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COLLABORATIVE MODELS OF MENTAL HEALTH CARE FOR OLDER IOWANS

CLINICAL PROCEDURES

STEP THREE: DIAGNOSTIC ASSESSMENT





Accurate diagnostic assessment is a critical component of any effective clinical model. Accurate diagnosis is especially important among aging populations as these individuals are more likely to present with an array of psychological problems and medical co-morbidities.³³ Misdiagnosis can lead to ineffective and costly treatment interventions.

The first part of the assessment requires the completion of five brief assessment tools that can inform patient diagnosis and support a treatment plan. The four psychological tests include the Patient Health Questionnaire – 9,³⁴ the Zung Anxiety Scale,³⁵ the Short Michigan Alcohol Screening Test – Geriatrics,³⁶ the Mini-Mental Status Examination,³⁷ and one health test called the Short-Form Health survey.³⁸

The second part of the assessment involves conducting a modified diagnostic interview schedule. This interview consists of four parts. The first part involves gathering information concerning medical and functional history, educational and occupational history, and other relevant personal information. The second part consists of gathering information concerning current functioning level. This includes current health and somatic problems such as sleeping patterns, pain, physical activity, capacity to perform daily living activities, and nutritional status. This also includes gathering information on current mental status: appearance and behavior, thought patterns, expression of emotion, and intellectual functioning. The third part of the diagnostic interview involves gathering information about current prescription drug use and this should involve going through the patient's 'brown bag' that was brought to the diagnostic assessment. The last part entails determining the older adult's capacity to engage in treatment successfully. Information should be gathered about goals and motivations to receive care as well as capacity to participate in treatment by assessing their financial resources, social support, and means of transportation.

The primary goal of the diagnostic assessment is to identify a diagnosable mental health problem or a focal point for therapeutic treatment. The information gathered in the assessment specifically should be used to inform the development of a treatment plan. The other objective of diagnostic assessment is to get to know the older adult as best as possible and establish a therapeutic relationship that encourages the older adult to participate in the treatment plan. Upon completion of the assessment, the patient should be provided some basic fact sheets concerning mental health problems among older adults and the benefits of treatment.

The diagnostic assessment should be completed by a qualified mental health specialist or someone who is working under the supervision of a qualified mental health specialist. The diagnostic assessment could be completed within a primary care office, preferably right after an evaluation and management session indicates a positive screen for a mental health problem. The diagnostic assessment also could be completed at another location (e.g., mental health center, qualified mental health providers' office, individual's home - as allowed). When conducted at another location, it is preferred the diagnostic assessment be completed within ten business days of the initial screening.

The assessment itself should be informed by the initial primary care screening – the screening should provide some indication of what to focus upon during the assessment and also provide information so that the patient only has to confirm previous answers rather than be asked the same questions for a second time. As such, the information gathered during the initial evaluation and management session should be forwarded to the qualified mental health provider or individual conducting the assessment.

Further, since the initial screening completed in the primary care physician office is designed to be highly sensitive to the possibility of a mental health problem, some older adults who are referred for diagnostic assessment may not actually have a diagnosable psychiatric disorder. In other words, the formal diagnostic assessment may not always support the initiation of psychopharmaceutical interventions and problem solving therapy.

Last, if warranted by the diagnostic assessment, the mental health specialist should develop a treatment plan. Moreover, the older patient should be provided with a set of educational materials to review prior to the initiation of the treatment process. The first treatment session, where the client agrees to the treatment plan and initiates therapy, should occur within ten business days of completing the diagnostic assessment.





Patient Health Questionnaire - 9

The Patient Health Questionnaire,³⁴ was developed by Kurt Kroenke and colleagues at Indiana University. The short-form specific to depression contains 9 items that correspond with the 9 criteria used to diagnose depression as defined by the Diagnostic and Statistical Manual (DSM-IV).³⁹ The PHQ-9 has been used in a several national studies,^{17,18} focusing on the identification of depression primary health care settings and has shown to be a reliable and valid screening instrument in older populations. The PHQ-9 significantly increased the identification of persons who presented in primary care settings with diagnosable forms of depression.

The PHQ-9 was designed to be self-administered. Patients could answer the questions on their own prior to completing the diagnostic interview. However, we recommend that the PHQ-9 be administered by the qualified mental health care provider or someone working under his or her supervision. This will help reduce problems that some older adults with less formal education or visual impairment may have in completing the test by themselves. It also provides an opportunity to start building rapport with the client. The tool should take less than 5 minutes to complete.

