that sharing the information leads to increased cooperation and willingness to ask for assistance when needed.

Why Educating the Staff is Necessary

Educating the AL staff is one of the key roles for a psychiatrist because staff members do not always recognize the psychiatric symptoms of dementia and depression. The psychiatrist, therefore, should provide in-service training on the signs and symptoms of psychiatric disorders, stages of dementia, drug interactions, injury prevention, and how to minimize the use of restraints. It also is worthwhile to train the staff in the administration

of assessment tools such as the Mini Mental State Examination and the Cornell Depression Scale. Figure 1 illustrates the natural progression of Alzheimer's disease.

In AL facilities, aggressively addressing issues of overall psychological well-being is important because poor mental health can lead to a decrease in social activity that ultimately creates a vicious cycle of isolation and resistance to care, and progresses to significant psychiatric symptoms and behavioral management problems. Research shows that

40% to 60% of AL patients should be on antidepressants, so the staff should be educated about psychotropic medications, including drug interactions and potential interference with the effectiveness of other medications.

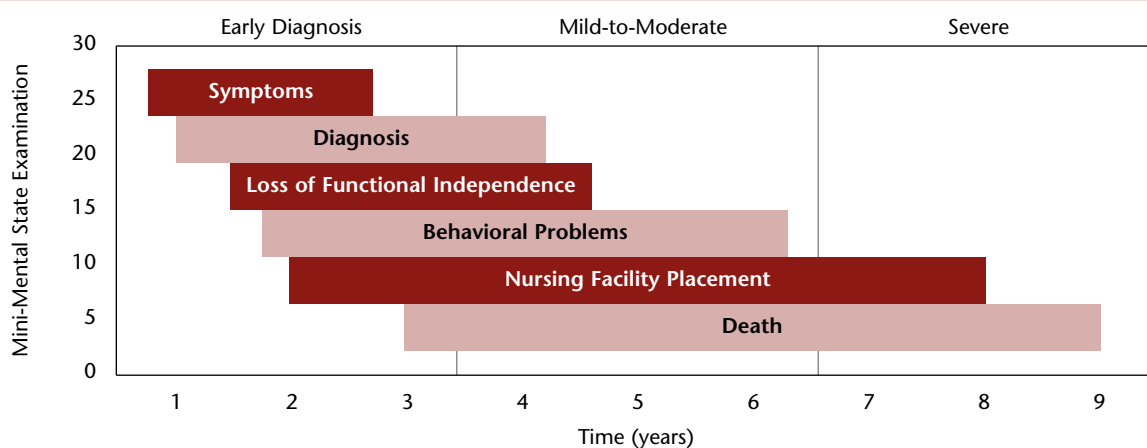
Psychotherapy in Addition to Medication

It is all too common for a primary care physician to recognize a depressive disorder, only to have the patient refuse referral or treatment. Noncompliance with therapy is one of the most common reasons for treatment failure in depressive disorders. Even if a patient begins therapy, a vulnerable time appears to be the initial 2-week period, when 41% of patients discontinue therapy. Fewer than 40% refill their prescriptions after the first month and fewer than 20% complete a 6-month course of antidepressant treatment. Strategies to improve compliance with treatment include support during the first days and months of therapy; educational materials such as books, audiotapes, and CDs; and scheduling return visits with the psychiatrist.

Types of therapy include psychotherapy, problem-solving therapy, interpersonal psychotherapy, cognitive behavior therapy, family therapy, and psycho-educational therapy. Patients who are unresponsive to or unwilling to consider an antidepressant, and patients who have significant psychosocial issues and stressors are more likely to comply with therapy if they are offered options. Collaborative care models are controversial, although they provide a great variety of treatments. The danger lies in the fact that mental health professionals such as psychologists and social workers, although familiar with psychotropics, do not have the medical expertise to provide advice on appropriate medication. They can, however, provide important and valuable educational support services within a comprehensive mental health program in an AL facility.

In fact, there has been increasing emphasis on the

Figure 1.
The natural progression of Alzheimer's disease



use and regulatory oversight of unlicensed caregivers administering medications, and their training has been an area of continued debate. At the same time, inappropriate and under-prescribing for AL residents has been identified as an increasing problem. Medication administration is not frequently under the supervision of a delegated nurse or other licensed professional who is responsible for maintaining records. So the staff must consult with the psychiatrist and physician regarding psychotropic reactions and initial side effects. The literature has just begun to examine the issue of medications in AL, and regulatory oversight is being recommended in many states.

Conclusion

In order to improve the quality of care for AL residents, a broader range of services must be offered, including consistent psychiatric input for planning medical care and program development. The role of the psychiatrist is to help the staff identify and manage early symptoms of dementia, depression, and other psychiatric problems. A major benefit will be increased awareness of the impact of medical illnesses on psychosocial functioning and ways to improve social support. In addition, the psychiatrist's responsibility is to facilitate involvement, collaboration, and communication among resident, staff, families, caregivers, and other members of the team.

Innovative care of dementia and mental health in AL is the future. Having a medical director, medical consultant and psychiatrist are important to make a diagnosis early. This leads to appropriate quality care. It also can have an important role in determining how long a medically complex patient can be managed in an AL setting.

In the meantime, the psychiatrist and mental health

team can provide input on cognitive capabilities, styles, and personality factors. Individualized recommendations will enhance residents' sense of dignity and self-esteem by engaging them in meaningful social interactions throughout the day. To create the proper living environment, both formal and informal activities are required. Meaningful activities are a foundation of care to maintain function and quality of life. Every event, encounter, or exchange is an opportunity.

There are many opportunities each day for providing meaning, sense of community, and fun. Interactions should be designed with respect to the residents' preferences, even if some prefer solitude. Sufficient activity materials must be available for the staff. Resident functioning can improve in the right environment. The goal is to minimize passive participation and programs where residents are left out of or resist and avoid participation. The challenge is that many routine activities are not designed for lower-functioning residents who need individualized programs. Consequently, the activities do not empower residents or boost their self-esteem. The challenge is to provide the social, emotional, cultural, and spiritual needs of the residents and to tap into the strengths and resources of the individual, reaffirming their dignity, self worth, and identity. It takes time and effort to develop a sense of safety and trust in which feelings of joy and sadness can be expressed freely, encouraging residents to express themselves in their own unique ways. The result will be the promotion of dignity, self-worth, and happiness, and will encourage memories, thoughts, and feelings as well as the stimulation of the senses. ALC

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