Practitioner Resource/Tip Sheet

Adjustment Disorder in Older Adults (Managing a diagnosis of a Chronic Illness)

Adjustment Disorder is defined by the DSM-5 as the presence of emotional or behavioural symptoms in response to an identifiable stressor (or multiple stressors) which occur in isolation, or may be recurrent or continuous. Symptoms must be clinically significant, as measured by: marked distress (out of proportion to the severity/intensity of the stressor) and significant impairment in social, occupational or other important areas of functioning, but for no longer than 6 months after the stressor or its consequences have ceased.

Older adults managing a diagnosis of chronic illness are at heightened risk of experiencing particular types of adjustment disorder, specified in DSM-5 terms as: Adjustment Disorder….

(309.0) [F43.21]) with depressed mood; or (309.24) [F43.22] with anxiety; or (309.28) [F43.24] with mixed anxiety or depressed mood; or (309.3 (F43.24) with disturbed conduct; or (309.4) [F43.25] with mixed disturbed emotions and conduct; or (309.9) [F43.20] unspecified maladaptive reactions.

Older adults (over 65 to 100+)

Working with older adults first requires an ageism self-audit to challenge the myths, misconceptions and attitudes about ageing. The WHO Ageing Attitudes Quiz provides information about ageing and the life course: http://www.who.int/ageing/features/attitudes-quiz/en/

Older Australians are a diverse group, with different ages, cohorts, socioeconomic backgrounds and life experiences – all of these factors influence the ageing process and risk of chronic illness. Most older Australians report healthy lifestyles, but many are at risk of chronic illnesses/disease.

The most common chronic diseases/conditions among older Australians are: vision or hearing loss, arthritis or other musculoskeletal problems, and elevated blood pressure or cholesterol levels. The incidence of dementia is increasing and older adults experience many other chronic illnesses.

Comorbidities

Older adults with a diagnosis of chronic illness are **more likely to experience comorbidities** – AIHW cites 50% of 65-75 years have 5 chronic illnesses - this increases to 70% for older Australians aged 85+. Comorbidities can include physical, neurological or psychological conditions, and seriously increase the risk of adjustment disorder, particularly with depression and/or anxiety.

Chronic illness

Adjusting to a diagnosis of chronic illness involves multiple losses, transitions and stressors in all dimensions of an older adult's life, with significant impact on psychological wellbeing for the older adult and their family/loved ones.

Examples of chronic illness include:

Parkinson's disease (PD) http://www.parkinsons.org.au/
Stroke https://strokefoundation.org.au/
Heart disease https://www.heartfoundation.org.au/
Cancer www.cancer.org.au/
Diabetes https://www.diabetesaustralia.com.au/
Thyroid disorders https://www.thyroidfoundation.org.au/
Vitamin B12 deficiency www.b12d.org/
Dementia (inc.AD) https://www.fightdementia.org.au
Lupus https://www.lupus.com.au/
Multiple sclerosis https://www.msaustralia.org.au/
Motor Neurone Disease https://www.mndaust.asn.au/
Chronic Obstructive Pulmonary Disease (COPD) www.lungfoundation.com.au/patient-support/copd
Progressive Supranuclear Palsy (PSP) www.psp-australia.org.au/
Macular Degeneration www.mdfoundation.com.au/
Arthritis www.arthritisaustralia.com.au/
Osteoporosis https://www.osteoporosis.org.au/
Depression and Anxiety https://www.beyondblue.org.au/who-does-it-affect/older-people/risk-factors-for-older-people

Assessment, formulation and diagnosis of an older adult with chronic illness must include/consider:

- Comprehensive clinical interview, using biopsychosocial approach to assessment (see Figure 1);
- Involvement/input of spouse/family and medical staff to provide information on symptoms and support;
- Possible overlap of symptoms between chronic illness and provisional diagnosis (e.g. symptoms of dementia may resemble depression, but can also create or exacerbate depression or anxiety) – important for diagnosis;
- Older adults may experience depression and/or anxiety as somatic symptoms or fatigue vs emotional distress;
- Tailoring language, pace and duration of assessment interview to individual client builds rapport;
- Clients may need to prepare ahead for assessment (visual and hearing aids, mobility access, energy levels);
- Home visit (e.g. residential aged care) may be required – consider verbal /language and cognitive abilities;
- Impact on carer/s who may also be experiencing signs and symptoms of depression and/or anxiety; and
- Enquire about the meaning attributed to illness and symptoms by the older adult – make no assumptions.