Since our goal is to be sensitive to any possible problem with depression, older patients who endorse depressive symptoms (i.e., score at least 5 out of a total of 27 points) on the PHQ-9 should then be interviewed further about depression. The goal of the diagnostic interview should be to establish that the patient is experiencing a problem with depression that warrants treatment. However, this may not always mean that the individual is diagnosed with a specific type of depression (i.e., sub-syndromal, complicated bereavement), especially if the depression is considered to be related to a health or behavior problem.

PATIENT HEALTH QUESTIONNAIRE

PROVIDER: "Over the last two weeks, how often have you been bothered by the following...."
 "Please indicate if not at all, some days, more than half, or nearly every day."

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Total Score ____ = ____ + ____ + ____				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Developed the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ) by Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. PRIME-MD PHQ is a trademark of Pfizer Inc. Copyright 1999





Administration

The PHQ – 9 is an assessment tool and does not establish or confirm a diagnosis of depression. When a score of 5 or more is indicated, a more thorough diagnostic interview should be completed. Also, at any time the patient endorses a response to item 9 (i.e., suicidal ideation), a focused diagnostic interview should be conducted.

The psychiatric assessment can be given to an older adult who can answer the questions while waiting for the diagnostic interview. When the test is self-administered, the patient should be told to “choose the best answer for how you have felt over the past two weeks.”

However, self-administration is not recommended especially for older adults with less formal education, possible memory or cognitive problems, or who have visual deficits. The preferred method of administration is for the qualified mental health provider or staff working under his supervision to read the questions aloud and circle the patient’s response. This also provides an opportunity for the mental health provider to observe the patient’s behavior and establish clinical rapport.

At the beginning of the test, the provider should say “choose the best answer for how you have felt over the past two weeks”.

Scoring:

To calculate a summary score, assign 0 points to all responses “not at all”, 1 point to all responses “several days”, 2 points to responses “more than half the days”, and 3 points to responses “nearly every day.” A total score under 4 suggests no depressive symptoms, scores over 5 indicate need for further assessment to diagnose depression and identify points for treatment.

If items A or B are determined to exist for more than half of the days during the past two weeks, or if 5 or more of the 9 items are determined to exist for more than half the period, then major depressive syndrome is indicated.

If items A, B, C, or D are determined to exist for more than half of the days during the past two weeks, then minor depressive syndrome is indicated.

If the patient indicates that it has been very difficult or extremely difficult to function over the last two weeks (Question 2), further diagnostic interviewing is recommended.





The Zung Anxiety Scale³⁵ was developed in 1971 by William WK Zung to quantify the level of anxiety for patients experiencing anxiety related symptoms. Generalized Anxiety Disorder is thought to be the most common mental health problem among older primary care patients,⁴⁰ yet formal assessment among older primary care patients is lacking. The Zung scale is notable for tapping into the physical and cognitive dimensions associated with anxiety disorders and for being able to separate symptoms of depression from symptoms of anxiety.

The Zung scale was designed to be self-administered. Patients could answer the questions on their own prior to completing the diagnostic interview. However, we recommend that the Zung Anxiety Scale be administered by the qualified mental health care provider or someone working under his supervision. This will help reduce problems that some older adults with less formal education problems with memory, or visual impairment may have in completing the test by themselves. It also provides opportunity to start building rapport with the client. The tool should take less than 5 minutes to complete.

Since our goal is to be sensitive to any possible problem with anxiety, older patients who endorse symptoms of anxiety and score at least 40 out of a total of 60 points should then be interviewed further about anxiety. The goal of the diagnostic interview should be to establish that the patient is experiencing a problem with anxiety that warrants a treatment response. This may not always mean that the individual is diagnosed with a specific type of anxiety, especially if the anxiety is considered to be related to a health or behavior problem.

ZUNG ANXIETY SCALE

PROVIDER: "Over the last two weeks, how often have you been bothered by the following..."
 "Please indicate if not at all, some days, more than half, or nearly every day."

