

Counseling geriatric patients about opportunity and risk when ‘digital dating’

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Baby Boomers represent a rapidly growing segment of digital device users.¹ As these people age, their continued, even increasing, use of the Internet can be expected.¹ At the same time, many older adults (age ≥65) are engaged in intimate relationships and regard sexuality as an important part of life.²

At this intersection, the Internet is likely to play a role in geriatric sexuality and “digital intimacy”—in that older adults can adopt patterns of using online dating sites similar to what their younger counterparts engage in. There is a need among clinicians to avoid stereotypical perceptions of “ageism” and the myth of “geriatric asexuality” as a result of older patients’ continued sexual interest and their adoption of social media technologies to facilitate the development of new intimate relationships. Acknowledgement of these realities by clinicians may assist in understanding and communication regarding these important areas of patients’ lives.

Why online dating?

Contemporary social and demographic changes (eg, higher divorce rates, increased longevity, aging of Baby Boomers) have influenced patterns of dating behaviors.³ Consistent with evolutionary theory, studies on courtship behaviors show that women remain the “choosers” of partners in relationships at all ages³; in contemporary society, however, there is an increasing ratio of women to men in later life, and the degree to which this demographic change might influence older men and women who are pursuing sexual relationships is unclear.³ Older adults might be aware of

these demographic realities, and may use the Internet to increase their chances of finding a relationship.

For older homosexual men and women, demographic trends also are important because fewer available partners of similar sexual orientation might be available in their immediate communities, similarly incentivizing the use of online dating sites.

Hand in hand: Risk and vulnerability

Clinicians can discuss with geriatric patients who present with questions or concerns about sexuality and risks of online dating. Although risks associated with digital dating can involve anyone, those who are recently divorced, widowed, disabled, or elderly can be targeted by predators or fraudulent schemes, and thus become victims. Recognizing those risks and the vulnerability in the geriatric patient is crucial.

Chronic illness. Age-related physiological changes do not necessarily make one vulnerable; however, chronic diseases of aging, including major neurocognitive disorders, can impair daily function and increase disability and vulnerability. The majority



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Table

Minimizing risks associated with online dating among older patients

Strategy	Tactic
Invite the patient to have an open discussion about sexual activity and online practices	<ul style="list-style-type: none"> • Provide education and prevention strategies for sexually active patients who are at greater risk of STIs • Offer printed materials on STI transmission and encourage patients to share them with friends • Consider testing for STIs, including HIV, for those at risk (eg, unprotected sex, multiple partners) • Encourage patients to talk to potential partners about STI testing and to avoid unprotected sex • Ask the patient to have his (her) own supply of condoms
Encourage the patient to limit his (her) self-disclosure and exposure online	<ul style="list-style-type: none"> • Limit the amount of information shared about themselves online • Encourage caution when adding online daters as “friends” on social networking sites, particularly if the person wishes to keep family life separate from online dating
Instruct the patient to ensure personal safety	<ul style="list-style-type: none"> • Check for inconsistencies in online communications and provided photographs • Use technology, such as webcams, to assess authenticity of prospective daters • Undertake background checks using Web search engines or paid agencies • Use online map searching to assess authenticity, particularly when communicating with geographically distant individuals • Employ protective strategies during face-to-face meetings
Instruct the patient to ensure financial safety	<ul style="list-style-type: none"> • Do not disclose financial information to a person who requests money or refuses to answer questions about his (her) personal life • Do not give credit card numbers, online account details, and passwords to anyone you do not know or trust • Ensure that your financial and legal affairs are up to date • Document everything; keep copies of everything you sign and all your paperwork in a safe place • If theft is involved, call your local police immediately
Advise the patient that control is a key issue concerning online communication	<ul style="list-style-type: none"> • Block or delete suspicious users • Block all communication and interactions with other online users if desired • Maintain control over the progression of communication beyond the online dating Web site

STI: sexually transmitted infection
Source: Reference 5,6

Those who are recently divorced, widowed, elderly, or disabled have an increased risk of becoming a victim of fraudulent schemes

of online dating sites do not discriminate among users, including those with disabilities such as incapacitating neuropsychiatric disorders. The clinician may need to assess cognitive status of patients specific to their capacity to fully understand the risks of use of social media. Inability to accomplish basic mastery of computer skills or inability to maintain appropriate boundaries and safeguards in relationships initiated and maintained using the Internet may assist in this determination.

Patients with other problematic Internet use (eg, excessive devotion to online shopping or online gambling) may be prone to misusing social media and dating sites as well. Patients with clear impairment of memory or poor social judgment based on a neurocognitive disorder also might not maintain proper boundaries with social media use.

Feeling alone. Older persons might feel socially isolated, and therefore may

Clinicians have a duty to protect their patients from financial, emotional, or physical risks associated with predators

be more willing to participate in online dating to increase their chances of establishing an intimate relationship or companionship. Research has shown that increased social ties, participation in groups, contact with friends and family, and perceived social support are associated with longer survival; on the other hand, social disengagement, low participation in leisure activities, and limited social networks are associated with higher risk of major neurocognitive disorders and increased disability.⁴

Little is known about social vulnerability in institutional settings, but institutional living could decrease social vulnerability in important ways (eg, access to social support, networks and activities, not living alone).⁴ Although the literature on older adults and “digital” or “virtual” dating is limited, there are essentially no such data from within institutional settings. It is important to separately address the issue of cognitively impaired patients’ capacity to consent to sexual activity both within institutional settings and elsewhere, as it raises numerous ethical dilemmas for clinicians.

