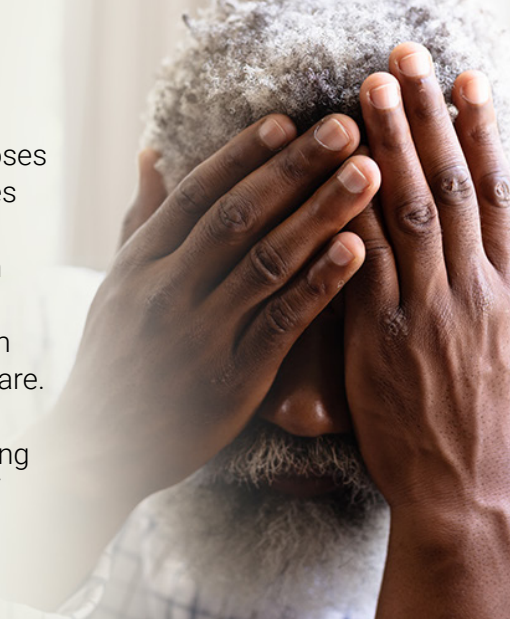


In This Issue

In this month's *Hot Topics Newsletter*, we feature the latest research in the area of aging and serious mental illness (SMI). SMI generally denotes mental health diagnoses that significantly impact an individual's life and ability to function. Specific diagnoses often include schizophrenia, bipolar disorder, and major depressive disorder and in some cases, severe post-traumatic stress disorder (PTSD). In addition to disruption in functioning, having an SMI increases risk for physical morbidity and reduced life expectancy. Age-related factors interact with SMI at many levels including symptom presentation, assessment and diagnosis, treatment-related issues, and long-term care. The more we know about how age interacts with symptoms seen in SMI, the better prepared we will be to meet our country's growing mental health needs. The following studies report the latest and most innovative research examining multiple facets of aging and symptoms of SMI. Be make sure to check the [E4 Center website](#) for the latest information, events, and training opportunities.



Serious Mental Illness in Older Adults

[Attitudes and beliefs on aging among middle-aged and older adults with serious mental illness](#)

Using the Attitudes to Ageing Questionnaire (AAQ), Lim and colleagues explored the attitudes and beliefs about aging in 20 middle-aged and older adults with an SMI diagnosis who were in a state psychiatric hospital. They found that participants' overall attitudes toward aging were generally positive, particularly with respect to psychological growth. These findings highlight resilience and potential for positive emotional growth in older age which can be leveraged to help people in their recovery.

[Age-specific prevalence and incidence of dementia diagnoses among older US adults with schizophrenia](#)

Stroup and colleagues conducted a retrospective cohort study from a national sample of over eight million Medicare beneficiaries aimed to estimate the prevalence and incidence of dementia in older adults with schizophrenia when comparing to a group without a SMI diagnosis. Researchers found that at 66 years of age, the prevalence of dementia was about 28% among those with schizophrenia, compared to about 1% for people without an SMI. By 80 years of age, the prevalence of dementia was about 70% with a schizophrenia diagnosis compared to about 11% in those without an SMI diagnosis. Annual incidence of dementia per 1,000 person-years at 66 years old was about 53 among those with schizophrenia compared to about five for those without an SMI diagnosis. Incidence increased to about 216 and 32, respectively, by age the age of 80.

[Impact of exergames on psychiatric symptoms in older adults with serious mental illness](#)

Heinbach and colleagues report findings from a 10-week exercise-based videogame program on depressive symptoms and negative symptoms (e.g., apathy, anhedonia) from 52 older adults with a diagnosis of SMI. The program involved 50-minute exercise sessions, three times per week. Participants experienced significant reductions in self-reported depressive symptoms and observed negative symptoms. These findings suggest that such an exercise program may be useful in the treatment of psychiatric symptoms and may help address risk for elevated body mass index and chronic medical conditions in this population.

[Abuse and neglect in nursing homes: The role of serious mental illness](#)