Assessment measures (evidence based)

- Geriatric Depression Scale (GDS). (Yesavage et al.,1983)
- The Cornell Scale for Depression in Dementia (Alexopoulos et al, 1988)
- Geriatric Anxiety Inventory (GAI). (Pachana &Byrne, 2007)
- Beck Depression Inventory – 2nd Ed. (BDI-II)(Beck et al, 1996)
- Hamilton Rating Scale for Depression (Hamilton, 1980)
- Cognitive Screens:
  - Rowland Universal Dementia Assessment Scale (RUDAS) (Story et al, 2004)
  - Mini-cog (Fage et al., 2015)
  - Montreal Cognitive Assessment (MoCA) (Nasreddine et al, 2005)

Note 1: Hamilton Scale requires special training.
Note 2: Revised cut-off scores required for BDI-II and GDS when assessing depression in PD.

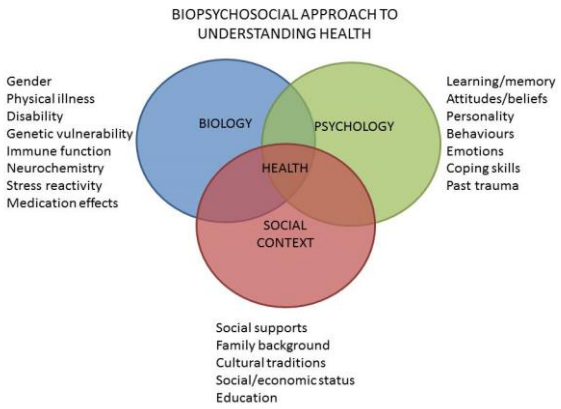


Fig.1: Approach to assessment and treatment for older adults

EVIDENCE BASED TREATMENT APPROACHES

Evidence based treatment approaches for older adults with late life depression and/or anxiety include: CBT, ACT, reminiscence, IPT, psychodynamic therapy and supportive treatments. However, CBT is the approach with a strongest evidence base for treatment of Adjustment Disorder, so is the treatment of choice for this Tip Sheet.

CBT treatment components for Adjustment Disorder

All CBT approaches include: assessment, clinical case formulation (nomothetic and idiographic), focus on therapeutic relationship and collaboration with client; goal setting; treatment planning and selecting interventions. Treatment of Adjustment Disorder related to chronic illness requires the clinician to determine:

- Is Crisis intervention is required – if so, conduct risk assessment (for suicidality or elder abuse?)
- Assessments to determine whether Depression or Anxiety is causing the major distress or impact in functioning?
- Which CBT strategies are required for anxiety or depression (psychoeducation, behavioural activation, cognitive restructuring, discussion of schemas/core beliefs, problem solving etc.).
- How best to focus on a return to some level of functioning (e.g., return to purposeful and enjoyable activities)
- Which Problem Solving or behavioural therapies are required where the effects of stressors are enduring?

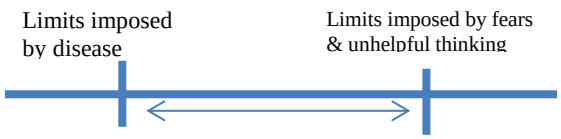
CBT Psychoeducation options, worksheets, diaries and resources are available from https://psychologytools.com/cbt.html or http://www.cci.health.wa.gov.au/resources/mhp.cfm .

Recommended order of treatment approaches

- Enquire about trigger/s /critical incidents for referral, assess severity of biopsychosocial symptoms and any suicide risk;
- Check client goals for therapy and meaning of illness for client;
- Cognitive screens to determine efficacy of chosen treatments;
- Assessment of: depression and anxiety (ongoing), given possible multiple diagnoses; and monitor sleep quality;
- Sleep diaries (fatigue can cause or exacerbate depression)
- Psycho-education for sleep and links between: fear and chronic disease; and depression and reduced activity;
- Relaxation and mindfulness strategies;
- Psychoeducation on unhelpful thinking – self-esteem, self-limiting fears, health anxiety, prediction, mental filter etc.
- Socratic Qs to monitor core beliefs about illness, identity, self-esteem, relationships, prognosis and quality of life.
- Ongoing collaboration and review with older adult client.