Being sexually active. Early research into online dating focused particularly on the risks of sexually transmitted infections (STIs),⁵ which could be acquired through failure to use condoms with a new partner.⁶ Older women particularly are less likely to use condoms with new sexual partners.⁶ Screening at-risk adults should occur regardless of age. Effective interventions are needed to increase condom use in this age group. Research in the general population has started to investigate how the use of technology can minimize the risks associated with online dating.⁵ The *Table (page 75)*^{5,6} lists strategies that can be used to minimize some of the risks of online dating among geriatric patients, including STIs and victimization.

Clinicians working with sexually active geriatric patients need to perform sexual risk assessments, complete capacity assessments, and provide preventive measures.

Legal issues

Criminal and civil liability issues have arisen with online dating involving cases of murder, rape, fraud, identity theft, loans, theft, domestic violence, stalking, and burglary. Online dating also raises concerns around the right to fair use of the Internet in different contexts. Flirting in cyberspace can occur with e-mail, text, Twitter, Skype, and Instant Messenger. Practices likely will vary depending on whether older adults are institutionalized or living in the community, as well as their mental status (eg, having a major neurocognitive disorder).

Some questions with legal implications worth considering include:

- To what extent is there a duty to accommodate healthy sexual relationships in institutionalized settings?
- At what point does monitoring and supervision become overly intrusive?
- Are older adults fully aware of the potential ramifications of sharing sensitive information in cyberspace?
- What is the threshold for capacity to consent among older adults to understand the sexual nature of the act and consent to the act?

Nursing homes and health care providers may become concerned about potential liability if their organization provides digital devices or electronic platforms that are not closely monitored. Clinicians have a duty to protect patients under their care from risks associated with predators who target vulnerable and lonely people, whether financially, emotionally, or physically. Some patients in nursing home settings may benefit from discussing with their family members or attorney the possibility of completing a “sexual power of attorney”⁷ that could be completed in conjunction with an advance health care directive that addresses or authorizes an agent to make decisions about their sexual activities if cognitively impaired in the future.

One might also consider to what extent local regulatory oversight will protect your patient. Not all jurisdictions regulate online dating services similarly; many existing reg-

ulations focus on unfair contracts and pay less heed to safety concerns.

As a result, some dissatisfied clients have been known to sue an online dating service for breach of contract or misrepresentation. One of the most significant issues, however, is making sure there are appropriate background checks. Online dating services may need to change their policies to screen and verify for criminal background checks.⁸ Older adults interested in online dating should be made aware of these emerging issues.

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Diagnosing and Managing Depressive Episodes in the DSM-5 Era

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Diagnosing and Managing Depressive Episodes in the DSM-5 Era

CME Information
Release Date: October 1, 2015
Expiration Date: October 1, 2016
Estimated Time to Complete this Activity: 1 hour

Overview
This article provides a review of the particular challenges related to diagnosing bipolar and major depression disorders with mixed features and discusses the importance of accurate assessment of the mixed features specifier in order to provide optimal treatment for patients. Moreover, the differences between management of bipolar disorder with mixed features and major depressive disorder with mixed features will be addressed.

Target Audience
This activity has been designed to meet the educational needs of psychiatrists and mental health researchers who manage patients with depressive episodes.

Educational Objectives
After participating in this educational initiative, the participant should be better able to:

- Integrate mechanisms for distinguishing unipolar and bipolar depression into the diagnosis of patients with depressive symptoms, including with the mixed features specifier.

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Diagnosing and Managing Depressive Episodes in the DSM-5 Era

The premise of the newly introduced mixed features specifier in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* is similar to what was proposed approximately a century ago as part of the "manic depression" unification hypothesis. German psychiatrist Emil Kraepelin (1856-1926) originally conceptualized affective states as a continuum, wherein an individual's diagnosis was agnostic insofar as it lacked the 2 categorical constructs, bipolar disorder and major depressive disorder—terms that eventually appeared in the DSM. Kraepelin described a total of 6 types of mixed states (depressive or anxious mania, excited depression, mania with thought poverty, manic stupor, depression with flight of ideas, and inhibited mania) and pure depression. The phenotypic variation of states that Kraepelin described (Figure 1) are similar, but not identical, to the phenotypic heterogeneity of mixed states subsumed under the DSM-5 mixed features specifier during a major depressive episode whose categorical diagnosis is a depressive disorder. The presence of a major depressive episode in an older adult historically bridges bipolar disorder and is a tacit endorsement of an "The mixed features specifier in DSM-5 is of mixed states, which was defined as mixed depressive episode." The specifier is applied to an episode of hypomanic depressive features are present, as long as the most specified hypomanic symptoms and juxtapose the conceptual DSM-5. As can be seen in the figure, for 4 features, at least 2 core manic symptoms need to be present. For a diagnosis of depression with mixed features, at least 3 core manic symptoms and at least 5 depressive symptoms need to be present. Several core and nonoverlapping symptoms exist in depression with mixed features. Symptoms that are core (ie, allowed) include diminished interest or pleasure; slowed physical and emotional re-

DISCUSSION INCLUDES:

- Applying the mixed features specifier
- Implications of mixed features for illness severity, comorbidities, and treatment response
- Management strategies

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