PSYCHOTHERAPY IN THE ELDERLY

Luisa Skoble MD
Providence VA Medical Center
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GENERAL CONSIDERATION S

– Mostly empiric evidence, small studies with rare exceptions
– Age per se defines neither indications nor contraindications
– Goals should be defined based on functional rather than chronological perspective; in particular can do some psychotherapy with pts with mild cognitive issues
GENERAL CONSIDERATIONS

– Narcissistic wounds associated with aging may be particularly pertinent to this age group (sexual decline, adaptation to loss, loss of identity of work career, marital conflict, dependency issues, failure to achieve goals, coming to grips with mortality and the imminence of death

– Need to individualize approach (c.f. degree of intimacy with pt)
GENERAL CONSIDERATIONS

– Themes center around loss;
  • Less death anxiety; more concerned with fears of pain, disability, abandonment, dependency than fear of death.
  • Ego integrity vs. despair and disgust (Erickson);
  • Balance between factors that support self-esteem such as wisdom/accomplishments vs. factors that lead to emotional depletion (health/cognitive issues)
GENERAL CONSIDERATIONS

- Transference issues:
  - parental
  - idealizing transference
  - eroticized
  - sibling rivalry
  - pt feels therapist is too young

- Avoid stereotypes (elderly are too rigid, unable to learn)
- Advise in advance that discomfort may occur
- Adjust pace to cognitive deficits, slowness
GENERAL CONSIDERATIONS

- NORMATIVE AGING
  - Acute physical illness
  - Bereavement
- CRISIS
  - Sudden economic difficulty
- FRAILTY
  - Relocation
  - Mental and cognitive pathology
MAIN TYPES OF PSYCHOTHERAPY with evidence base

• 1. Cognitive behavioral therapy
• 2. Interpersonal psychotherapy
• 3. Problem-solving therapy
• 4. Reminiscence therapy
• 5. Group psychotherapy
• 6. Bibliotherapy
• 7. Psychodynamic therapy
Cognitive behavioral therapy

- Change and adapt cognitive patterns away from negative automatic thoughts
- Respond to negative thoughts as transitory events
- Use of behavioral techniques: assign pleasant events, control depression-eliciting stimuli,
- Skills training (relaxation, problem solving interpersonal skills)
Cognitive behavioral therapy

• Effects of exercise (Blumenthal 1999)
• Exercise therapy = medication (sertraline) = exercise + medication
• 10 month f/u: lower rates of depression in the exercise group than in medication or combined groups
Cognitive behavioral therapy
Thompson et al. 2001

• 102 depressed adults (mild to moderate)
  – CBT alone
  – Medication alone (desipramine)
  – Combined CBT and medication

• All 3 groups showed improvements in depression over 16 – 20 weeks

• Combined therapy showed greatest improvement
Dialectical Behavior Therapy

• Has been modified to target chronic depression in elderly

• Lynch et al. 2003: med+ clin management vs. med+clin man+DBT skills training and telephone coaching sessions: 38% vs. 73%
Interpersonal psychotherapy

• Manualized psychotherapy; uses role playing, communication analysis, links between affect and environmental stressors

• Components of focus are:
  – 1. grief (loss of spouse)
  – 2. interpersonal disputes (conflict with children)
  – 3. Role transitions (retirement)
  – 4. Interpersonal deficits (lack of assertiveness)

• IPT=nortriptyline in tx of depression (1985 Sloane et al.); elderly pts less likely to drop out of tx
PROSPECT
Prevention of Suicide in Primary Care Elderly Collaborative Trial (Bruce et al. 2004)

• Large scale trial (≈600 subjects)
• Tests effectiveness of collaborative case management intervention in primary care
• Difficult to determine relative contributions of medication and IPT
• ↓ suicidal ideation and depression in managed intervention group
Problem-solving therapy

- Theory: ineffective coping under stress is hypothesized to lead to breakdown of problem-solving abilities and subsequent depression
- Structured format for solving problems
- Can be delivered in limited time
- More effective than reminiscence therapy or waiting list control subjects
Reminiscence/life review therapy

• Life review: pt acknowledges past conflicts and consider meaning in their life
• Reminiscence focuses on positive memories in group settings to improve self-esteem and social cohesiveness
• Sparse support (less effective than PST)
Group psychotherapy

