Geriatric Mental Health in the Black Community

Michael Ingram, MD
Director of Behavior Health
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June 30, 2022, 12:00 PM

SAMHSA
Substance Abuse and Mental Health Services Administration

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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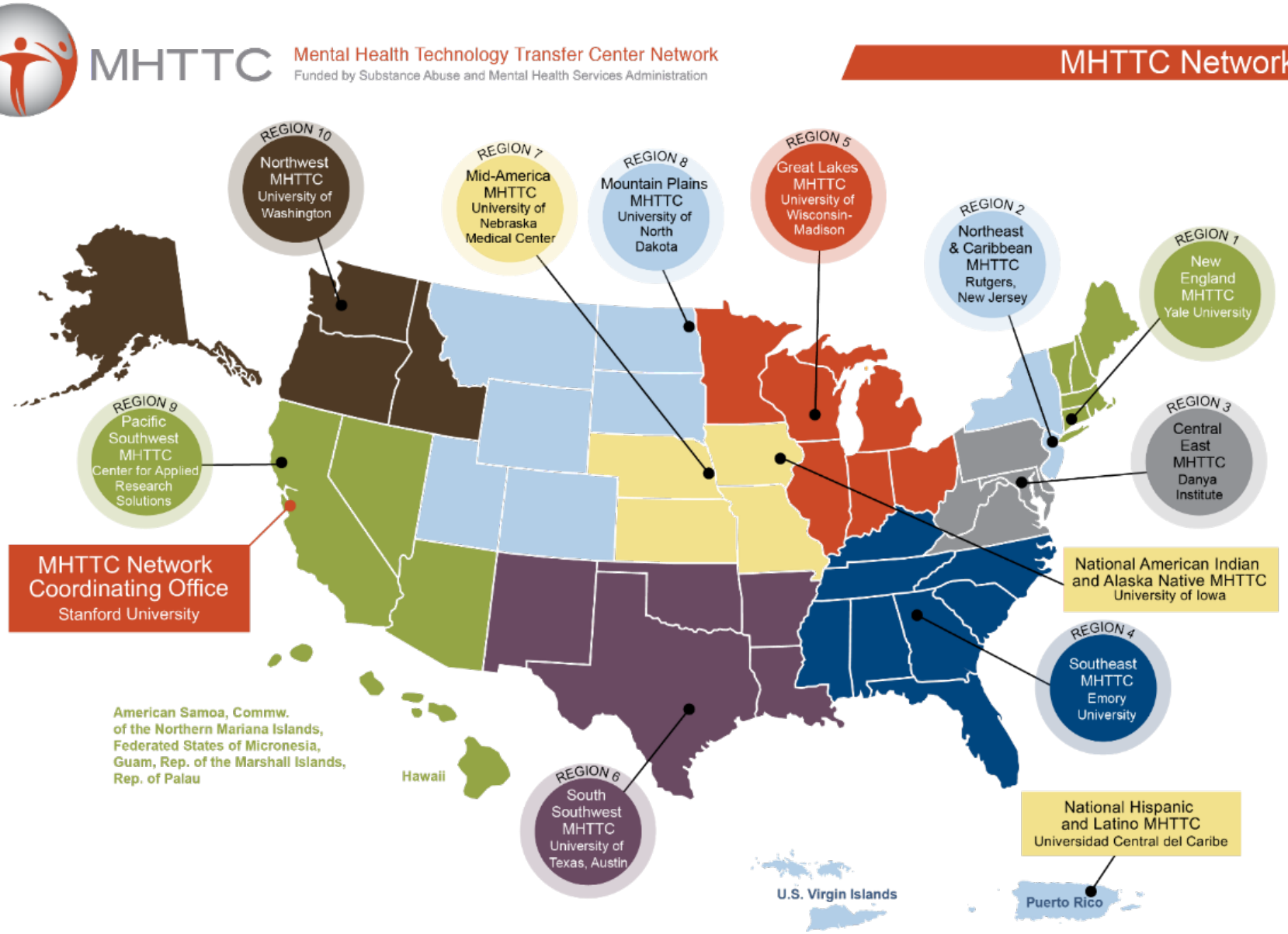
The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

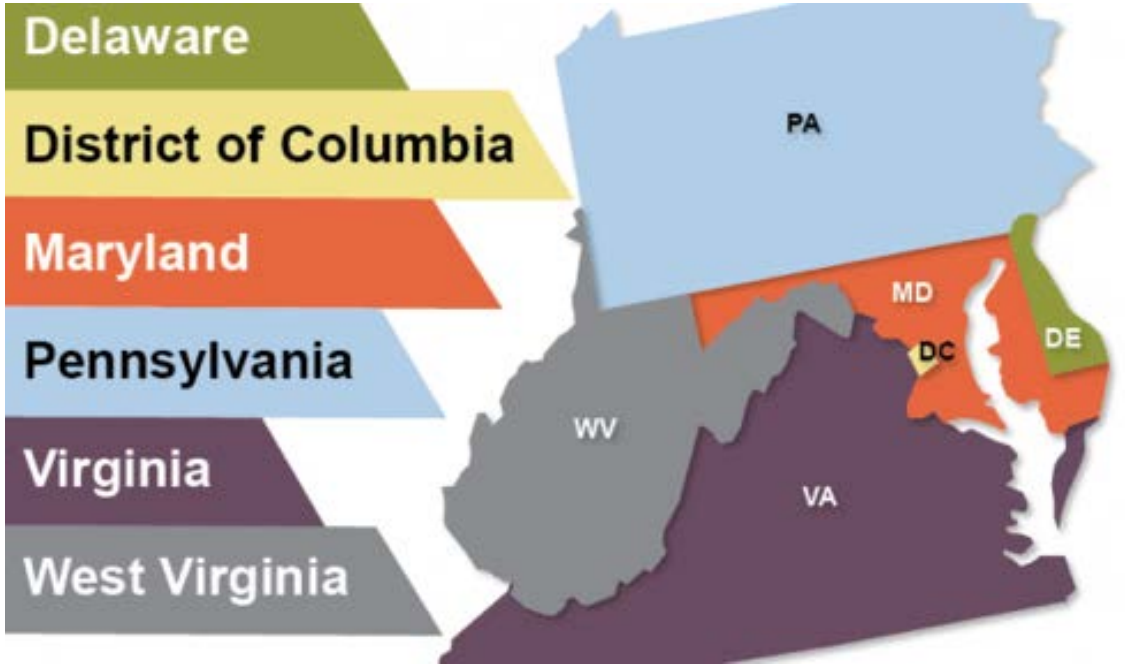
Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.
Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

SAMHSA
Substance Abuse and Mental Health Services Administration

MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered and trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

Geriatric Mental Health in the Black Community

Thursday, June 30, 2022

Presenter: Michael Ingram, MD

Moderator: Annelle Primm, MD, MPH

Council of Elders, Black Psychiatrists of America

COVID-19: An Unprecedented Disaster

- Over 1M deaths since 2020, with disparate levels of mortality, illness, disability and economic fallout in Black and other racially marginalized communities
- Older Black adults have been hit hard by the pandemic superimposed on pre-existing, disproportionately high chronic disease burden, mental illness co-morbidity, and unmet mental health needs
- The addition of social isolation due to the pandemic has created a crisis in geriatric mental health

