

# MENTAL HEALTH ILLNESSES CONTRIBUTING TO FALLS

## TODAYS TOPICS

- MENTAL HEALTH AND SUBSTANCE ABUSE
- PSYCHOTIC DISORDERS
- SCHIZOPHRENIA
- DEPRESSION
- BIPOLAR DISORDER
- ANXIETY DISORDERS
- DEMENTIA
- POLYPHARMACY
- ELECTROCONVULSIVE THERAPY (ETC)
- FEAR OF FALLING
- HOW TO REFER TO SPECIALIST MENTAL HEALTH SERVICES FOR OLDER PEOPLE

### Definition of a fall

“is a sudden, unintentional change in position causing an individual to land at a lower level other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force”

(Hosseini & Hosseini, 2008).

Falls can result in an increased

- (a) Fear of falling,
- (b) Loss of confidence, mobility, and the ability to live independently, and
- (c) Hospitalization or institutionalisation

## MENTAL HEALTH AND SUBSTANCE ABUSE

- Mental health and substance abuse conditions are also prevalent among older people. Approximately 1 in 8 older people have a diagnosed mental health or substance abuse condition.
- Evidence has shown that older people suffering from a mental health illness are less physically active and have more disability and impairments in activities of daily living than older people without mental health conditions.

## PSYCHOTIC DISORDERS

- There are 3 causes of psychotic illnesses in old age. These are
- *Disorders that have started in earlier life and persist into old age.* For example, schizophrenia, mania and depressive psychosis.
- *Psychotic disorders starting after the age of 65 years* (late onset schizophrenia or paraphrenia).
- *Organic psychoses* (commonly found in delirium and dementia)

## SCHIZOPHRENIA

Symptoms and behaviours include;

- Hearing voices when no one is around
- Strange beliefs
- Confusion and perplexity
- Perceptual disturbances
- Agitation or emotional turmoil
- Changes in behaviour that cannot be explained (eg withdrawal, irritability, confusion, suspiciousness)

## DEPRESSION

- The most common emotional, behavioural and physical symptoms of a major depressive episode are;
- Markedly depressed mood
- Loss of interest or enjoyment (anhedonia)
- Reduced self esteem and self confidence
- Feelings of guilt and worthlessness
- Bleak and pessimistic views of the future
- Ideas or acts of self harm or suicide
- Disturbed sleep – early morning wakening more than 2 hours before the usual time
- Depression worse in the morning (diurnal mood variation)
- Disturbed appetite
- Weight loss of 5% or more in the last month
- Decreased libido
- Reduced energy leading to fatigue and diminished activity
- Psychomotor agitation or retardation
- Reduced concentration and memory

## BIPOLAR DISORDER

Symptoms and behaviours of mania

- Elevated mood (sometimes accompanied by irritability)
- Grandiose ideas and inflated self-esteem
- Increased energy and activity
- Racing thoughts
- Rapid, pressured speech which may be unintelligible
- Enhanced libido often leading to disinhibition and inappropriate sexual activity (e.g. promiscuity, removing clothes in public)
- Impaired judgement and impulsive behaviour including gross overspending
- Decreased need for sleep
- Increased creativity
- Increased sociability
- Impaired concentration and attention
- Psychotic symptoms such as delusions or hallucinations

## ANXIETY DISORDERS

Symptoms and behaviours include:

- The mind becomes alert
- Blood clotting ability increases, preparing for possible injury
- Heart rate speeds up and blood pressure rises
- Sweating increases to help cool the body
- Blood is diverted to the muscles which tense ready for action
- Digestion slows down
- Saliva production decreases causing a dry mouth
- Breathing rate speeds up –nostrils and air passages in lungs open wider to get in air more quickly
- Liver releases sugar to provide quick energy
- Sphincter muscles contract to close the openings of the bowel and bladder
- Immune response decrease (which is useful in the short-term to allow massive response to immediate threat, but can become harmful over a long period)
- Fear and apprehension
- Trembling or shaking
- Restlessness
- Cold and clammy hands
- Hot flushes or chills
- Feeling sick or nauseous
- Butterflies in the stomach

## DEMENTIA

It is also important to note that only a minority of patients with mild dementia in the community are known to their general practitioners

## Falls in the elderly are due to multiple factors

- Three common potentially modifiable risk factors for falls with older people are:
- Balance problems;
- Blood pressure drop on standing (orthostatic hypotension);
- Medications and weakness of muscles.

Medications by themselves may cause falls by causing drowsiness (e.g. benzodiazepines) and confusion (e.g. opiates). Medications may also contribute to the other three risk factors of falls, for example, antipsychotic drugs, antihypertensive drugs and steroids may cause or worsen postural imbalance, orthostatic hypotension and proximal muscle weakness. The hypnotic group of drugs are also a risk factor for falls, which is not surprising as hypnotics are known to cause drowsiness and giddiness, especially in older people (Mamun & Lim, 2009).