	Not at all	Several days	More than half the days	Nearly every day
1. Feel more nervous and anxious than usual	0	1	2	3
2. Bothered by dizzy spells	0	1	2	3
3. Feel afraid for no reason at all	0	1	2	3
4. Have fainted or feel like fainting	0	1	2	3
5. Get upset easily or feel panicky	0	1	2	3
6. Have trouble breathing in and out	0	1	2	3
7. Feel like falling apart or going to pieces	0	1	2	3
8. Feel numbness or tingling in fingers or toes	0	1	2	3
9. Feeling that everything is wrong and nothing good will happen	0	1	2	3
10. Bothered by stomach aches and indigestion	0	1	2	3
11. Arms and legs shake and tremble	0	1	2	3
12. Have to empty bladder often	0	1	2	3
13. Bothered by headaches, neck and backaches	0	1	2	3
14. Hands are usually warm and dry	0	1	2	3
15. Feel weak and tired	0	1	2	3
16. Face gets hot and blushes	0	1	2	3
17. Feel restless and cannot sit easily	0	1	2	3
18. Have trouble falling asleep and feeling rested	0	1	2	3
19. Feel heart beating fast	0	1	2	3
20. Have nightmares	0	1	2	3

Total Score _____ = _____ + _____ + _____

If score is 40 points or higher, then further interviewing should be conducted.

Source: Zung WWK. A rating instrument for anxiety disorders. *Psychosomatics*. 1971; 12: 371-379





Administration

The Zung Anxiety Survey is an assessment tool and does not establish or confirm a diagnosis of anxiety. When a score of 40 or more is indicated, a more thorough diagnostic interview should be completed.

The psychiatric assessment can be given to an older adult who can answer the questions while waiting for the diagnostic interview. When the test is self-administered, the patient should be told to “choose the best answer for how you have felt over the past two weeks.”

Self-administration is not recommended especially for older adults with less formal education, possible memory or cognitive problems, or who have visual deficits. The preferred method of administration is for the qualified mental health provider or staff working under his supervision to read the questions aloud and circle the patient’s response. This also provides an opportunity for the mental health provider to observe the patient’s behavior and establish clinical rapport.

At the beginning of the test, the provider should say “choose the best answer for how you have felt over the past two weeks”.

Scoring:

To calculate a summary score, assign 0 points to all responses “not at all”, 1 point to all responses “several days”, 2 points to responses “more than half the days”, and 3 points to responses “nearly every day”. A total score under 40 suggests no symptoms of anxiety, scores over 40 indicate need for further assessment to diagnose anxiety and identify points for treatment.





The Short Michigan Alcohol Screening Test for Older Adults (SMAST-G) was developed by Frederic Blow and his colleagues at the University of Michigan.³⁶ The short-form contains 10 YES and NO questions concerning symptoms related to alcohol abuse. The SMAST-G is especially useful for older patients because there are few questions that focus on physical functions which are often misdiagnosed as symptoms of alcohol abuse among older adults. The screening instrument is quite sensitive to the identification of persons who present in primary care settings with alcohol use problems. For the Collaborative Care Models for Older Iowans, the SMAST-G was modified so the questions also probed about the potential mis-use of prescription medications.

The SMAST-G was designed to be self-administered. Older patients can answer the questions on their own while waiting to be evaluated by a health care provider. However, it is recommended that the tool be administered by a mental health specialist. In either case, the tool should take less than 5 minutes to complete.

Since our goal is to be sensitive to any possible problem with alcohol or the abuse of other substances, further interviewing should be completed for older patients who answer YES to at least 2 of the 10 questions.

SHORT MICHIGAN ALCOHOL SCREENING TEST - GERIATRIC VERSION
(MODIFIED)

	Yes	No
1. When talking with others do you ever underestimate how much you drink or how much medication you take?		
2. After a few drinks or pills, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks or pills help decrease your shakiness or tremors?		
4. Does alcohol or prescription drugs sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink or a pill to relax or calm your nerves?		
6. Do you drink or take a pill to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking or prescription drug use?		
9. Have you ever made rules to manage your drinking or use of your prescriptions?		
10. When you feel lonely does having a drink or taking a pill help?		

TOTAL YES = _____

A total of 2 or more "YES" responses indicates a need for further assessment.

Copyright: The Regents of the University of Michigan

Source: Blow, F (1991). The short Michigan alcoholism screening test – geriatric version.

Ann Arbor, MI: University of Michigan Alcohol Research Center.





Administration

The modified SMAST-G is a screening tool and does not establish or confirm a diagnosis of alcoholism or prescription substance abuse. When a score of more than 2 is indicated, a more thorough clinical interview should be completed.