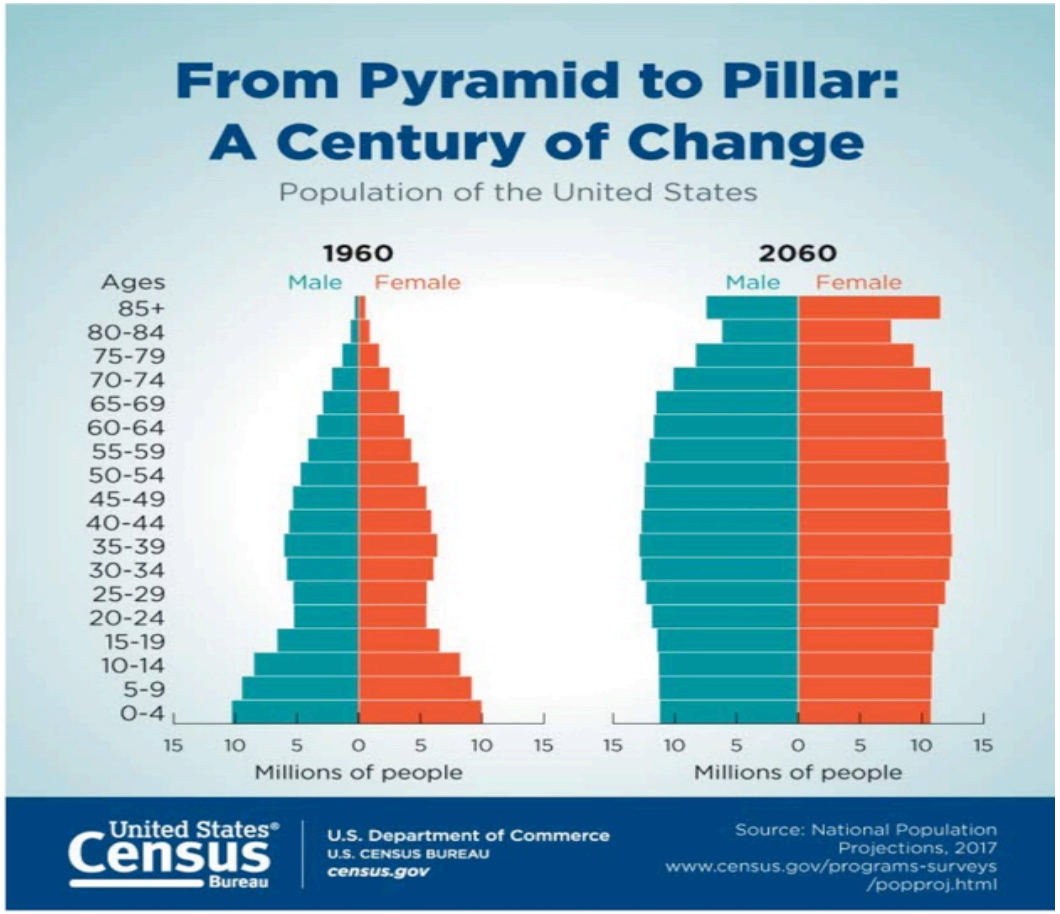
Today’s Program

- Special thanks to the CE-MHTTC for its support of this session of the Black Psychiatrists of America Health Equity Webinar Series
- Focus is regional on DE, MD, PA, VA, DC, and WV, yet information has national relevance
- Michael Ingram, MD, Executive Board member and former President of the Black Psychiatrists of America, is our featured speaker

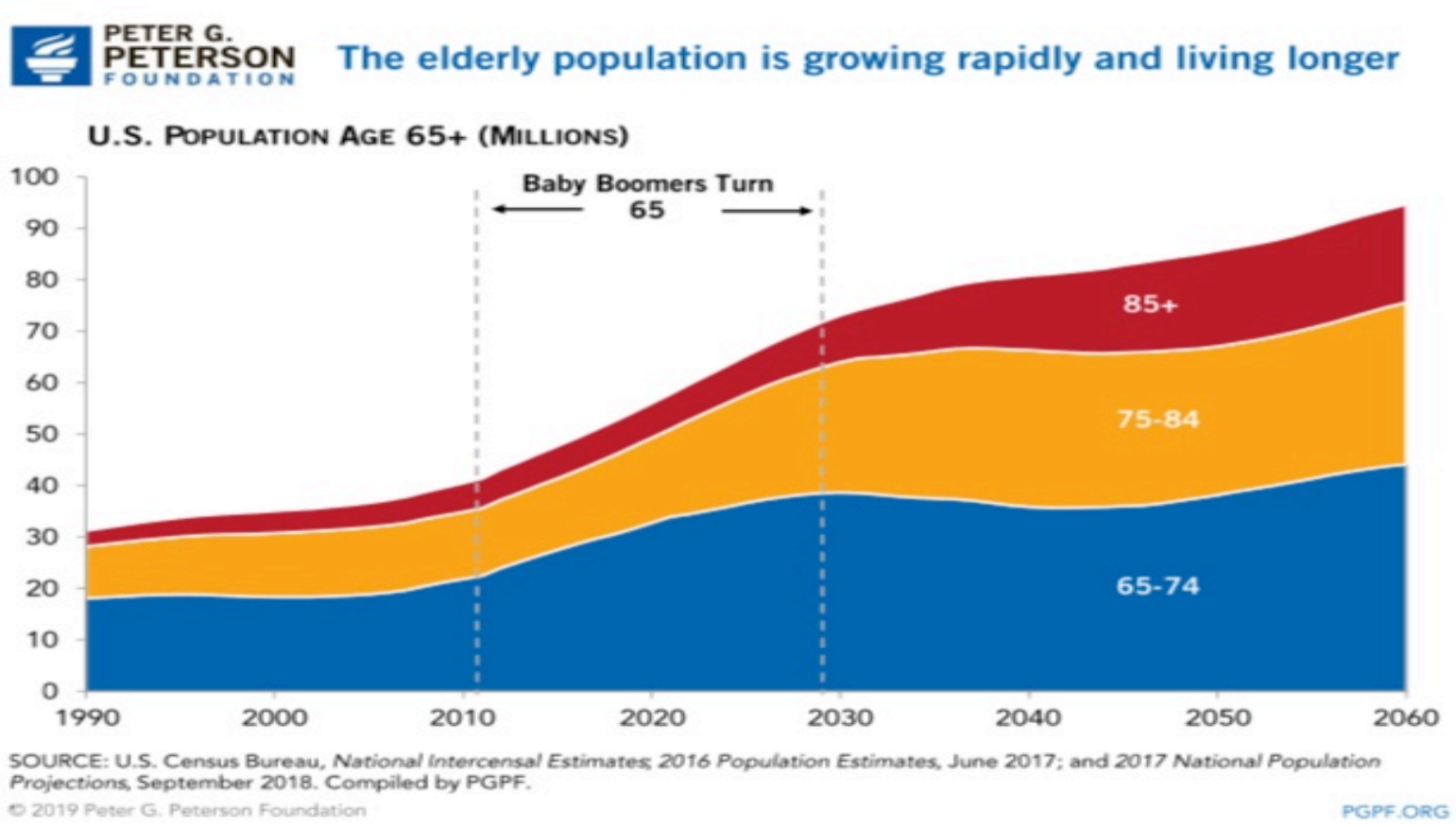
Overview

- Demographics
- Definitions/Priority
- Disorders
- Epidemiology
- The State of Mental Health and Aging in America
  - Social and Emotional Support
  - Life Satisfaction
  - Life Diagnosis of Depression
  - Life Diagnosis of Anxiety
- Mental Health in Elderly African Americans
  - Anxiety
  - Severe cognitive impairment
  - Mood disorders
    - Major Depression
  - Dementia
- Conclusion
- Questions

Demographics



Demographics (cont.d)



Definitions/Priority

- The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”
- Because mental health is essential to overall health and well-being, it must be recognized and treated in all Americans, including older adults, with the same urgency as physical health
  - For this reason, mental health is becoming an increasingly important part of the public health mission
  - The mental health of older Americans has been identified as a priority by:
    - Healthy People 2010 objectives
    - 2005 White House Conference on Aging
    - 1999 Surgeon General’s report on mental health

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Demographics

- It is estimated that 20% of people age 55 years or older experience some type of mental health concern
- The most common conditions include anxiety, severe cognitive impairment, and mood disorders (such as depression or bipolar disorder)
- Mental health issues are often implicated as a factor in cases of suicide
- Older men have the highest suicide rate of any age group. Men aged 85 years or older have a suicide rate of 45.23 per 100,000, compared to an overall rate of 11.01 per 100,000 for all ages

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Depression

- Depression is the most prevalent mental health problem among older adults. It is associated with distress and suffering. It also can lead to **impairments** in physical, mental, and social functioning.