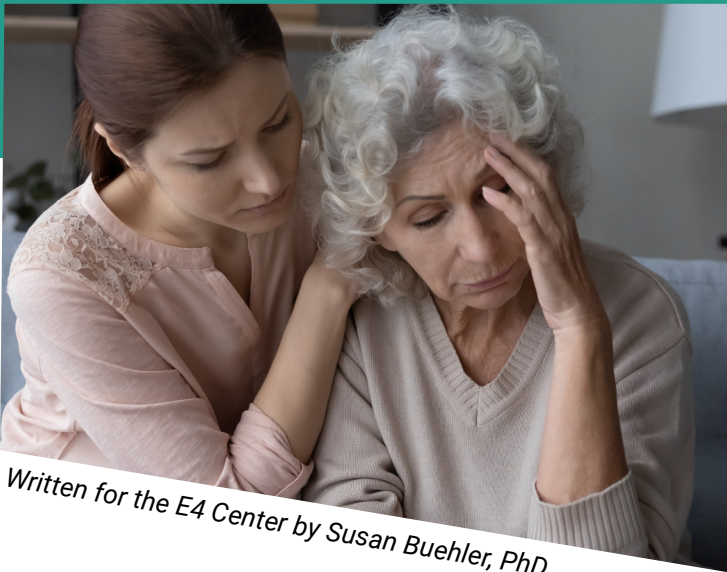
Jester and colleagues utilized national Certification and Survey Provider Enhanced Reports (CASPER) data for all freestanding certified nursing homes in the continental United States from 2014 to 2017 (14,698 facilities). They determine the incidence of deficiencies given during the certification and survey processes for resident abuse, neglect, and involuntary seclusion in nursing homes serving a high proportion of residents with SMI compared to all other nursing homes. Those serving the highest proportion of SMI residents were more likely to be cited for abuse and neglect and polices prohibiting and monitoring abuse and neglect when compared to other nursing homes. More research must be done to determine the antecedents to abuse and neglect in facilities serving residents with SMI.

Physical health status of older adults with severe mental illness: The PHiSMI-E cohort study

Ninety-nine Dutch older adults (mean age 71 ± 6 years) participated in this cross-sectional study examining the overall health of older adults with SMI. Houben and colleagues found that older adults with SMI had higher prevalence of somatic disease, psychiatric comorbidity, and cognitive decline. They also found that older adults with an SMI diagnosis had high rates of polypharmacy (approximately 68%) and extrapyramidal symptoms (51%), particularly those with a psychotic disorder diagnosis (approximately 76%). Authors state that healthcare providers must be aware of somatic comorbidity and symptoms in this population to reduce morbidity and mortality.

Older molecular brain age in severe mental illness

Lin and colleagues conducted a large-scale gene expression and genotype analysis of two frontal cortical brain regions in postmortem samples of brains from adults ages 20-90. Deviation of molecular ages from chronological age was assessed and results demonstrated that older molecular brain ages were found in brain samples individuals with schizophrenia and bipolar disorder diagnoses, but not in samples from those with a major depressive disorder diagnosis when compared to chronologically age-matched controls. These results support prior research suggesting that experiencing symptoms of SMI may accelerate molecular brain aging.



Written for the E4 Center by Susan Buehler, PhD

Upcoming Events

You can register for these events or learn more by going to our website at e4center.org/calendar

MARCH

Psychosocial Evidence-Based Practice for Older Adults with Serious Mental Illness

March 2
@ 12:00 pm - 1:00 pm CST

Does the length of institutionalization matter? Longitudinal follow-up of persons with severe mental illness 65 years and older: Shorter-stay versus longer-stay

Finkel and colleagues examined changes in functional level, living conditions, and need for support in daily life for older people with a diagnosis of SMI over time and how these factors are affected by length of time in inpatient psychiatric care. They focused on older adult de-institutionalization experiences following the 1995 reform of the Swedish mental healthcare system as well as general changes over time during a 15-year period. The authors used data from municipal surveys conducted by mental health care staff and mandated by the National Board of Health and Welfare and compared groups with longer (three or more years) stays in a mental hospital vs. those with shorter stays. They found that, after controlling for age-related longitudinal changes, the longer-stay group was more likely to have functional impairment impacting living conditions and social functioning than that shorter-stay group, which may contribute to the longer-stay group's increase in "re-institutionalization" to another care setting.

Old before their time: Comparisons of people with SMI and healthy older adults

Zechner and colleagues compared physical function measures of individuals with an SMI diagnosis from data collected during an efficacy pilot of outpatient health promotion intervention to standardized geriatric values from published data on the same physical measures. Physical function measures included Sit-to-Stand Test, 6-minute Walk Test, and Single-Legged Stance Test. Performance of their middle-aged sample of people with an SMI diagnosis was comparable to a significantly older normative sample on every test. Most notably, this sample's Sit-to-Stand test and 6-minute Walk Test performance was comparable or worse than an 80-89 year old normative sample. These results highlight the importance of regular assessment of physical functioning to support independent living.

APRIL

Caring for LGBTQ+ Older Adults Using a Behavioral Health Lens

April 6
@ 12:00 pm - 2:00 pm CDT

Psychosocial Evidence-Based Practice for Older Adults with Serious Mental Illness Series: CBSST

April 8
@ 12:00 pm - 1:00 pm CDT

MAY

Psychosocial Evidence-Based Practice for Older Adults with Serious Mental Illness Series: I-IMR and HOPES

May 13
@ 1:00 pm - 2:00 pm CDT