The tool can be given to an older adult who can answer the questions while waiting for primary care staff. When the test is self-administered, the patient should be told to “choose the best answer for each question.” However, self-administration is not recommended especially for older adults with lower levels of education, possible memory or cognitive problems, or for those who have visual deficits.

The preferred method of administration is for the mental health specialist to read the questions aloud and circle the patient’s response.

At the beginning of the test, the provider should say: “please provide a yes or no response to the following questions.”

Scoring

A total of 2 or more “YES” responses indicate an alcohol problem and need for further assessment.





The Mini-Mental Status Examination (MMSE) was developed by Marshall Folstein in 1975.³⁷ The MMSE is a brief, quantitative measure of cognitive status in adults. It can be used to screen for cognitive impairment, to estimate the severity of cognitive impairment at a given point in time, to follow the course of cognitive changes in an individual over time, and to document an individual's response to treatment.

The MMSE is especially useful for the identification of older persons who may be experiencing mild to moderate forms of dementia and serves as an initial identification for those with very mild forms of dementia or age related cognitive impairment.

The MMSE is designed to be administered by a qualified mental health care provider or someone working under his or her direct supervision. It should take less than 5 minutes to complete and score.

Since the MMSE scores are sensitive to age and education levels, the mental health provider should refer to the scoring summary on the following pages before making any diagnostic conclusions.

MINI MENTAL STATUS EXAMINATION (MMSE)

PLEASE ANSWER THE FOLLOWING QUESTIONS AS BEST AS YOU CAN

- _____ 1. What is today's date?
- _____ 2. What is the year?
- _____ 3. What is the month?
- _____ 4. What day is today?
- _____ 5. What season is it?
- _____ 6. What building are we in?
- _____ 7. What floor are we on?
- _____ 8. What town are we in?
- _____ 9. What state are we in?
- _____ 10. What country are we in?

PLEASE REPEAT THE FOLLOWING WORDS AFTER ME "ball", "flag", "tree"

- _____ 11. BALL
- _____ 12. FLAG
- _____ 13. TREE

STARTING AT 100, COUNT BACKWARDS BY 7 UNTIL I ASK YOU TO STOP

- _____ 14. 93
- _____ 15. 86
- _____ 16. 79
- _____ 17. 72
- _____ 18. 65

POINT TO THE FOLLOWING TWO OBJECTS AND ASK THE PATIENT TO NAME EACH "WHAT'S THIS?"

- _____ 19. Point to a watch or clock
- _____ 20. Point to a pen or pencil

ASK PATIENT TO REPEAT THE FOLLOWING "NO IFS, ANDS, OR BUTS"

- _____ 21. No ifs, ands, or buts

ASK THE PATIENT TO "take a piece of paper, fold it in half, and put it on the floor"

- _____ 22. take paper
- _____ 23. fold in half
- _____ 24. place on floor



MINI MENTAL STATUS EXAMINATION



ON A PIECE OF PAPER, WRITE ‘CLOSE YOUR EYES” AND
ASK THE PATIENT TO READ THE SIGN AND DO WHAT IT SAYS

_____ 25. “CLOSE YOUR EYES” (1 point)

_____ 26. ASK THE PATIENT TO WRITE A SENTENCE WITH A NOUN AND
VERB

_____ 27. ASK THE PATIENT TO DRAW 2 INTERSECTING PENTAGONS (1
POINT)

PLEASE RECALL THE THREE WORDS I ASKED YOU TO REPEAT
EARLIER

_____ 28. BALL

_____ 29. FLAG

_____ 30. TREE

_____ TOTAL SCORE

Scoring

Because the MMSE is sensitive to age and education level, the following scoring system should be used to establish whether or not the patient may have a cognitive problem. A score that falls below these numbers indicates a need for more focused clinical examination.

Age/Education Level	4th Grade	8th Grade	High School	College
60-64	23	26	28	29
65-69	22	26	28	29
70-74	22	25	27	28
75-79	21	25	27	28
80-84	20	25	25	27
85+	19	23	25	27

Source: Folstein MF, Folstein, SE and McHugh PR (1975) Mini-Mental State: A practical method for grading the state of patients for the clinician, *Journal of Psychiatric Research*, 12: 189-198.





The Short Form-12 Health Survey was developed by John Ware and his colleagues in 1994.³⁸ The SF-12 covers 8 areas pertaining to individual health that include: physical functioning, pain, general health, vitality, social functioning, role functioning, emotion, and mental health. The SF-12 measures health status from the patient's point of view and is specifically designed for self-administration. The SF-12 should be included in the diagnostic assessment as a way to consider health problems that may be affecting or co-occurring with a patient's mental health problems.