- The presence of depressive disorders often **adversely** affects the course and complicates the treatment of other chronic diseases.

- Older adults with depression visit the doctor and emergency room **more** often, use more medication, incur higher outpatient charges, and stay longer in the hospital.

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

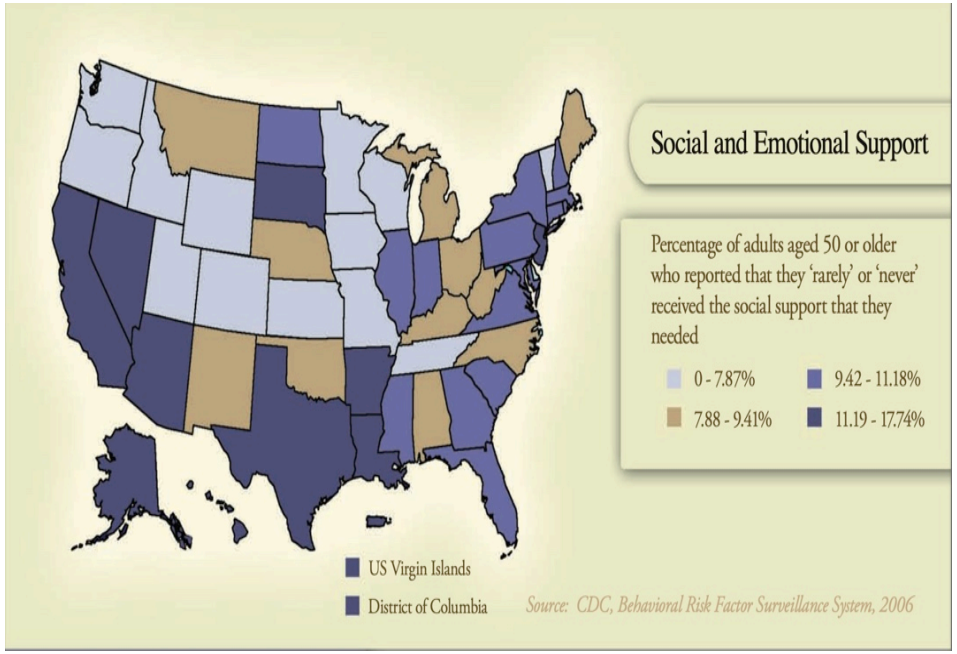
Social and Emotional Support

- Emotional support
  - (Sharing problems or venting emotions)
- Informational support
  - (Advice and guidance)
- Instrumental support
  - (Providing rides or assisting with housekeeping

Social and Emotional Support (cont.d)

Adequate social and emotional support is associated with reduced risk of mental illness, physical illness, and mortality

The majority (nearly 90%) of adults age 50 or older indicated that they are receiving adequate amounts of support

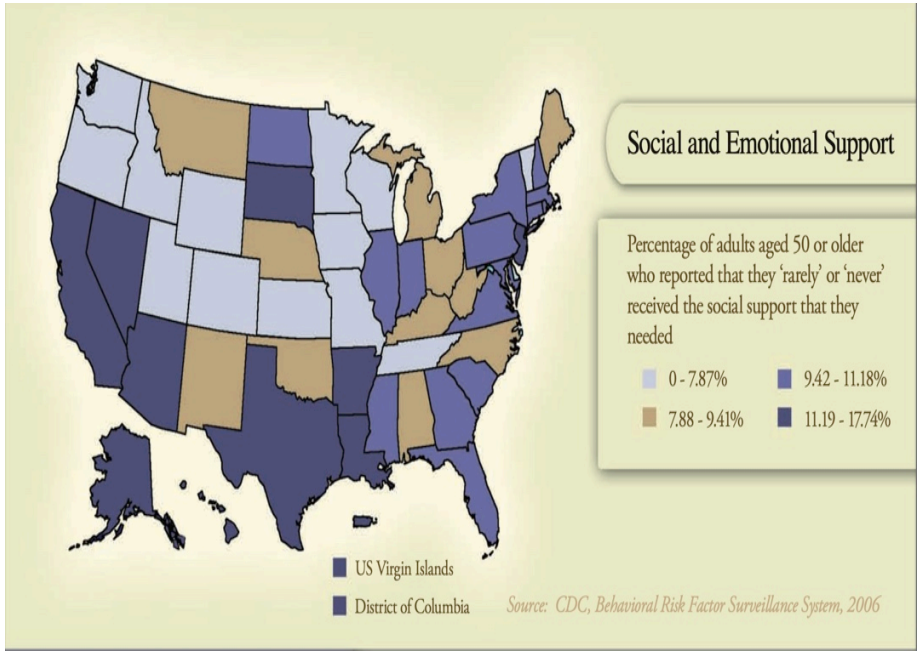


Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Social and Emotional Support (cont.d)

Among adults age 50 or older, men were more likely than women to report they “rarely” or “never” received the support they needed (11.39% compared to 8.49%)

Adults age 65 or older were more likely than adults age 50–64 to report that they **“rarely” or “never”** received the social and emotional support they needed (12.2% compared to 8.1%, respectively)



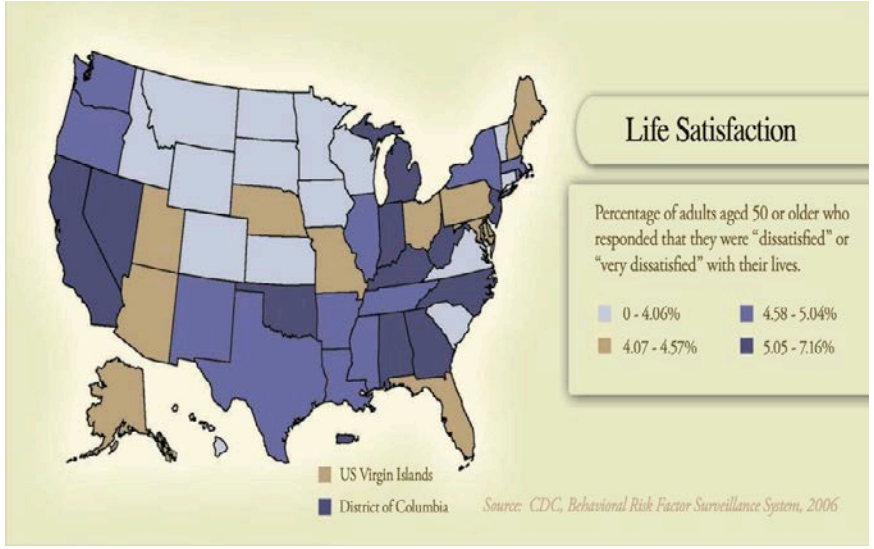
Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Life Satisfaction

- Life satisfaction is the self-evaluation of one's life as a whole, and is influenced by socioeconomic, health, and environmental factors

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

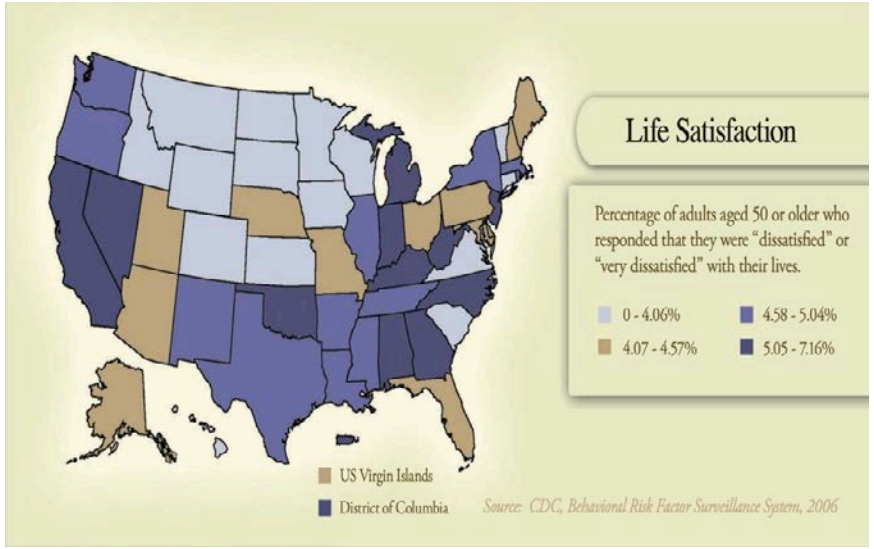
Life Satisfaction (cont.d)



