'Oldest Old' Have Less Serious Mental Illness

BY MIRIAM E. TUCKER

NATIONAL HARBOR, MD. — Long-term care residents aged 85 and older are less likely than younger residents to have a serious mental illness, more likely to have dementia, and equally likely to have depression or anxiety.

Up to 80% of long-term care (LTC) residents have diagnosable neuropsychiatric disorders, including dementia, according to an analysis of data from the 2004 National Nursing Home Survey. The new findings are among the first detailing the rates of these disorders among the "oldest old" population now making up the fastest-growing segment of the over-65 age group and disproportionately represented in nursing homes.

"As a rapidly growing subpopulation, the oldest old in LTC have what appears to be distinct characteristics relative to other age groups, and these no doubt affect their care," Catherine A. Yeager, Ph.D., and her associates said in a poster presented at the annual meeting of the Gerontological Society of America.

The 2004 National Nursing Home Survey, conducted between August and December 2004, is one in a series of nationally representative sample surveys of U.S. nursing homes conducted by the Centers for Disease Control and Prevention. A total of 1,174 nursing home facilities participated, producing data for 1,317,300 residents.

The population included 674,500 persons aged 85 and older. That group's average stay in those facilities was longer than that of their younger peers: 862 vs. 766 days. The survey data show "a few notable exceptions" to expected patterns of frailty and disability with age, said Dr. Yeager, of Robert Wood Johnson Medical School, Piscataway, N.J., and her associates.

The 85-plus group was made up of more women (82%) and more whites (90%), and was more likely to be widowed (72%) than were either the aged 75-84 or 65-74 groups. Of the 674,500 oldest old population, 17,300 had lived 100 years or more.

Only small proportions of all residents had neuropsychiatric diagnoses at the time they were admitted to LTC: 10% with dementia, 2% with schizophrenia spectrum, 0.3% with bipolar disorder, 0.2% with depressive disorder, and 0.2% with anxiety. However, neuropsychiatric diagnoses increased in all groups. At the time of the survey, depressive disorders were present in 35% of the oldest old, a percentage not significantly different from the 36% among the 75- to 84-year-old group and 32% of the 65- to 74-year-old individuals. Neither did rates of anxiety disorders differ by age, occurring in 12% of both the 85-plus and 75- to 84-year-old groups, and 11% of the 65- to 74-year-old group.

However, the oldest old were less likely than the two younger groups to have been diagnosed with a serious mental illness, including schizophrenia spectrum disorder (8.5% in 85-plus group, 13% in 75-84 group, and 17% in 65-74 group) and bipolar spectrum (1.2%, 2.3%, and 3.2%, respectively). Conversely, both the 85-plus and 75-84 groups were more likely than the 65- to 74-year-olds to have dementia (22% in the older groups vs. 13% in the youngest group).

In all three age groups—and especially among the oldest old—the survey found more clinical indicators of dementia and depression than formal diagnoses had indicated. The researchers reported moderate to severe impairment in decision making, an indicator of dementia, in 55% of the oldest old, 34% of the 75- to 84-year-olds, and 11% of the youngest group. Likewise, the proportions with "low mood not easily altered," a proxy for depressive disorder, were 49%, 37.5%, and 14%, respectively.

"Older residents are not admitted to LTC with neuropsychiatric diagnoses to any degree," perhaps because of preadmission screening, reported the group led by Dr. Yeager, who works in the Essex County Hospital Medical Center, Cedar Grove, N.J. "Once in the LTC, all groups show an increased prevalence of formal neuropsychiatric conditions."

Residents with dementia diagnoses were more functionally impaired than their peers without dementia at all ages, the investigators reported. ■