Most patients can complete the SF-12 in less than 3 minutes without assistance. However, self-administration is not recommended especially for older adults with lower levels of education, possible memory or cognitive problems, or who have visual deficits. The preferred method of administration is for the qualified mental health provider to read the questions aloud and circle the patient's response. This also provides an opportunity for the mental health provider to observe the patient's behavior and establish clinical rapport.

Since the SF-12 scores are weighted by a computer-generated formula and summary scores are not relevant to the diagnostic assessment of mental illness, the mental health provider should only refer to the SF-12 as a complementary source of information when completing a diagnostic interview and developing a treatment plan.

THE SHORT FORM-12 HEALTH SURVEY

- _____ 1. In general, would you say your health is excellent, very good, good, fair, or poor?
- _____ 2. Does your health limit you a lot, a little, or not at all when doing moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
- _____ 3. Does your health limit you a lot, a little, or not at all when climbing several flights of stairs?
- _____ 4. During the past four weeks, have you accomplished less than you would like as a result of your physical health?
- _____ 5. During the past four weeks, were you limited in the kind of work or other regular activities you do as a result of your physical health?
- _____ 6. During the past four weeks, have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?
- _____ 7. During the past four weeks, did you not do work or other regular activities as carefully as a result of any emotional problems such as feeling depressed?
- _____ 8. During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework?
- _____ 9. How much time during the past month have you felt calm and peaceful?
All of the time
most of the time
some of the time
none of the time
- _____ 10. How much of the time during the past month did you have a lot of energy?
All of the time
most of the time
some of the time
none of the time
- _____ 11. How much time during the past month have you felt down?
All of the time
most of the time
some of the time
none of the time
- _____ 12. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives, etc?
All of the time
most of the time
some of the time
none of the time

Source: (SF-36.org, 2007)





Administration:

The SF-12 is an assessment tool and does not establish or confirm a diagnosis for physical or mental health problems.

The Short Form Health Survey can be given to an older adult who then can answer the questions while waiting for the diagnostic interview. When the test is self-administered, the patient should be told to “choose the best answer for how you have felt over the past two weeks.”

However, self-administration is not recommended especially for older adults with lower levels of education, possible memory or cognitive problems, or who have visual deficits. The preferred method of administration is for the qualified mental health provider or someone working under her supervision to read the questions aloud and circle the patient’s response. This also provides an opportunity for the mental health provider to observe the patient’s behavior and establish clinical rapport.

Scoring:

Since each item has a ‘weighted score’ and a summary score can only be calculated through a computer based formula, a score should not be calculated during the assessment. The answers should be used to assist with the diagnostic interview and treatment plan.

Modified Diagnostic Interview Schedule

There are no definitive guidelines for how to gather the information required to complete a psychiatric diagnosis. However, without some sort of standard approach, individual clinicians apply their own rules and develop their own procedures to gather information. This makes the assessment process unreliable as different clinicians will use different pieces of information to reach a diagnosis and develop a treatment plan. Having a structured information gathering format should correspond with a more reliable and valid diagnosis.^{41, 42}

The structured diagnostic interview developed as part of the Collaborative Models of Care for Older Iowans consists of four sets of questions. The interview schedule also assumes that the mental health provider will use information obtained during the primary care screen and the completion of the PHQ-9, the Zung Anxiety Scale, SMAST-G, MMSE, and the SF-12.

The first part of the diagnostic interview involves the intake of information concerning medical and functional history, educational and occupational history, and other relevant historical information. The second part consists of gathering information concerning current functioning level. This includes current health and somatic problems such as sleeping patterns, pain, physical activity, capacity to perform daily living activities, and nutritional status. This also includes gathering information on current mental status: appearance and behavior, thought patterns, expression of emotion, and intellectual functioning. The third part focuses on current prescription medication use. The last part of the diagnostic interview entails determining the older adult's capacity to engage in treatment successfully. Information should be gathered about their goals and motivations to receive care as well as their capacity to participate in treatment by assessing their financial resources, social support, and means of transportation.

The diagnostic interview should be completed by a qualified mental health professional or a supervised staff member. The diagnostic interview should occur after completion of the four psychological tests. Besides collecting information, the interview should help to establish clinical rapport with the older patient.

On the following pages of the guidebook, a recommended diagnostic interview schedule is presented.



