

# Geriatric Psychiatry Assessments in the Age of Covid-19

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# Objectives

- Review a typical Geriatric Psychiatry Assessment
- Briefly outline potential areas within mental health (focused on those living with dementia) worsened by Covid-19 and attempts to control spread
- Review adaptations since the pandemic
- Pros and cons of virtual assessments

# Geriatric Psychiatry Assessments

- ▶ Pt and/or caregiver (family and/or staff) contacted by SMH RN and assessed
- ▶ Set up assessment in home, LTC home, or clinic with pt, usually family and/or staff, SMH RN and geriatric psychiatrist, with in-person pen and paper tests





# Geriatric Psychiatry Assessments

- ID
- History of Presenting Illness
- Past Psychiatric History
- Past Medical History
- Allergies
- Meds
- Substances/gambling
- Family Psychiatric History
- Social History
- Mental Status Exam- including results of cognitive testing (by psychiatrist, SMH RN, or care staff)
- Impression and Plan (Recommendations)

# Mental Health Impacts of Covid-19 on People Living with Dementia

- Potential issues for seniors include:
    - Worsened or new onset anxiety- e.g. fear of illness in self or loved ones
    - Worsened chronic or developing conditions due to difficulty accessing health care, meds, etc.
    - Increased risk of morbidity and mortality related to contracting Covid-19
    - Increased risk of contracting Covid-19 due to dementia that interferes with ability to follow pandemic protocols/safety practices
    - Increased isolation within home/LTC home from co-residents, friends, family, recreation, etc., increases risk of:
      - Depression, cognitive decline, anxiety and responsive behaviours. Also sadness, negative mood, loneliness, and boredom.
- Not to mention the mental health effects on loved ones and caregivers of persons with a dx of dementia

Brown, E., Kumar, Sanjeev., Rajji, T. (2020). Anticipating and Mitigating the Impact of the COVID-19 Pandemic on Alzheimer's Disease and Related Dementias

Flint, A., Bingham, K., & Iapponi, A. (2020). Effect of COVID-19 on the mental health care of older people in Canada. *International*

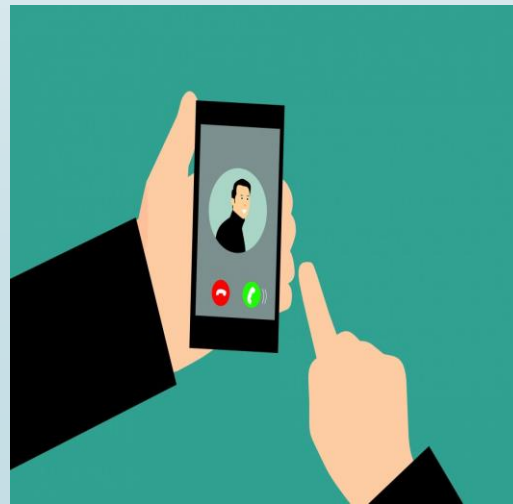


# Geriatric Psychiatry Assessments- During Pandemic

- Very few in-home and LTC in-person assessments in order to reduce risk of spreading illness to vulnerable population- just starting to return to zones for more direct assessments
- Have not been attending in person chart rounds in LTC homes with staff
- Using Virtual Care, mostly Zoom platform, like FaceTime/video call, and telephone consults
- Referral comes in, contact is made by clinician and it is determined if the pt has access to the technology needed for a virtual assessment
- Clinicians have ipads that they can bring with them but need cell service
- Either admin person or clinician usually does a test call beforehand to know it will work (work out the bugs)

# Geriatric Psychiatry Assessments- During Pandemic

- Adapted to using telephone versions of MMSE (TMMSE) or the MoCA-Blind
- Online, can show a copy of test and get pt to try and use pen and paper to do it, or email or mail the test and have the caregiver control it (so the pt doesn't accidentally see it beforehand)
- Often separate contact with caregivers for the collateral (time and privacy)



# Pros and Cons of Virtual Geriatric Psychiatry Assessments

- Can be complicated to get collateral if both family/caregivers and patient are on the same zoom call
- Pt loses valuable human contact (and possibly caregiver feels it too)
- Harder to establish rapport with pt/trust in healthcare provider
- Can be harder to hear/understand what psychiatrist is saying/asking or to hear pt







# Pros and Cons of Virtual Geriatric Psychiatry Assessments

- Can lack understanding that what pt is looking at is real if advanced disease
- Looking at test on screen rather than doing it directly on paper is probably harder than having the test right in front of you, especially if significant cognitive impairment is part of the presentation
- Having the test emailed or mailed is more time consuming and complicated and you don't always know what, if any testing you will do until you start seeing the patient
- Technology requirement could exclude pts that do not have internet (or phone) access due to financial reasons, where they live, or lack of familiarity/inability to have family assist because they are avoiding contact (infection risk)



# Pros and Cons of Virtual Geriatric Psychiatry Assessments

- Positives:
- Can reduce travel barriers for those without transportation
- Can reduce stress of traveling with pt who is ill, costs associated with travel such as gas, accommodation, food, etc.
- Can reduce wait time
- Possibility of “seeing” pt instead of just a phone call recheck
- Ability to extend reach of specialists beyond the cities and into more rural and remote locales
- Can increase efficiency of team (if not travelling between locations to see pts, but staying in same room, can see one after another)



# Conclusion

- Covid is unique thus far in most of our lifetimes
- Risk is associated with morbidity and mortality of the illness, but those who do not contract the illness still face significant risks associated with attempts to prevent infection, especially isolation and loneliness.
- This carries increased mental health costs that won't be truly appreciated for years
- Psychiatry is well positioned relative to some other specialties to work virtually, though it is not ideal
- Staff and most patients and families have adapted quickly to these changes