## POLYPHARMACY

- Age-related changes in pharmacokinetics (what the body does to the drugs) and pharmacodynamics (what the drugs do to the body) can result in increased sensitivity to the effects of drugs.
- Many older people are already compromised in balance and righting reflex and adding hypnotic medications can easily tip them over to falls.
- Polypharmacy itself is not a risk factor for falling unless a risk drug is part of the drug regimen

## ELECTROCONVULSIVE THERAPY (ETC)

- Older people are more likely to receive ECT, due to behaviours related to; suicidality, refusal to eat, catatonic–stuporous condition and their inability to tolerate the typical 4 to 6 week trail of antidepressant. In these clients, ECT may provide significant improvement in 1 week, which may be lifesaving

## FEAR OF FALLING

- Fear of falling is defined as a lasting concern about falling that can lead an individual to avoid activities that he or she remains capable of performing. Fear of falling has been recognised as a serious and common problem in older persons that may not be necessarily preceded by an actual fall.

## FEAR OF FALLING

There is also a 'post-fall syndrome', in which older people can develop intense fear of walking after a fall. Older people may limit activities of daily life due to past experience of falling or fear of falling due to unstable balance which lead older people to become housebound

## SPECIALIST MENTAL HEALTH SERVICES FOR OLDER PEOPLE

### REFERRALS TO SMHSOP SERVICES

Our service is a non acute service. Referrals to our service are taken through our central intake phone line on 43203500. Any one can refer to our service.

## REFERENCES

- Akvol, A. D. (2007). Falls in the elderly: what can be done? *The Author, Journal compilation, International Council of Nurses* 191-196.
- Allan, L. M., Ballard, C. G., Burn, D. J., Kenny, R. A. (2005). Prevalence and Severity of Gait Disorders in Alzheimer's and Non-Alzheimer's Dementias. *American geriatrics Society*, 53, 1681-1687.
- De Carle, A. J., Kohn, R. (2000). Electroconvulsive therapy and falls in the elderly. *The Journal of ECT*, 16, (3), 252-257.
- Deshpande, N., Metter, E. J., Bandinelli, S., Lauretani, F., Windham, B. G., Ferrucci, L. (2008). Psychological, physical, and sensory correlates of fear of falling and consequent activity restriction in the elderly: the In CHIANTI study. *American Journal of Physical Medicine & Rehabilitation*, 87, 354-362.
- Finkelstein, E., Prabhu, M., Chen, H. (2007). Increased Prevalence of Falls Among Elderly Individuals With Mental Health and Substance Abuse Conditions. *American Journal of Geriatric Psychiatry*, 15, (7), 611-619.
- Fisher, A. A., Davis, M. W., McLean, A. J., Le Couter, D. G. (2005). Epidemiology of falls in elderly semi-independent residents in residential care. *Australasian Journal on Ageing*, 24, (2), 98-102.
- Hanna, S. J., Woolley, R., Brown, L., Kesavan, S. (2008). The coming of age of a joint elderly medicine- psychiatric ward: 18 years' experience. *International Journal of Clinical practice*, 62, (1), 148-151.
- Hosseini, H., Hosseini, N. (2008). Epidemiology and Prevention of Fall Injuries among the Elderly. *Hospital Topics: Research and Perspectives on Healthcare*, 86, (3), 15-20.
- Kato, M., Izumi, K., Shirai, S., Kondo, K., Kanda, M., Watanabe, I., Ishii, K., Saito, R. (2008). Development of a fall prevention program for elderly Japanese people. *Nursing and Health Sciences*, 10, 281-290.

## REFERENCES

- Katz, I. R., Rupnow, M., Kozma, C., Schneider, L. (2004). Risperidone and falls in ambulatory nursing home residents with Dementia and Psychosis or Agitation: Secondary analysis of a double-blind, placebo-controlled trial. *American Journal of Geriatric Psychiatry*, 12, 499-508.
- Mackin, S., Area'n, P. A. (2009). Incidence and documentation of cognitive impairment among older adults with severe mental illness in a community mental health setting. *American Journal of Geriatric Psychiatry*, 17, (1), 75-82.
- Mamo, D. C., Pollock, B. G., Mulsant, B., Houk, P. R., Bensasi, S., Miller, M.C., Redfern, M. S., Reynolds III, C. F. (2002). Effects of Nortriptyline and Paroxetine on postural sway in depressed elderly patients. *American Journal of Geriatric Psychiatry*, 10, 199-205.
- Mamun, K., Lim, J.K.H. (2009). Association between falls and high-risk medication use in hospitalized Asian elderly patients. *Geriatric Gerontology International*, 9, 276-281.
- Suzuki, M., Ohyama, N., Yamada, K., Kanamori, M. (2002). The relationship between fear of falling, activities of daily living and quality of life among elderly individuals. *Nursing and Health Sciences*, 4, 155-161.
- Treatment Protocol Project. (2004). Management of Mental Disorders. (4th ED). Sydney. World Health Organisation Collaborating Centre for Evidence in Mental Health Policy.
- Van Haastreat, J. C. M., Rixt Zijlstra, G. A., Van Rossum, E., Van Eijk, J. T. M., Kempen, G. I. J. M. (2008). Feelings of Anxiety and Symptoms of Depression in Community-Living Older Persons Who Avoid Activity for Fear of Falling. *American Journal of Geriatric Psychiatry*, 16, (3), 195-199.
- Ziere, G., Dieleman, J.P., Hofman, A., Pols, H. A. P., Van der Cammen, T. J. M., Stricker, B. H. C. (2005). Polypharmacy and falls in the middle age and elderly population. *British Journal of Clinical Pharmacology*, 61, (2), 218-223.