MODIFIED DIAGNOSTIC INTERVIEW SCHEDULE



BACKGROUND INFORMATION

CLIENT _____ DOB _____

ID _____ SOC SEC _____

CONTACT INFORMATION

St _____

City _____

Phone _____

COUNTY OF RESIDENCE _____

PRIMARY INSURANCE _____

SECONDARY INSURANCE _____

NAME OF ASSESSOR _____

PLACE OF ASSESSMENT _____

REFERRAL SOURCE _____

REASON FOR REFERRAL _____

PRIMARY CARE SCREEN INDICATIONS

MODIFIED DIAGNOSTIC INTERVIEW SCHEDULE

HISTORY

DEVELOPMENTAL

ETHNIC-CULTURE _____

EDUCATION _____

SIGNIFICANT RELATIONSHIPS _____

MEDICAL - PHYSICAL

DISEASE _____

OTHER DIAGNOSES _____

HOSPITALIZATIONS _____

OTHER SERVICE USE _____

RELEVANT FAMILY Hx _____

PSYCHIATRIC

DISEASE _____

OTHER DIAGNOSES _____

HOSPITALIZATIONS _____

OTHER SERVICE USE _____

FAMILY HISTORY _____

FUNCTIONING

CHRONIC DISABILITY _____

PERIODS OF DIFFICULTY _____

OCCUPATIONAL



MODIFIED DIAGNOSTIC INTERVIEW SCHEDULE



CURRENT STATUS

SIGNIFICANT OTHER _____

HOUSING SITUATION _____

MEDICAL - PHYSICAL STATUS

DISEASE _____

OTHER DIAGNOSES _____

SERVICE USE _____

PAIN - HEADACHES _____

APPETITE _____

SEXUAL RELATIONS _____

SLEEP _____

FUNCTIONING

ACTIVITIES OF DAILY LIVING _____

EXERCISE - LEISURE ACTIVITIES _____

SOCIAL ACTIVITIES _____

INDEPENDENT ACTIVITIES OF DAILY LIVING _____

RECENT LOSSES _____

OTHER _____

MODIFIED DIAGNOSTIC INTERVIEW SCHEDULE

PRESCRIPTION DRUG USE

Go through brown bag and fill out the chart and determine if any drugs are potentially high risk.

Brand Name	Generic-Class	Prescribing Physician	Reason for Rx	Dose	Daily Freq	How long
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

The following are considered to be potentially high risk drugs for older adults (generic name (brand name)):

amiodarone (Cordarone),
 amitriptyline (Elavil, Limbitrol, Triavil),
 amphetamines and anorexic agents,
 barbiturates (except phenobarbital for seizures),
 long-acting benzodiazepines (Dalmane, Librium,
 Limbitrol, Librax, Praxipam, Tranxene, Valium),
 chlorpropamide (Diabinese),
 disopyramide (Norpace),
 doxepin (Sinequan),
 gastrointestinal antispasmodics (Bentyl, Donnatal, Levsin,
 ProBanthine),
 guanethidine (Ismelin),
 guanadrel (Hylorel),
 indomethacin (Indocin),
 ketorolac (Toradol),
 meperidine (Demerol),

meprobamate (Equanil, Miltown),
 mesoridazine (Serentil),
 methyl dopa (Aldomet, Aldoril),
 methyltestosterone (Android, Testred, Virilon),
 muscle relaxants (Flexeril, Norflex, Robaxin, Soma,
 Skelaxin),
 NSAIDS (Daypro, Feldene, Naprosyn),
 pentazocine (Talwin),
 thioridazine (Mellaril),
 ticlopidine (Ticlid),
 trimethobenzamide (Tigan).

Consult with primary physician regarding current prescription use and treatment plan for mental health problem.

Source: <http://www.fda.gov/cder/drug/drugreactions>



MODIFIED DIAGNOSTIC INTERVIEW SCHEDULE



MOTIVATION FOR TREATMENT

WHAT DO YOU WANT TO GET OUT OF YOUR TREATMENT?

WHAT DOES YOUR SIGNIFICANT OTHER WANT TO GET OUT OF YOUR TX?

ON A SCALE FROM 1-10, HOW SERIOUS ARE YOUR PROBLEMS? _____

HOW WOULD YOU LIKE TO DESCRIBE YOURSELF ONE YEAR FROM NOW?

