
CLINICAL GERIATRIC PSYCHO- PHARMACOLOGY

CARL SALZMAN

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McGRAW-HILL BOOK COMPANY

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Hamburg Johannesburg Lisbon London Madrid Mexico Montreal New Delhi
Panama Paris San Juan São Paulo Singapore Sydney Tokyo Toronto

Notice

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1234567890 DOCDOC 8987654

ISBN 0-07-054502-2

This book was set in Optima by Monotype Composition Company, Inc.; the editors were Beth Ann Kaufman and T. Fiore Lavery; the production supervisor was Avé McCracken; the cover was designed by Joe Cupani.
R. R. Donnelley & Sons Company was printer and binder.

Library of Congress Cataloging in Publication Data
Main entry under title:

Clinical geriatric psychopharmacology.

Includes bibliographies and index.

1. Geriatric pharmacology. 2. Psychopharmacology.
I. Salzman, Carl. [DNLM: 1. Psychopharmacology—In old age. 2. Psychotropic drugs—Therapeutic use. 3. Mental disorders—In old age. WT 150 S186c]
RC953.7.C55 1984 618.97'68918 84-5711
ISBN 0-07-054502-2

CLINICAL GERIATRIC PSYCHO- PHARMACOLOGY

TO RACHEL, JOSHUA,
AND JUDITH P.
WITH LOVE

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PREFACE

As I was preparing to write the preface for this book, I received a letter from a woman in another state who had read an article about a lecture I had given on geriatric psychopharmacology. The woman was concerned about the many kinds of drugs given to her 87-year-old father-in-law who was in a local nursing home. She proceeded to reproduce a list of ten different medications, affecting various functions, that had been prescribed by doctors who labeled him merely "senile." "It seems that old people are just written off as unhelpable, but I hate to accept that."

Shortly after receiving her letter, I received a second letter, also referring to a newspaper report of a presentation at a professional conference. This letter also questioned the advisability of polypharmacy and whether it could cause irrational behavior in the elderly. "Physicians should not only be made aware of possible side-effects, but older folks should be encouraged to use geriatrics-related clinics, and those specializing in [the] treatment of the aged."

I could not have found a better way to introduce this book and to illustrate the need for clinicians who have knowledge and experience using psychotropic drugs for older patients. The letters describe the rampant problem of polypharmacy in the treatment of the elderly as inexperienced physicians vainly attempt to ameliorate a vast array of confusing and interrelated symptoms. Most of all, they reveal the desperation and helplessness of family members who feel either alone or abandoned by the medical profession when dealing with physically, emotionally, and cognitively impaired older people.

It is clear to all in the health care profession, even without official statistics, that the number of older people who seek help for various emotional, behavioral, or cognitive disorders is increasing. It is also no secret that professional expertise in geriatric medicine and geriatric psychiatry lags behind the need for knowledge and clinical care. And, within the specialty of psychiatry and the subspecialty of psychopharmacology, the number of professionals with expertise in prescribing psychotropic drugs to older patients is far less than the need warrants.

This situation is not surprising. Although psychopharmacology is a major subspecialty of psychiatry, the need for special knowledge and skills in the use of psychotropic drugs for older people has only recently been appreciated. In many ways, geriatric psychopharmacology is the new frontier in clinical psychiatric practice, analogous to the emergence of psychopharmacology as a distinct field only 25 years earlier.

In June 1981 I organized an educational conference sponsored by the department of psychiatry, Harvard Medical School, and the Massachusetts Mental Health Center. The goal of the conference was to bring together, over a 2-day period, a distinguished faculty who would discuss state-of-the-art knowledge concerning the emotional, behavioral, and cognitive disturbances in the aged and their treatment with psychotropic drugs. The response of the audience was enthusiastic and many who attended the conference suggested that we publish the proceedings.

We decided, however, that clinicians could be better served by a monograph focusing on the clinical practice of geriatric psychopharmacology. The resulting volume is intended for all physicians and health care providers who deal with older patients—not only psychiatrists, but internists, family practitioners, medical students, nurses, psychologists, social workers, and hospital and nursing home administrators. While oriented to the clinical needs of the prescribing physician, the book is also a compendium of research data and references which will assist the health care professional in locating information suited to his or her particular needs.

