

Post-Traumatic Stress Disorder (PTSD)

2016 Elder Friendly Futures Conference

Multiple Voices Shaping Our Communities

Panel: New Insights About What Works and What
Doesn't in Geriatric Mental Health

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Recognize ♦ Treat ♦ Monitor

Overlapping Ongoing Care for our Older Patients

PTSD = a survival response gone awry

A Stress Response engages the sympathetic nervous system: **Fight or Flight**

- SAM – sympathetic adrenomedullary system
 - HPA - hypothalamic-pituitary-adrenal axis
- ✓ **Life saving initially**
 - ✓ **If continues, often overwhelms the organism**
 - ✓ **When maintained, potentially more damaging than the stressor**

DSM-5 PTSD diagnosis



- Four distinct symptom clusters:
- **Re-experiencing** covers spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress.
 - **Avoidance** refers to distressing memories, thoughts, feelings or external reminders of the event.
 - **Negative cognitions and mood** represents myriad feelings, from a persistent and distorted sense of blame of self or others, to estrangement from others or markedly diminished interest in activities, to an inability to remember key aspects of the event.
 - **Arousal** is marked by aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems. Recognizes that there can be a “flight” aspect associated with PTSD and also a “fight” reaction.

Why is it important to Recognize PTSD?

- **Common**
- **Chronic**
- **Can be relapsing/remitting**
- **Causes significant functional impairments**
- **Associated with higher rates of comorbidity**
- **Associated with increased risk for suicide**
- **Associated with increased risk of dementia**

PTSD Tool for Screening

- PCL-5 (PTSD Checklist for DSM-5)
- Description: 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD.
- It can be used to:
 - Monitor symptom change during and after treatment
 - Screen individuals for PTSD
 - Make a provisional PTSD diagnosis

Weathers, et al. www.ptsd.va.gov

Trauma Exposure and PTSD

- 50-60% of general population exposed to trauma
- 56% men; 49% women exposed to >1 trauma
 - National Comorbidity Study (Kessler, et al., 1995)
- 90% exposure in some high risk urban areas
 - Detroit (Breslau et al., 1998)
- **Trauma exposure ≠ PTSD**
- The National Comorbidity Survey Replication (NCS-R; Kessler, et al., 2005) comprised interviews of a nationally representative sample of 9,282 Americans aged 18+ years:
 - PTSD was assessed among 5,692 participants, using DSM-IV criteria.
- Lifetime prevalence of PTSD among adult Americans was **6.8%**

PTSD Among Veterans

- National Vietnam Veterans Readjustment Study (Kulka, et al., 1990) comprised interviews of 3,016 American Veterans selected to provide a representative sample of those who served in the armed forces during the Vietnam era:
 - Estimated lifetime prevalence of PTSD among these Veterans was 30.9% for men and 26.9% for women.
 - Of Vietnam theater Veterans, 15.2% of males and 8.1% of females were currently diagnosed with PTSD at the time of the study
- More recently, a more conservative estimate still found 19% lifetime prevalence (Dohrenwend, et al., 2006)
- Gulf War Veterans: prevalence of PTSD, used the PCL rather than an interview, found a 12.1% prevalence of current PTSD (Kang, et al 2003)
- OEF/OIF Veterans: found prevalence of current PTSD was 13.8% (Tanielian & Jaycox, 2008)

PTSD in older adults

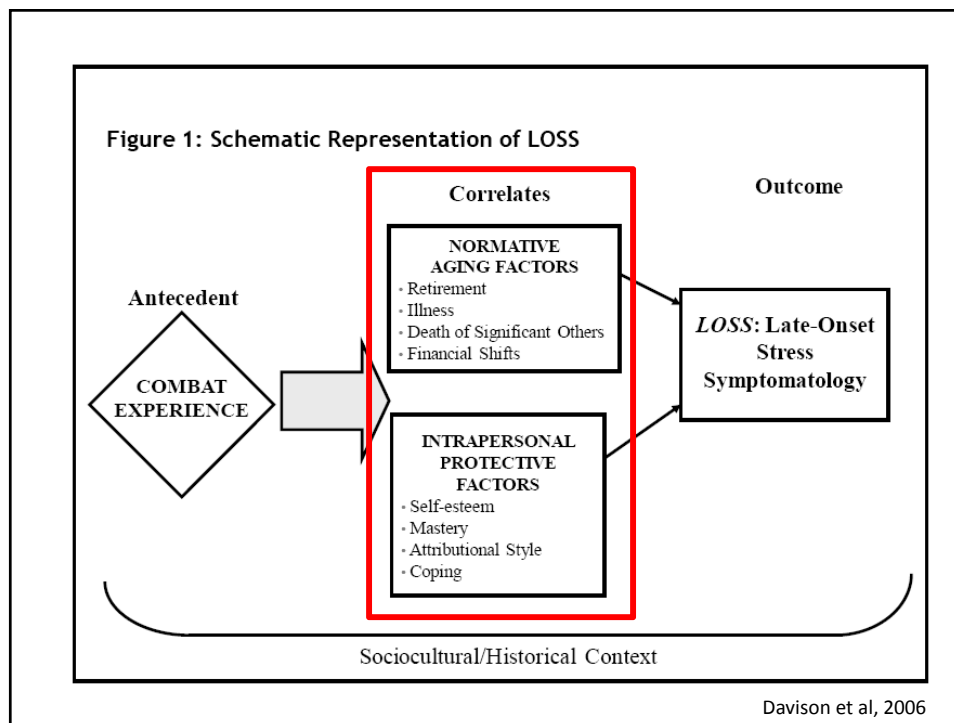
What does PTSD look like in older adults?