- Life dissatisfaction is associated with obesity and risky health behaviors such as smoking, physical inactivity, and heavy drinking
- Nearly 95% of adults age 50 or older reported being "satisfied" or "very satisfied" with their lives, with approximately 5% indicating that they were "dissatisfied" or "very dissatisfied" with their lives
- Adults age 50–64 were more likely than adults age 65 or older to report that they were "dissatisfied" or "very dissatisfied" with their lives (5.8% compared to 3.5%, respectively)

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

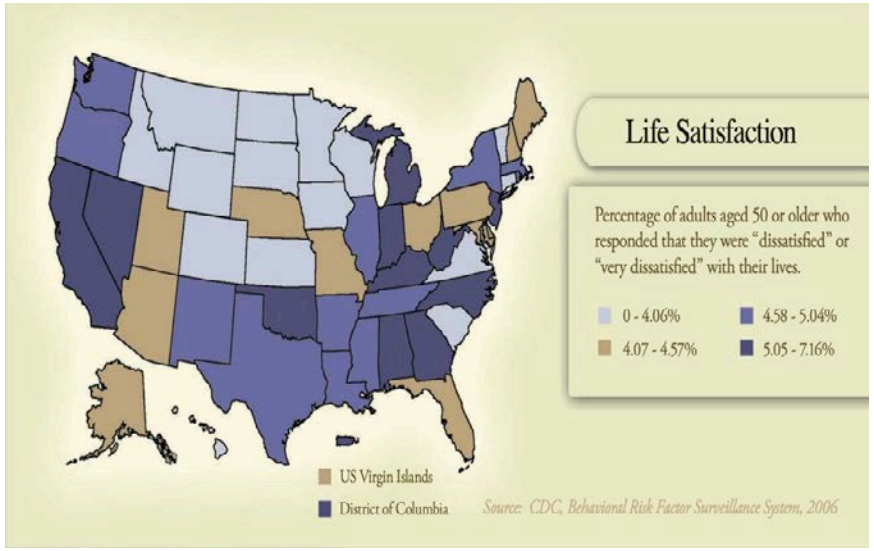
Life Satisfaction (cont.d)



- Non-Hispanic adults age 50–64 were the group most likely to report that they were "dissatisfied" or "very dissatisfied" with their lives (9.7%)
- 7.0% of Hispanics
- 7.2% of Blacks
- 5.25% of Whites
- Men and women age 50 or older reported similar rates of life satisfaction (4.7% to 5.0%, respectively)

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Frequent Mental Distress



- Frequent mental distress (FMD) may interfere with major life activities, such as eating well, maintaining a household, working, or sustaining personal relationships
- FMD can also affect physical health. Older adults with FMD were more likely to engage in behaviors that can contribute to poor health, such as smoking, not getting recommended amounts of exercise, or eating a diet with few fruits and vegetables.
- Women aged 50-64 and 65 or older reported more FMD than men in the same age groups

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

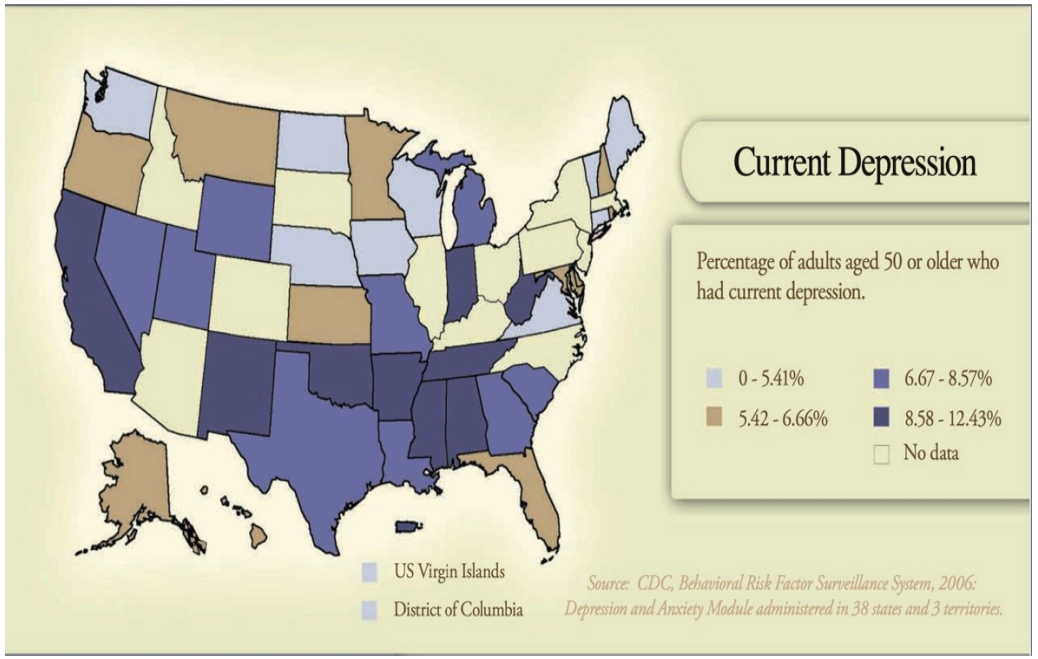
Image vy Omer Youseif from Pixabay

Depression

- Depression is more than just a passing mood. Rather, it is a condition in which one may experience persistent sadness, withdrawal from previously enjoyed activities, difficulty sleeping, physical discomforts, and feeling “slowed down.”

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Current Depression



- Risk factors included impaired functional status, and heavy alcohol for late-onset depression included widowhood, physical illness, low educational attainment (less than high consumption)
- Depression is one of the most successfully treated illnesses. There are highly effective treatments for depression in late life, and most depressed older adults can improve dramatically from treatment.
- Contrary to popular belief, most adults age 50 or older were not currently depressed; only 7.7% in this age group reported current depression, and 15.7% reported a lifetime diagnosis of depression.

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Lifetime Depression

- Adults age 50–64 reported more current depression and lifetime diagnosis of depression than adults age 65 or older

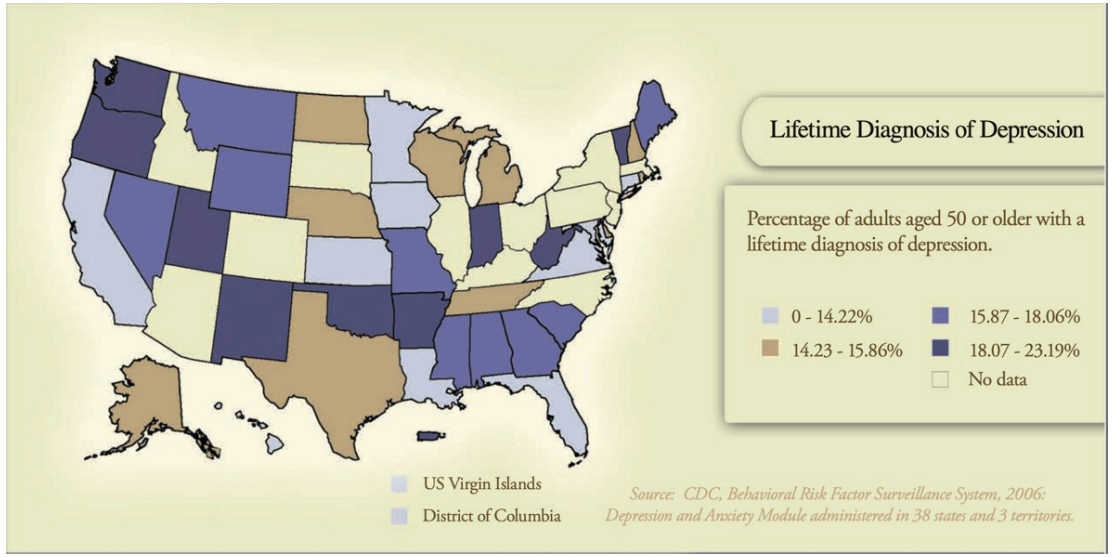
- (9.4% compared with 5.0% for current depressive symptoms)