• Variable results – some show groups no more effective than waiting list control
• May show higher remission rates than medication alone
• Effects of ethnicity
• Less expensive than individual tx and provides social networks
Bibliotherapy

• Cognitive bibliotherapy > psychoeducation and waiting list control in ↓ depression
PSYCHODYNAMIC PSYCHOTHERAPY

• Based on psychoanalytic theory (current experience is influenced by early childhood experience)
• Depression is unresolved intrapsychic conflict that may be activated by life events (c.f. loss)
• Tx seeks to develop insight into past experiences and how they influence current relationships
• PP+CBT for depression in one study
• Benefit for depressed caregivers (PP for caregivers of <44 mos >CBT)
Barriers to Psychotherapy

• Societal attitudes: shame and embarrassment associated with seeing a psychiatrist
• Attribution of symptoms to medical causes
• Logistical issues: transportation
• Attitudes of primary care physicians
• Lack of faith in psychiatric treatment
• Finances/insurance issues
• Frailty - usually focuses on problem-solving
Selection of patients for insight-oriented psychotherapy

– Pt is motivated
– Pt has capacity for self-observation, insight and mourning
– Able to tolerate painful affects without excessive regression
– Has demonstrated capacity for productive work, intimacy and pleasure
Selection of patients with enhanced vulnerability to difficulty with crises

- h/o serious early life deprivation
- longstanding reliance on rigid or primitive defenses
- overreliance on intimate relationships
- previous unmourned losses
- multiple concurrent stressors
- inability of caregivers to handle pt's decline and disability
Mr. LeBlanc is a 79 year old WWM who is referred to your office for depression and panic attacks. He has suffered these symptoms for years; his depressive symptoms probably started about 15 years ago after the death of his wife and his retirement. The more prominent anxiety symptoms started after his only son, who had struggled with drug and alcohol problems for years was incarcerated at the ACI for possession of drugs.
CASE

While they had not had a close relationship, he was Mr. LeBlanc’s only living relative and they would visit at least briefly on the holidays. Mr. LeBlanc is basically healthy except for mild HTN and high cholesterol. He lives on a very limited budget ($1000 per month) in a senior citizens building. He has not made many friends in the building as he considers his fellow residents to be not only too old for him, but too provincial.
CASE

- He himself is originally from France and came here as a young man. He worked as a chef in local upscale restaurants and met many prominent citizens in his day, even though he himself does not have more than a high school education. He was never the head chef in the restaurants he worked in. While he had suffered from his symptoms for years, his primary care physician did not really address them until Mr. LeBlanc came in one day for a routine check and confided that he didn’t care if lived another day and wished that he had a gun so he could shoot himself.
QUESTIONS

• 1. What are some likely transference issues that may arise in Mr. LeBlanc’s case?

• 2. What are some reasonable goals in psychotherapy for Mr. Le Blanc?

• 3. What is the optimal form of therapy for this pt?

• 4. What are some barriers to his obtaining psychotherapy?
Mr. LeBlanc comes in one day in a very good mood. He has started seeing another resident in the building, a woman who is in her forties and lives in the building because she is disabled. Their relationship quickly evolved from friendship into a sexual relationship. You are somewhat perturbed by his choice of mates because of several facts he has presented to you: she is married, recently separated; she has been hospitalized psychiatrically several times; she is wheelchair bound and by his description it sounds as though the etiology of her physical disability is more psychological.
CASE

• How would you proceed with this information?
• How do you understand some of the dynamics in what attracts him to this relationship?
CASE

- Mr. LeBlanc appears to develop an intense attachment to the therapist, raving about how good the therapist has made him feel. He also develops a habit of always shaking the therapist’s hand at the end of a session. Because of his difficulty hearing he always pulls his chair up to a few feet from the therapist and leans in closely.
COUNTERTRANSFERENCE AND BOUNDARIES

• What are some countertransference issues in this case?
• Describe the boundary issues
EPILOGUE

• Mr. Leblanc adopts a small dog whom he names Chi Chi and drops out of treatment
CONCLUSIONS

• Psychotherapy is a good option for treating mental disorders in older adults who have trouble tolerating medications, who prefer it over meds or who have conditions for which psychotx is the most effective tx.

• Modifications of traditional txs may be necessary to compensate for age-related problems with vision, hearing, mobility and memory.