- For chronic PTSD, it often looks like a continuation from young adulthood¹
- For some older adults, symptoms of PTSD crop up after retirement or after developing a chronic medical condition.²

Late-Onset Stress Symptomatology (LOSS)

- phenomenon among older Vets who were exposed to highly stressful war-zone events in their early adult years
- have since functioned successfully with no long-term history of chronic stress-related disorders
- begin to experience combat-related thoughts, feelings, reminiscences, and possibly distress as they confront the challenges of aging

1. Averill & Beck (2000). 2. Davison, et al, (2006); Pless et al, (2010)



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Treatments for PTSD

Psychotherapy

- **CBT methods**¹
- Prolonged Exposure Therapy (PE)²
- Cognitive Processing Therapy (CPT)²

Pharmacotherapy

- SSRIs
- Others

1. American Psychiatric Association. Practice guidelines (2004); 2. Nemeroff, et al (2006).

Special Considerations

- Barriers to Implementation: exposure is underutilized
 - lack of training, discomfort
- Comorbid Psychiatric conditions
 - Substance use/abuse
 - Depression and Bipolar Disorder
 - Treat concurrently
- TBI and other Physical Injury
- Older Adults – weak body of research
 - Cons: Age-related health conditions, not psychologically-minded, decline in cognitive capacity
 - Pros: Exposure therapy can be used safely

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PTSD + Cognition

- In a meta-analytic study of research on Older Adults with PTSD, there was an overall effect for lower “neurocognition” in those with PTSD, with the largest magnitude of effect for tests of memory, especially new learning (Schuitevoerder, et al., 2013)
- Veterans with PTSD are more than twice as likely to develop dementia compared to those without PTSD (Yaffe et al., 2010; Qureshi et al., 2010).
- PTSD is associated with independent risk factors for dementia including smoking, diabetes, hypertension, hyperlipidemia, obesity, coronary heart disease, and stroke (Ahmadi et al., 2011; Coughlin, 2011).

Interaction of PTSD and Dementia

A history of PTSD can play a role in behavior after the onset of dementia.

- Traumatic events seem “fresher”/more recent as dementia progresses
- Institutional environments can hold numerous triggers (e.g. Holocaust survivors, POWs)
- Learned coping responses and post-trauma life successes may be lost
- History of PTSD has been associated with increased agitation and behavioral disturbance in nursing home patients.

WHAT CAN YOU DO FOR OLDER ADULTS WITH MEMORY CONCERNS AND PTSD?

- ✓ Provide education and support while monitoring over time
- ✓ Support would ideally include teaching them skills for managing PTSD and cognitive lapses

Setting: VA Memory Disorders Clinic

- Uptick in numbers of “younger” older adult Veterans with cognitive concerns



- Common Element: Veterans had a diagnosis of Post-Traumatic Stress Disorder (PTSD)
- Goal to develop materials to address the needs of the Providers who treat these Veterans and tools for the Veterans themselves.

Background

- Management of modifiable risk factors through specifically designed programs will be instrumental in minimizing the development of dementia in Veterans and the economic impact on society (Veitch et al., 2013).
- Group psychoeducation is associated with improvement in knowledge of risk factors for cognitive decline and healthy brain aging strategies in “at risk” older adults (Norrie et al., 2011).
- However, knowledge alone is not strongly associated with changes in lifestyle practices. Thus, health education programs need to also increase awareness of behavioral changes that promote the application of knowledge in daily life (Coulson et al., 2004).
- As an “intervention” memory skills groups could increase functional independence over a longer period of time. However, results have been mixed (Clare & Woods, 2008).
- Evidence-based group treatments for PTSD have been efficacious; group members benefit from the support of other group members with similar symptoms (Foy et al., 2004).

Support for Older Adult Veterans with PTSD and Memory Concerns

- VA Puget Sound Health Care System (VAPSHCS)
- Geriatric Research, Education, and Clinical Center (GRECC)

Two primary goals:

- **Interaction with VA Providers** – education and informational tool development; *“PTSD can be a Memory Problem”* pamphlet
- **Memory Skills Group** – for Veterans who are older and have both PTSD and concerns about their memory; Memory Skills Manual and a Leaders’ Manual

PTSD Resources/Further Information

- BEERS list from the American Geriatrics Society
<http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf>
- VA Post Traumatic Stress Disorder Pocket Guide
http://www.healthquality.va.gov/ptsd/PTSD_PocketGuide_13May2013v1.pdf
- www.pdhealth.mil/clinicians/ptsd.asp
- www.ptsd.va.gov
- www.healthquality.va.gov/guidelines/MH/PTSD