Lifetime Diagnosis Depression

19.3% compared current Depression

10.5% for lifetime diagnosis of depression

- Women age 50 or older reported more current and lifetime diagnosis of depression than men (8.9% compared to 6.2% for current depressive symptoms; 19.1% compared to 11.7% for lifetime diagnosis)



Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Anxiety

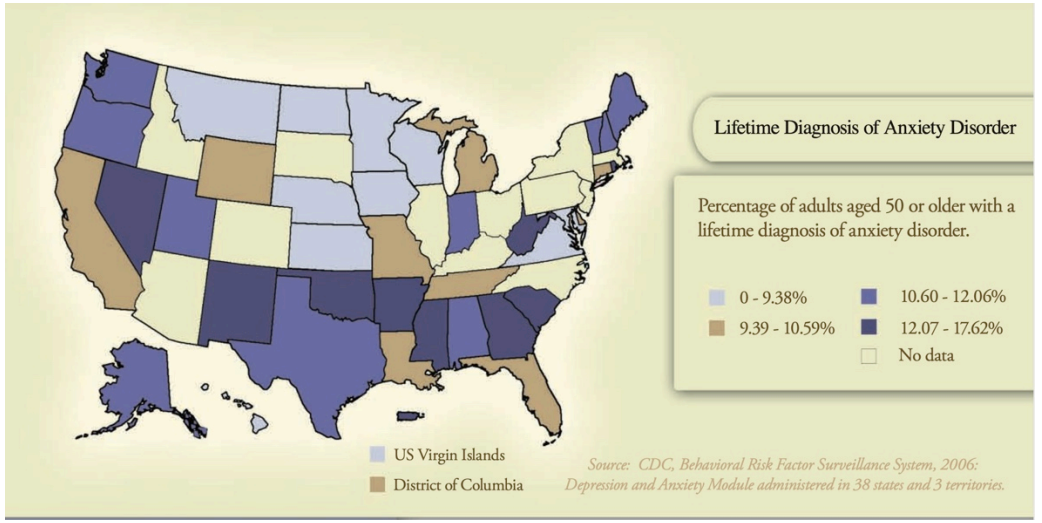
- Anxiety, like depression, is among the most prevalent mental health problems among older adults
- The two conditions often go hand in hand, with almost half of older adults who are diagnosed with a major depression also meeting the criteria for anxiety

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Anxiety (cont.d)

- Late-life anxiety is not well understood, but is believed to be as common in older adults as in younger age groups (although how and when it appears is distinctly different in older adults)

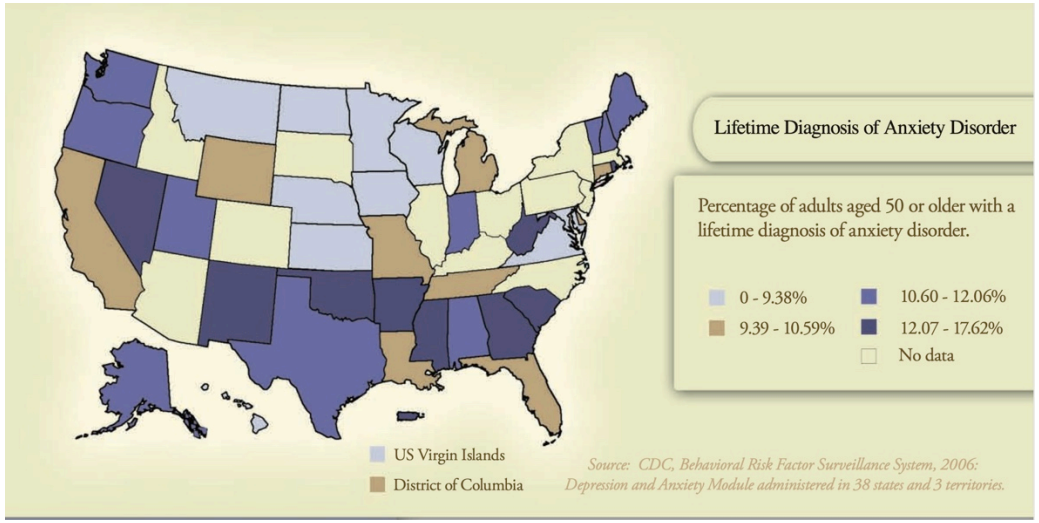
- Anxiety in this age group may be underestimated because older adults are less likely to report psychiatric symptoms and more likely to emphasize physical complaints



Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Anxiety (cont.d)

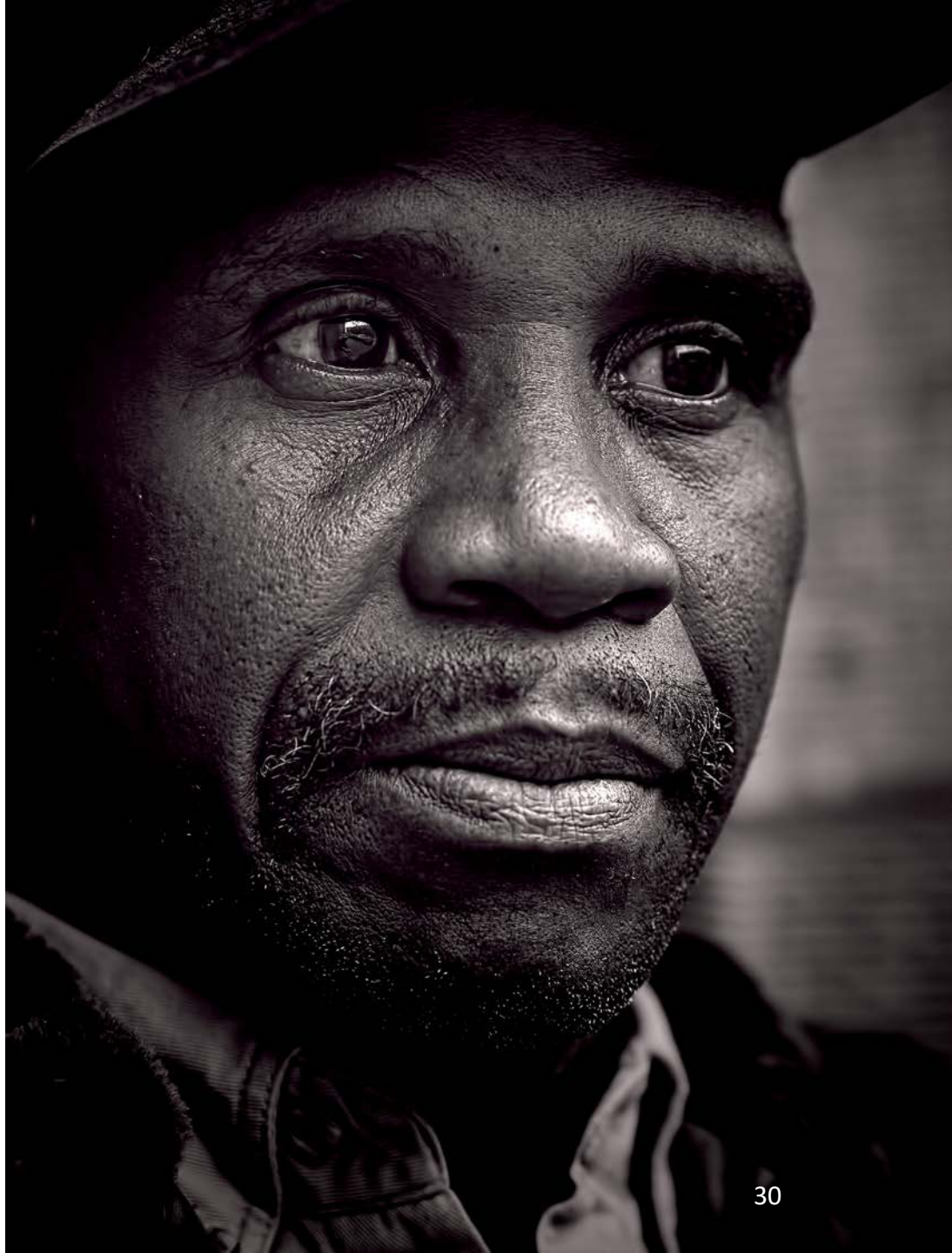
- More than 90% of adults age 50 or older did not report a lifetime diagnosis of anxiety
- Adults age 50–64 reported a lifetime diagnosis of an existing anxiety disorder more than adults age 65 or older (12.7% compared to 7.6%)
- Women age 50–64 years report a lifetime diagnosis of an anxiety disorder more often than men in this age group (16.1% compared to 9.2%, respectively)



Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us? Atlanta, GA: National Association of Chronic Disease Directors; 2008.

Elderly African Americans:

- Have lower rates of psychiatric disorders than younger African Americans;
  - First, lower prevalence rates for psychiatric disorders could be due to specific life experiences that characterized this group of older adults (i.e., cohort effect)
    - Higher prevalence rates among younger African American adults may reflect the experiences of their particular age cohort. If this is the case, one would expect that as younger and middle-aged African American adults move into older age, they will report higher prevalence rates for psychiatric disorders.
  - Second, age differences could also be due to a selection effect, that is, individuals who have serious mental health problems have higher rates of mortality



Taylor RJ, Chatters LM. Psychiatric Disorders Among Older Black Americans: Within- **and Between-Group Differences.** ***Innov Aging*****. 2020;4(3):igaa007. Published 2020 Apr 15. doi:10.1093/geroni/igaa007**

Elderly African Americans:

- Finally, because these are self-report measures, older adults who had mental health issues at a younger age may not recall them or decline to report them due to their stigmatized nature

- Family support is not protective of psychiatric disorders, whereas negative interaction with family members is a risk factor

Elderly African Americans (cont.d)

- Everyday discrimination is a risk factor for psychiatric disorders;
- Both older African Americans and African American across the adult age range have lower prevalence rates of psychiatric disorders than non-Latino whites;
- Significant proportion of African American older adults with mental health disorders do not receive professional help

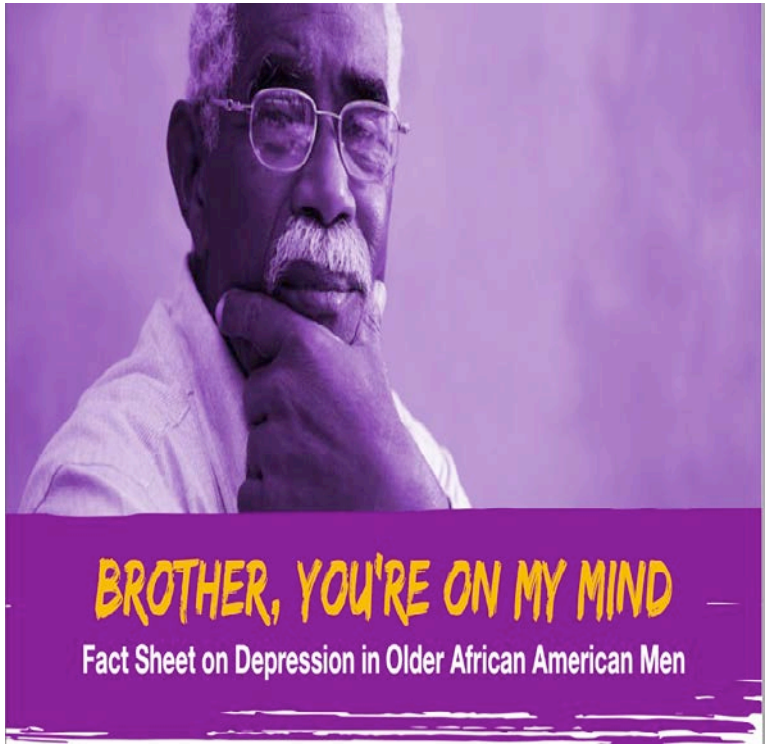
Taylor RJ, Chatters LM. Psychiatric Disorders Among Older Black Americans: Within- and Between-Group Differences. *Innov Aging*. 2020;4(3):igaa007. Published 2020 Apr 15. doi:10.1093/geroni/igaa007

Elderly African Americans (cont.d)

- Fifty-six percent of African Americans believe that depression is a normal part of aging
- Adult African Americans are 20 percent more likely to report serious psychological distress than adult Whites
- Adult African Americans living in poverty are two to three times more likely to report serious psychological distress than those not living in poverty

Taylor RJ, Chatters LM. Psychiatric Disorders Among Older Black Americans: Within- and Between-Group Differences. *Innov Aging*. 2020;4(3):igaa007. Published 2020 Apr 15. doi:10.1093/geroni/igaa007

Elderly African Americans (cont.d)



Brother, You're on My Mind website

- Depression among older adults is a major public health concern leading to increased disability and mortality
- Less than 3% of older adults utilize professional mental health services for the treatment of depression, less than any other adult age group. And, despite similar rates of depression, African Americans are significantly less likely to seek, engage and be retained in professional mental health services than their White counterparts.
- Cultural differences in the way depression symptoms are manifested, defined, interpreted and labeled may in part explain some of these racial differences in help-seeking behaviors.

Attitudes and beliefs about mental health among African American older adults with depression December 2010. DOI:10.1016/j.jaging.2010.05.007

Elderly African Americans (cont.d)

- Focus group methodology was utilized to identify and explore attitudes and beliefs about depression and mental health treatment utilization among older African Americans who had recently suffered a major depressive episode. Thematic analysis of identified six overarching themes:
  - (a) perceptions of depression
  - (b) the African American experience,
  - (c) seeking treatment as a last resort
  - (d) myths about treatment
  - (e) stigma associated with seeking treatment
  - (f) culturally appropriate coping strategies.