The reader is encouraged to remember that turning age 65 does not confer automatic membership in a homogeneous society of elderly individuals. In fact, older people are best described by their remarkable dissimilarity. My associates and I have, however, attempted to provide a careful set of general guidelines for prescribing psychotropic drugs to the older patient. It is our hope that this book will contribute to increasing the number of knowledgeable clinicians who will ultimately be treating the most rapidly growing segment of our society.

Many people contributed to the production of this volume. Joyce Nevis-Olesen performed an extraordinary editing job with humor and understanding. Similarly, M. Janice Gutfreund prepared seemingly endless manuscripts. Drs. Ross Baldessarini and David J. Greenblatt graciously reviewed two chapters each. Other readers included Drs. Daryl Abernethy, W. Edward Fann, Robert Friedel, Bennett Gurian, Kenneth Nobel, Barry Reisberg, and Richard I. Shader. Many chapters were also read and edited by Judith P. Salzman. Drs. T. Corwin Fleming and Steven Jaffe contributed additional case vignettes, and Dr. Steven Hoffman assisted in compiling the drug interactions data in Chapter 10. I am grateful to everyone who helped see this project through to completion.

Carl Salzman

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PART ONE

**THE AGING PROCESS
AND RESPONSE TO
PSYCHOTROPIC DRUGS**

OVERVIEW

Carl Salzman

Twenty-five million Americans (11 percent of the total population) are now 65 years of age or older.³ Frequently cited epidemiological statistics suggest that by the twenty-first century, the country's population will include approximately 50 million people 65 years of age or older, half of whom will probably be over 75.^{1,8}

Currently these older Americans constitute nearly one-third of overall health expenditures in the United States.¹⁰ Older Americans account for over 40 percent of acute hospital bed days and have a 20 percent chance of being admitted to a nursing home.¹ Approximately 15 percent of these older people have functional psychiatric disturbances; an additional 4 percent aged 65 to 74, and 20 percent 75 years of age and older, have organic mental impairment (Table 1-1).⁸

PATTERNS OF PSYCHOTROPIC DRUG USE IN THE ELDERLY

Old age itself and the more prevalent diseases associated with the aging process account for a large amount of drug treatment in the elderly population. The average American over the age of 65 fills 13 prescriptions per year.¹⁰ More than 85 percent of elderly ambulatory patients and almost 95 percent of elderly institutionalized patients receive drugs.^{11,12} The average number of represcriptions and refills for those 65 years of age and older is more than twice that of the national population and nearly three times that of persons under 65 years of age. *Approximately one-quarter of older people are dependent on prescription drugs for daily activities.*⁶

Psychotropic drugs constitute a significant portion of prescription drugs used by the elderly: after cardiovascular drugs and analgesics, sedatives and hypnotic drugs are the most common type of drug taken by older people.¹⁰ More than 50

TABLE 1-1
PREVALENCE OF MENTAL DISORDERS IN
THE ELDERLY⁵

Disorder	Percentage of population
Dementia	
Aged 65 to 79	3
Aged 80 and over	20
Depression	
Transient conditions (without suicidal risk or intractable disease)	30
Conditions warranting treatment	13
Schizophrenia	
In general elderly popula- tion	1
New cases arising with advanced age	10

percent of the patients in skilled nursing facilities and more than 30 percent of the older patients hospitalized in general hospitals for medical-surgical care receive psychotropic drugs;¹⁸ and approximately 50 percent of noninstitutionalized elderly people who take psychotropic drugs claim that they cannot perform regular daily activities without them.⁶ The elderly who receive psychotropic medication also use more prescription drugs of other kinds and tend to consult their physicians about drug use more than older people who do not take psychotropic drugs.⁶

COMMON SIDE EFFECTS OF PSYCHOTROPIC DRUGS IN THE ELDERLY

As people age, they are increasingly likely to experience side effects of drugs of all kinds, including psychotropic drugs. The elderly are more vulnerable to these adverse drug reactions than younger adults because of three age-related factors. First, there is an altered sensitivity to psychotropic drugs associated with age-related structural and functional changes in the central nervous system (CNS). As a result, some older people may experience toxicity from doses routinely prescribed to younger adults, while others seem not to respond at all to therapeutic doses. Second, the body's ability to absorb, bind, metabolize, and excrete drugs tends to decrease with age.¹⁹ This leads to higher levels of unmetabolized drug at the receptor site as well as a prolonged sojourn of drugs in the body. Third, older people are more likely to be taking a variety of drugs (polypharmacy) for treatment of age-related medical illness. The interaction among medical, over-the-counter, and psychotropic drugs often results in severe drug toxicity.¹⁹