Adapting therapy for older adults (see also Page 1)

- Acknowledge uniqueness of older adult cohort and relate to client accordingly
- Tailor pace, language and approach to client
- Adapt intervention where impaired cognition
- Clear and respectful communication style
- Respect `silences' to patiently wait for responses
- Repeated presentation of key materials, as needed
- Accommodate sensory impairments and/or memory deficits (cue cards, tapes, life review)
- Involvement of family and consider carer stress



Zone where CBT can reduce disability or perceived limits (James, 2010)

Readings and Resources for practitioners

1. James, I. (2010). *CBT for Older People – Interventions for those with and without Dementia*. Jessica Kingsley Publishers, UK.
2. Knight, B. and Shurgot, G. (2008) *Psychological assessment and treatment with older adults: past trends and future directions*. Handbook of Emotional Disorders in Later Life: Edited by Knight and Laidlaw.
3. Laidlaw, K.,Thompson, L.,Dick-Siskind, L. & Gallagher-Thompson, D. (2003). *Cognitive Therapy with Older People*. Chichester, JW.
4. Martens, C. (2015) Mindfulness-Based Interventions For Older Adults: Evidence For Practice http://www.thebookishblog.com/mindfulness-based-interventions-for-older-adults-evidence-for-practice.pdf
5. Carers Australia (Queensland) (2013) *Factsheet: Tips for caring now and into the future.* http://carersqld.asn.au/resources/all-publications-and-factsheets
6. Elder Abuse Prevention Unit (2016) *Brochure on Elder Abuse* http://www.eapu.com.au/uploads/EAPU%20Brochure%202016%20(new).pdf

References

Alexopoulos GS, Abrams RC, Young RC, Shamoian CA. (1988) *Cornell Scale for Depression in Dementia*. Taylor and Francis.

Australian Bureau of Statistics. (2008). *National Survey of Mental Health & Wellbeing*. ABS

Australian Institute of Health & Welfare (2014) *Chronic Disease: Australia's Greatest Challenge.* Australia Health. Canberra.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Association.

Australian Psychological Society. (2014). *Ethical guidelines for working with older adults*. Melbourne, VIC: Australian Psychological Society.

Australian Psychological Society (2010). *Evidence-based Psychological Interventions in the Treatment of Mental Disorders: A Literature Review*. Third Edition. The Australian Psychological Society Ltd.

Beck, A., Steer, R. and Brown, G.(1996). *Beck Depression Inventory*. 2nd Ed. BDI-II (Pearson)

Carers Australia (Queensland) (2013) *Factsheet: Tips for caring now and into the future.* http://carersqld.asn.au/resources/all-publications-and-factsheets

Fage, B.A., Chan, C.C., Gill S.S., Noel-Storr, A.H., Herrmann, N., Smailagic, N., Nikolaou, V., Seitz, D.P. (2015). *Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting*. The Cochrane Collaboration. John Wiley & Sons.

Elder Abuse Prevention Unit (2016) *Brochure on Elder Abuse* http://www.eapu.com.au/uploads/EAPU%20Brochure%202016%20(new).pdf

Fairchild, K. and Scogin, F. (2010). *Assessment and treatment of depression*. Handbook of Emotional Disorders in Later Life: Assessment and Treatment. Edited by Ken Laidlaw and Bob Knight.

Hamilton, M. (1980). *Hamilton Rating Scale for Depression* (HAM-D). Springer Link

Hemingway, F. (2017). *Psychology and Ageing - Lecture Slides for PSYC654: Practice Across the Lifespan*. ACU

James, I. (2010). *Cognitive Behavioural Therapy for Older People – Interventions for those with and without Dementia*. Jessica Kingsley Publishers, UK.

Knight, B. and Shurgot, G. (2008) *Psychological assessment and treatment with older adults: past trends and future directions*. Handbook of Emotional Disorders in Later Life: Assessment and Treatment. (p. 453) Edited by Ken Laidlaw and Bob Knight.

Laidlaw, K., Thompson, L., Dick-Siskind, L. and Gallagher- Thompson, D. (2003). *Cognitive Therapy with Older People*. Chichester, John Wiley.

Martens, C. (2015) *Mindfulness-Based Interventions for Older Adults: Evidence for Practice* http://www.thebookishblog.com/mindfulness-based-interventions-for-older-adults-evidence-for-practice.pdf

Nasreddine ZS, Phillips NA, Bédirian V, Charbonneau S, Whitehead V, Collin I, Cummings JL, Chertkow H. (2005) *The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment*. PubMed.

Pachana, N. and Byrne, G. (2007). *Geriatric Anxiety Inventory (GAI).* Uniquest. Australia

Storey J, Rowland J, Basic D, Conforti, D & Dickson H (2004) *The Rowland Universal Dementia Assessment Scale (RUDAS): A Multicultural Cognitive Assessment Scale.* NSW Health.

Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M.B., & Leirer, V.O. (*1983*). *Geriatric Depression Scale*. J Psychiatr Res. 17(1):37-49