Attitudes and beliefs about mental health among African American older adults with depression
December 2010
DOI:10.1016/j.jaging.2010.05.007

Pharmacokinetics /Pharmacodynamics

- Pharmacokinetics
  - the branch of pharmacology concerned with the movement of drugs within the body
- Pharmacodynamics
  - the branch of pharmacology concerned with the effects of drugs and the mechanism of their action
- Physiologic changes with Aging-
  - Absorption
  - Distribution
  - Metabolism
  - Clearance/Eliminating

Mangoni AA, Jackson SH. Age-related changes in pharmacokinetics and pharmacodynamics: basic principles and practical applications. *Br J Clin Pharmacol*. 2004;57(1):6-14. doi:10.1046/j.1365-2125.2003.02007.x

Treatment of Depression

- **Depression is not a normal part of growing older.**

- **Medical conditions and depression**
  - Medical problems, including chronic medical conditions, can trigger, or worsen the symptoms of, depression in elderly patients. Any medical condition, especially those that are painful, debilitating, or life-threatening can result in symptoms of depression, including:
    - Cancer
    - Parkinson's disease
    - Stroke
    - Heart disease
    - Lupus
    - Diabetes
    - Dementia and Alzheimer's
    - Multiple sclerosis

David N. Anderson, Treating depression in old age: the reasons to be positive, *Age and Ageing*, Volume 30, Issue 1, January 2001,Pages 13–17, https://doi.org/10.1093/ageing/30.1.13

Treatment of Depression

- **Lifestyle changes:** Daily exercise, healthy eating habits, and increasing social support are all important in helping elderly patients with depression. Friends and family members can help by doing the following:
- Schedule group outings
- Establish a weekly visit
- Assist with transportation to medical appointments
- Cook and freeze healthy meals for easy preparation
- Help create a system to ease with taking medication regularly

David N. Anderson, Treating depression in old age: the reasons to be positive, *Age and Ageing*, Volume 30, Issue 1, January 2001,Pages 13–17, https://doi.org/10.1093/ageing/30.1.13

Treatment of Depression in the Elderly

- **Psychotherapy:**
- **Support groups:**
- **Medication:**
  - Selective serotonin reuptake inhibitors (SSRIs) Ex: Escitalopram (Lexapro)
  - Serotonin norepinephrine reuptake inhibitors (SNRIs) Ex: Duloxetine (Cymbalta)
  - Serotonin modulators and stimulators (SMS) Vortioxetine (Trintellix)* Off label for anxiety.
  - Atypical antidepressants. Ex: Bupropion (Wellbutrin)
  - Monamine oxidase inhibitors (MAOIs) phenelzine (Nardil)

- **Electroconvulsive Therapy (ECT)**
- **Repetitive transcranial magnetic stimulation (rTMS)**

David N. Anderson, Treating depression in old age: the reasons to be positive, *Age and Ageing*, Volume 30, Issue 1, January 2001,Pages 13–17, https://doi.org/10.1093/ageing/30.1.13

Treatment of Anxiety in the Elderly: Non-Pharmacological Treatments

- **Treatment of geriatric anxiety actually involves more of non-pharmacological approaches which are first recommended rather than pharmacological approaches**.
- **Lifestyle changes:**
  - **Increasing social support**
- **Physical Exercise:** Regular physical exercise, even for just a few minutes daily, improves cerebral blood flow and metabolism
- **Sleep:** Teaching about sleep hygiene
- **Nutrition:** lessen compromised nutrition and imbalanced electrolytes

Subramanyam AA, Kedare J, Singh OP, Pinto C. Clinical practice guidelines for Geriatric Anxiety Disorders. *Indian J Psychiatry*. 2018;60(Suppl 3):S371-S382. doi:10.4103/0019-5545.224476

Treatment of Anxiety in the Elderly: Non-Pharmacological Treatments (cont.d)

- **Behavior Therapy**:
  - EX: Relaxation Therapy: Classical Jacobson's technique of progressive muscle relaxation can be taught to the individual with anxiety. This can also be coupled with guided imagery, or practiced alone.
- **Cognitive Therapy**:
  - Cognitive Behavior Therapy: The aim of CBT in older adults is to target cognitive symptoms, physical symptoms as well as behavioral symptoms; including psycho-education about anxiety. The core of CBT, however, remains cognitive restructuring using the ABC model (antecedents-behavior-consequences).
- **Mindfulness**: Mindfulness is inculcating the ability to focus on ‘the now’. It involves focusing initially on individual senses, e.g. taste, smell, vision, hearing etc. and then graduating to focusing on one's emotions, reactions, responses etc.

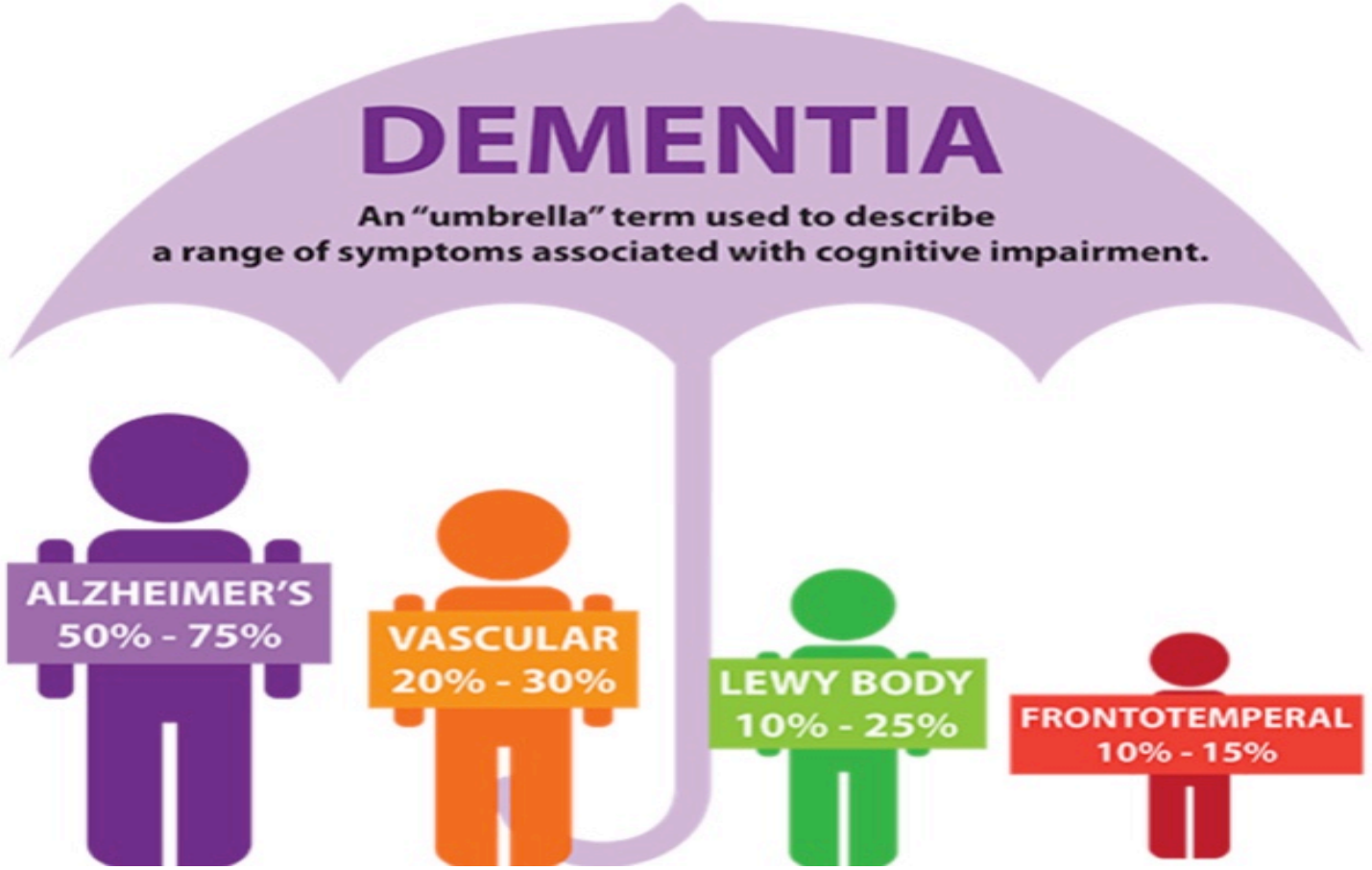
Subramanyam AA, Kedare J, Singh OP, Pinto C. Clinical practice guidelines for Geriatric Anxiety Disorders. *Indian J Psychiatry*. 2018;60(Suppl 3):S371-S382. doi:10.4103/0019-5545.224476

