10 THINGS ABOUT:
GEROPSYCHIATRIC PATIENTS

1. An elderly patient's capacity to give informed consent to treatment may be impaired. A patient's capacity may fluctuate due to the natural course of his or her illness, response to treatment, psychodynamic factors, metabolic status, intercurrent illnesses, or the effect of medications.

2. A patient may lack the capacity to make certain decisions but not others. For example, a patient may lack the capacity to manage his financial affairs but be perfectly capable of understanding and consenting to medical treatment. Or he may be able to execute some medical decisions, such as agreeing to take medication, but not others. The question then becomes whether the patient possesses the capacity to make a specific treatment decision.

3. In some situations, a patient may need a surrogate decision-maker to consent to treatment. If the patient already has a surrogate decision-maker, the psychiatrist should know who can give consent for treatment and maintain appropriate documentation of such in the patient's treatment record.

4. Elderly patients are more likely to have co-occurring somatic conditions. Medications used for the treatment of those conditions can interact and place the patient at risk of serious injury. Seek information from the patient, as part of the patient's assessment, about the patient's use of prescription medications, over-the-counter medications, herbal remedies, dietary supplements, other treatments, and dietary practices.

5. There is an increased risk of over- as well as under-medicating elderly patients. Monitoring patients for the continued effectiveness and safety of prescribed medications is crucial. When benzodiazepines and other sedating or performance-inhibiting medications are prescribed, elderly patients may be especially vulnerable to an increased risk of injury from falls. Performance-inhibiting medications call for careful monitoring.

6. When treating elderly patients, (to the extent allowed by the patient), it may be beneficial to involve family members and/or other caregivers in order to achieve optimal care. And, because family members are often the impetus to litigation following a less than desired outcome, effective communication is also an important step in minimizing liability risk.

7. Older adults have higher suicide rates than other age groups. Although those age 65 and older comprise roughly 13% of the U.S. population, they account for over 18% of all suicides. According to CDC data, men over the age of 75 have the highest suicide rate of any age group (38.8 per 100,000 in 2014). While approximately one-third of people over the age of 65 are believed to experience some form of depression, it often goes untreated. One reason for this is the

misconception on the part of many that depression is to be expected as one ages and there is nothing that can be done.

8. Unlike in younger populations, suicide attempts among the elderly are typically not an impulsive act but rather are well-planned and often involve the use of firearms. As a result, these attempts are more often fatal. Because many older people live alone, there is less likelihood they will be discovered and rescued and, because many are also physically frail, they are less likely to survive even if they are discovered.

9. While most healthcare providers are keenly aware of their obligation to report child abuse, many do not appreciate their concurrent obligation to report suspected abuse of adults, particularly the elderly or incapacitated. Although the laws vary, in most states physicians are required to make a reporting when they suspect elder abuse which is defined by the CDC as "an intentional act, or failure to act, by a caregiver or another person involving an expectation of trust that causes or creates a risk of harm to an older adult. Abuse may take one of several forms: physical abuse, sexual abuse, psychological/verbal abuse, financial exploitation, and neglect.

10. Patients may be reluctant to report abuse, fearing that they will not be believed or that they will be sent away from their families and be placed in a potentially worse situation. In other instances, the patient may not recognize another person's actions as abuse. For example, a victim may ignore or not be aware of the abuser's ulterior motives when shown attention and romantic affection by the abuser. In other instances, the victim may not report economic losses due to humiliation.

Compliments of:

PRMS℠
Professional Risk Management Services, Inc.

Call	(800) 245-3333
Email	TheProgram@prms.com
Visit us	www.psychprogram.com
Twitter	@PsychProgram