HOW OFTEN WOULD YOU BE WILLING TO PARTICIPATE IN TREATMENT?

HOW LONG DO YOU THINK THE TREATMENT SHOULD LAST?

DO YOU THINK YOU MIGHT HAVE TROUBLE PAYING FOR TREATMENT?

DO YOU HAVE ANY CAREGIVING RESPONSIBILITIES?

WOULD YOU HAVE TROUBLE GOING TO THE OFFICE FOR TREATMENT?

OTHER FACTORS THAT MIGHT AFFECT YOUR PARTICIPATION IN TX?

MODIFIED DIAGNOSTIC INTERVIEW SCHEDULE

DIAGNOSTIC IMPRESSION

AXIS I: Clinical disorders; other conditions that may be focus of attention

AXIS II: Personality disorders

AXIS III: Medical conditions

AXIS IV: Psychosocial and environmental problems

AXIS V: Global assessment of functioning





EDUCATIONAL MATERIALS

At the end of the assessment, the provider should provide the patient with educational materials and schedule an appointment with the patient in the next 10 business days. This appointment will constitute the first treatment session. In that session, the older adult will agree on a treatment plan, initiate pharmaceutical prescription, and begin problem solving therapy.

At this time, the older adult should be given a minimal amount of education materials as to not be overwhelming. As treatment progresses, more detailed materials can be distributed. Additional educational materials can be found on the website for the Iowa Coalition on Mental Health and Aging: <http://www.icmha.org>

TEN FACTS ABOUT MENTAL HEALTH AND AGING

1. Mental illness is not a normal part of aging.

- While older adults experience many losses, deep sadness that lingers may signal clinical depression. Similarly, anxiety is different from normal worries.
- One in five Americans has a diagnosable mental disorder during any given year.
- About 5 percent of older adults have a diagnosable depressive illness and another 14 percent have significant symptoms of depression; 11 percent of adults over age 55 have an anxiety disorder.

2. Mental health is as important as physical health.

- Good mental health greatly contributes to an overall feeling of well-being.
- Untreated mental health disorders in older adults can lead to diminished functioning, substance abuse, poor quality of life, and increased mortality.
- Some mental illnesses, like depression, may have physical symptoms, such as pain. Symptoms of some physical illnesses can be confused for mental illnesses.
- Research shows mental illness can slow healing from physical illnesses.

3. Mental illness is a risk for older adults, regardless of their mental health history.

- While some adults go through life without any chronic mental illness, mental illness can appear late in life.
- Sometimes mental health deteriorates in response to a stroke, Parkinson's disease, cancer, arthritis or diabetes, and even medications for some physical illnesses.
- Some people without a history of substance abuse may abuse medications, alcohol, or drugs as they grow older.

4. Misdiagnosis and avoidance are common.

- Primary care physicians fail to diagnose depression 50 percent of the time.
- Only half of older adults who discuss mental health problems with a physician receive any treatment.



**5. Older adults have specific mental health care needs.**

- Changes in body chemistry, family, friendships, and living situations can all impact mental health in older adults.
- Sometimes helping solve basic problems, like transportation, can lower stress, improve community connections, and improve outlook and mood.
- If older adults take many medications for illnesses, drug interactions and side effects can change mood and behavior.

6. Suicide is a risk among older adults.

- Older adults have the highest suicide rate in the country. Those aged 85 and over have the highest suicide rate; those aged 75-84 have the second highest.
- Older adults' suicide attempts are more lethal. For those 65 and older, there is one suicide for every four attempts.

7. These symptoms call for consultation with a healthcare professional:

- Sadness that has lasted longer than two weeks.
- Consistent worries about issues such as money, family, and health.
- Consistent trouble sleeping or concentrating.
- Frequent trouble remembering things or feeling confused in familiar places.
- Having more than one alcoholic drink a day or more medication than prescribed.

8. Older adults with mental illness can be helped with great success.

- Eighty percent of older adults recovered from depression after receiving treatment that included both psychotherapy and anti-depressant medication.

9. Our healthcare system is not helping older adults with mental disorders.

- Medicare and most private health insurance plans discriminate against mental illness. This is a significant barrier to treatment.

10. Healthy older adults can continue to thrive, grow, and enjoy life!

- Reading, walking, and socializing are just a few of the activities that individuals can enjoy at any age. Exercising your mind and body and maintaining social connections are good for your mental health, too!

Sources: National Institute of Mental Health & American Association for Geriatric Psychiatry⁴³