Treatment of Anxiety in the Elderly Pharmacological treatments

- Antidepressants are the first-line pharmacologic treatment in anxiety disorders
  - Selective serotonin reuptake inhibitors (SSRIs) Ex: Escitalopram (Lexapro**)**
  - Serotonin norepinephrine reuptake inhibitors (SNRIs) Ex: Duloxetine (Cymbalta)
  - Tricyclic and tetracyclic antidepressants (TCAs). Ex: Nortriptyline (Pamelor)* Off label for anxiety
  - Serotonin modulators and stimulators (SMS) Vortioxetine (Trintellix)* Off label for anxiety
- Buspirone (Buspar)
- Benzodiazepines (Ex Clonazepam (Klonopin) should be used short term only. (Linked to falls and dementia)

Crocco EA, Jaramillo S, Cruz-Ortiz C, Camfield K. Pharmacological Management of Anxiety Disorders in the Elderly. *Curr Treat Options Psychiatry*. 2017;4(1):33-46. doi:10.1007/s40501-017-0102-4

Dementia: Types



Dementia Epidemiology

- (10.7%) age 65 and older has Alzheimer’s dementia

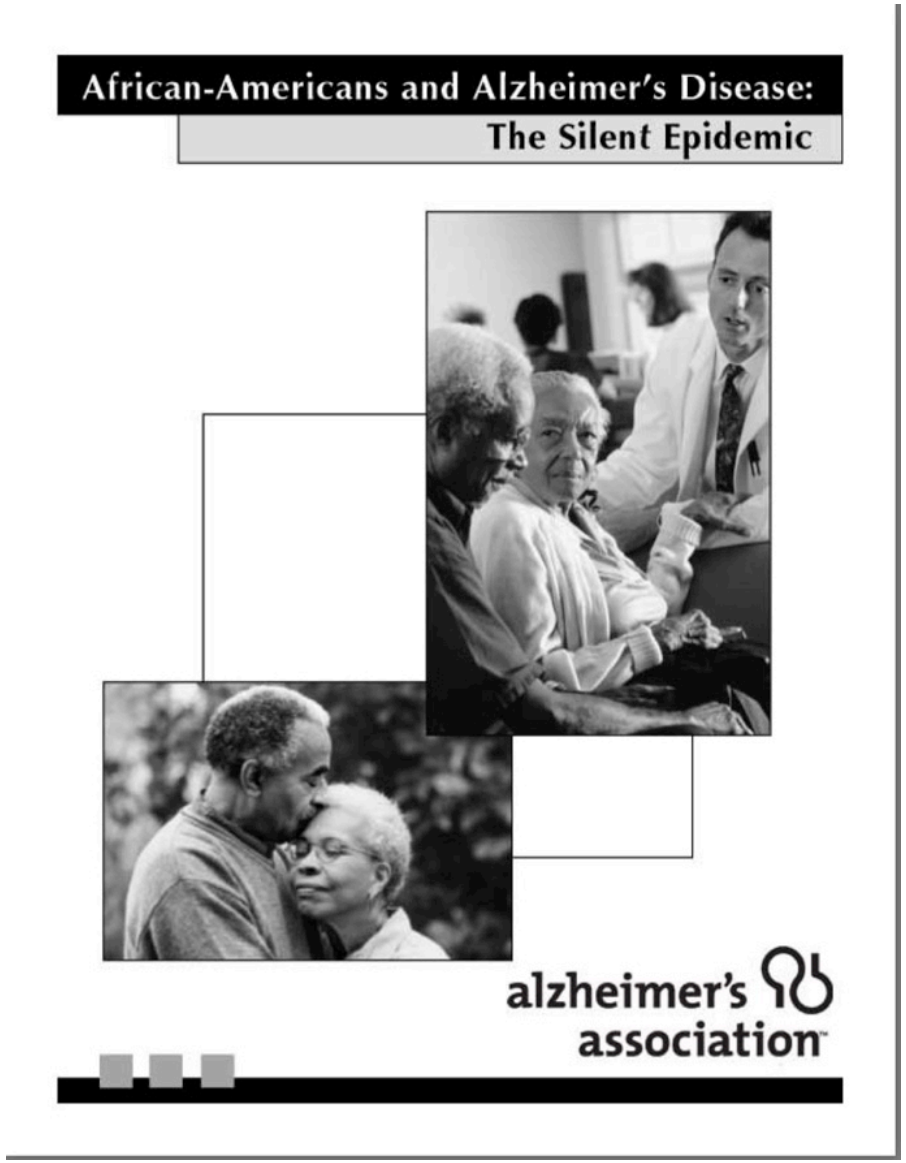
- The percentage of people with Alzheimer’s dementia increases with age:
  - 5.0% of people age 65 to 74,
  - 13.1% of people age 75 to 84, and
  - 33.2% of people age 85 and older have Alzheimer’s dementia

- People younger than 65 can also develop Alzheimer's dementia

Alzheimer’s Association. *2022 Alzheimer’s Disease Facts and Figures*. Alzheimers Dement 2022;18.

African Americans and Dementia

Among Black Americans ages 70 and older, 21.3% are living with Alzheimer's



Dementia: Discrimination

Half of African Americans say that they **have experienced discrimination** while seeking care for a person living with Alzheimer's.

Race, Ethnicity and Alzheimer's in America

Dementia: Accessing Care

Only 48% of Blacks report being confident they can access culturally competent care.

Race, Ethnicity and Alzheimer's in America

Dementia: Distribution on Cure

Only 53% of Blacks **believe that a cure for Alzheimer's will be distributed fairly**, without regard to race, color or ethnicity.

Race, Ethnicity and Alzheimer's in America

Dementia: In Community Settings

65% of Black Americans say that they **know somebody with Alzheimer's or dementia**.

Race, Ethnicity and Alzheimer's in America

Dementia: Belief - Normal part of aging

55% of Blacks **think that significant loss of cognitive abilities or memory is a natural part of aging** rather than a disease.

Race, Ethnicity and Alzheimer's in America

Dementia: Concerns

Only 35% of African Americans say that they are concerned about Alzheimer's or dementia.

Race, Ethnicity and Alzheimer's in America

Non-pharmacologic approaches to dementia

- Cognitively stimulating activities (e.g., reading, games)
- Physical exercise (e.g., aerobic and anaerobic)
- Social interactions with others (e.g., family events)
- Healthy diet such as the Mediterranean diet (e.g., high in green leafy vegetables)
- Psychological health (e.g., participating in personally meaningful activities such as playing music)

Arvanitakis Z, Shah RC, Bennett DA. Diagnosis and Management of Dementia: Review. *JAMA*. 2019;322(16):1589-1599. doi:10.1001/jama.2019.4782

Pharmacologic approaches to dementia

- **Cholinesterase inhibitors**
  Prescribed to treat symptoms related to memory, thinking, language, judgment and other thought processes

- These medications prevent the breakdown of acetylcholine, a chemical messenger important for memory and learning. These drugs support communication between nerve cells.

  - **Donepezil (Aricept®)**: approved to treat all stages of Alzheimer's disease

  - **Rivastigmine (Exelon®)**: approved for mild-to-moderate Alzheimer's as well as mild-to-moderate dementia associated with Parkinson's disease

  - **Galantamine (Razadyne®)**: approved for mild-to-moderate stages of Alzheimer's disease

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Pharmacologic approaches to dementia (cont.d)

- **Aducanumab (Aduhelm™)**

- Aducanumab is an anti-amyloid antibody intravenous (IV) infusion therapy approved for Alzheimer's disease. When considering any treatment, including aducanumab, it is important to have a conversation with your health care provider to determine if you are a candidate for the treatment.

Arvanitakis Z, Shah RC, Bennett DA. Diagnosis and Management of Dementia: Review. *JAMA*. 2019;322(16):1589-1599. doi:10.1001/jama.2019.4782

Conclusion

- Depression is not a normal part of the aging process
- Depression and Anxiety occur in the elderly. Often, they occur together; they can lead to worsening physical, cognitive and functional impairments in this vulnerable population.
- Dementia is a disease, not a natural part of the aging process
- There are treatment strategies that are efficacious and safe for these disorders

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Questions

Appreciation

Contact Us

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Funded by Substance Abuse and Mental Health Services Administration

a program managed by

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Let's connect: