

EAO Webinar

The information and opinions expressed here today are not necessarily those of the Government of Ontario

Depression, Dementia, and Delirium: The 3Ds in Geriatric Care

November 2, 2017

Presented by:

**Gerri Yerxa Psychogeriatric Resource Lead and
Jolene Morrissette, Geriatric Mental Health Lead
Canadian Mental Health Association, Fort Frances Branch**

Welcome to EAO's Webinar!

- All attendees will be muted during the webinar. This session is being recorded and will be posted on EAO website.
- If you are experiencing issues, please type into the CHAT/QUESTION BOX and send message to Mary Mead/**Candielya Jackson**.
- There will be 15-20 minutes allocated at the end presentation for QUESTIONS AND ANSWERS.
- You will be prompted to fill out an EVALUATION FORM once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- Speaker CONTACT INFORMATION will be provided at the end of the presentation to connect directly if you have further questions.

Elder Abuse Ontario (EAO)

- ✓ Not-for-profit charitable organization
- ✓ Established in 1990
- ✓ Funded by the Province of Ontario, under the Ministry of Seniors Affairs

Mission: Create an Ontario where all seniors are free from abuse through awareness, education, training, collaboration, service co-ordination and advocacy.

EAO oversees the Implementation of Ontario's Strategy to Combat Elder Abuse

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Ontario's Strategy to Combat Elder Abuse

Comprised of 3 Major Priorities

Community
Coordination
& Response

Training

Public
Awareness

Research
&
Evidence



Elder Abuse Ontario
Stop Abuse - Restore Respect



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Health Association
Fort Frances Branch

Elder Abuse Ontario (EAO)

- ✓ **7 Regional Consultants in Ontario** (office locations: Thunder Bay, Sudbury, Woodstock, Mississauga, Toronto, Peterborough, and Ottawa)
- ✓ Francophone
- ✓ Key resources for providing consultation on elder abuse cases to review options and resources for intervention.
- ✓ Consultants DO NOT act as case managers for cases of abuse.
- ✓ Support over 50 local Elder Abuse Committees/Networks
- ✓ Strengthen partnerships between these committees and other health/social service agencies to enhance the response to elder abuse.
- ✓ Develop and implement training materials, tools and resources for elder abuse prevention and intervention.



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Health Association**
Fort Frances Branch

Community Coordination

Elder Abuse Ontario (EAO) continues to offer webinars to elder abuse networks and community stakeholders to support knowledge sharing opportunities and to build capacity to respond and intervene in cases of elder abuse.

We thank **the Canadian Mental Health Association of Fort Frances Branch** for providing expertise in the area of Dementia, Depression and Delirium (the 3 D's of Geriatric Care).



Canadian Mental
Health Association
Fort Frances Branch

Presenters:

Gerri Yerxa: Psychogeriatric Resource Lead

Jolene Morrissette: Geriatric Mental Health Lead

Canadian Mental Health Association, Fort Frances Branch

Depression, Dementia, and Delirium

Learning Objectives

- Present a brief overview of each of these geriatric issues
- Explore the similarities and differences amongst the 3Ds
- Increase understanding of the challenges associated with diagnosis, treatment, and health equity
- Review resources in remote and rural communities in Northwestern Ontario

The 3 Ds

Depression:

A treatable mental illness known as a Mood Disorder that affects one's thoughts, feelings, behaviour, concentration, attention, memory, and physical health.

Dementia:

A progressive mental illness known as a Neurocognitive Disorder that affects one's ability to think clearly, mood, behaviour, attention, memory, communication, judgment, and ADLs. People with dementia have a predisposition to delirium and depression.

Delirium:

A medical emergency with a sudden onset, fluctuating course, confusion, altered consciousness and disturbances in attention, thinking, perception and language.

Similarities with the 3 Ds

Depression * Dementia * Delirium

All three of these conditions can impact:

- Thoughts and Perceptions
- Mood and Emotions
- Cognition such as memory, attention, concentration
- Behaviours
- Activities of Daily Living
- Physical health

Differences with the 3 Ds

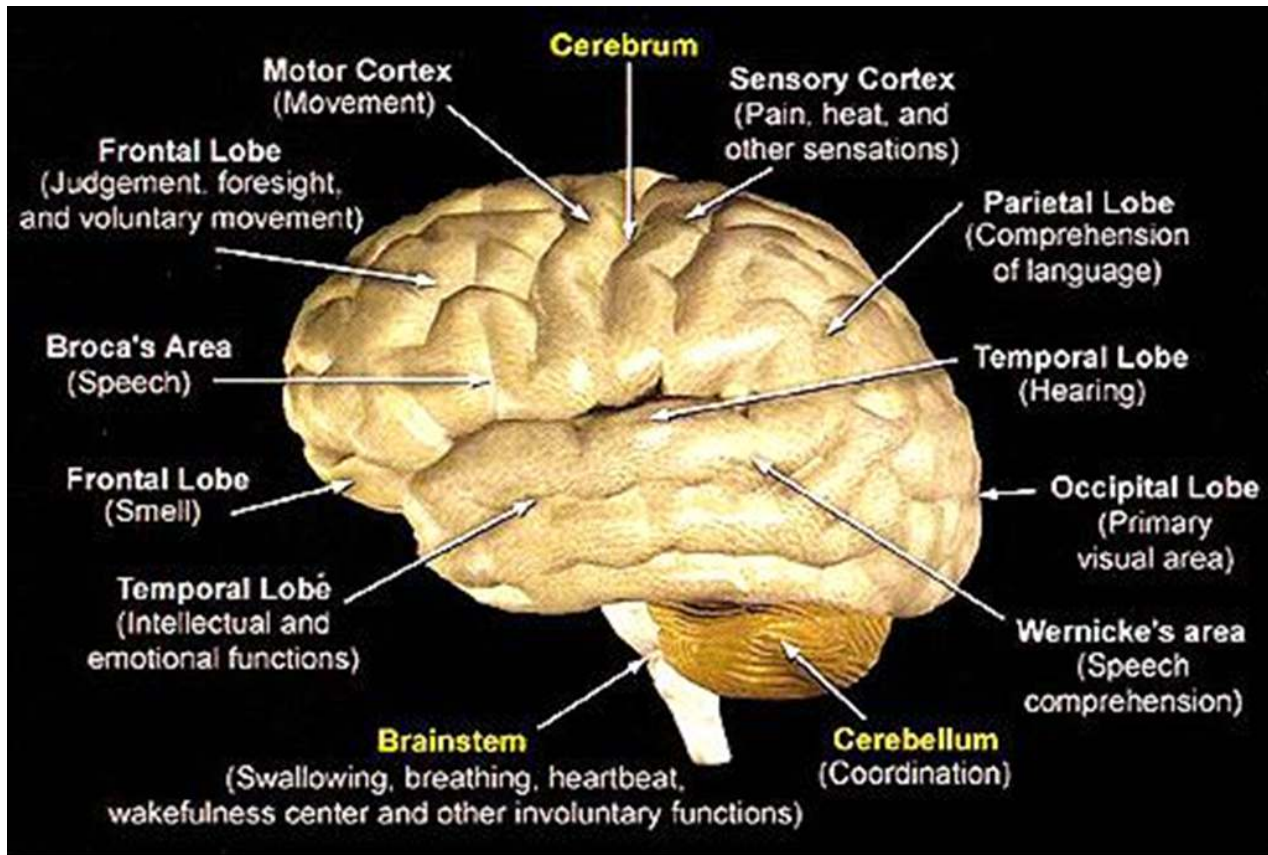
Depression * Dementia * Delirium

These conditions can differ in:

- Cause/Etiology
- Fluctuation of symptoms
- Onset
- Course/Duration
- Level of Consciousness
- Sleep-Wake cycle
- Treatment

The 3 Ds

Symptoms may also vary, with some areas of the brain being affected more than others (i.e. language, vision, or memory)



The 3 Ds

Depression * Dementia * Delirium

A person can experience more than one of these conditions, at the same time.

The 3 Ds

Depression

Depression and the Older Adult

Depression is a treatable
medical condition that
affects mood, cognition and
daily behaviour



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Depression and the Older Adult

Depression is **NOT**
a normal part of aging



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Symptoms of a Major Depressive Episode

- A persistent sad mood
- Loss of interest or pleasure in most activities
- Changes in appetite or weight
- Changes in sleep patterns
- Restlessness or decreased activity - noticeable to others
- Loss of energy or feeling tired all the time
- Difficulty in concentrating or making decisions
- Feelings of worthlessness or inappropriate guilt
- Repeated thoughts of death and suicide



Common Presentations in Older Adults

- Frequent tearfulness
- Inability to feel pleasure or laugh
- Weight changes, poor appetite
- Insomnia
- Pacing, fidgeting, irritability, agitation, demanding behaviour, excessive worries about finances and health, anxiety
- Feeling slowed down, lack of attention to personal care

Common Presentations in Older Adults Cont...

- Memory problems and confusion
- Feeling worthless and helpless (burden)
- Apathy and social withdrawal
- Poor response to physical rehabilitation
- Refusing medical care
- Hallucinations and delusions

Depression and the Older Adult

Depression often
remains untreated



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Depression and the Older Adult

If left untreated, depression can...

- Lead to disability and affect quality of life
- Worsen symptoms of other illnesses
- Lead to premature death
- Result in suicide

Treatment for Depression

- Medications - Antidepressants
- Counselling and Support Groups
- Light Therapy
- ECT
- Other

The 3 Ds

Dementia

What is Dementia

Dementia is a group of symptoms
caused by an underlying
condition

Dementia and the Older Adult

Dementia is **NOT**
a normal part of aging



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Dementia

Dementia symptoms can include changes in:

- thinking
- remembering
- language
- functional abilities
- mood
- behaviours

The symptoms must be significant enough to cause impairment with daily functioning

Dementia

Sometimes symptoms of other conditions may look like dementia but the condition may be reversed:

- Thyroid disease
- B12 deficiency
- UTI
- hypoglycemia

Dementia

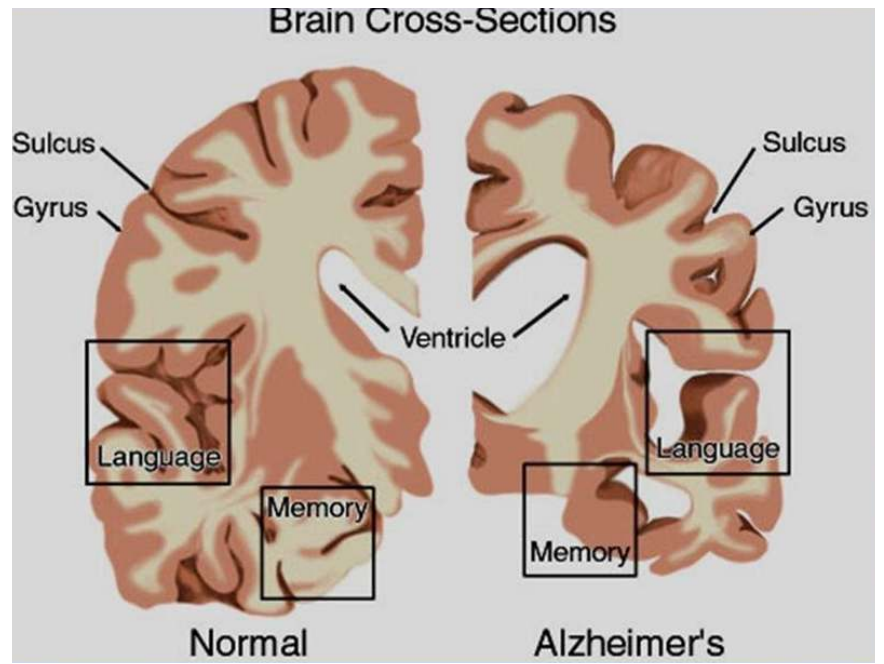
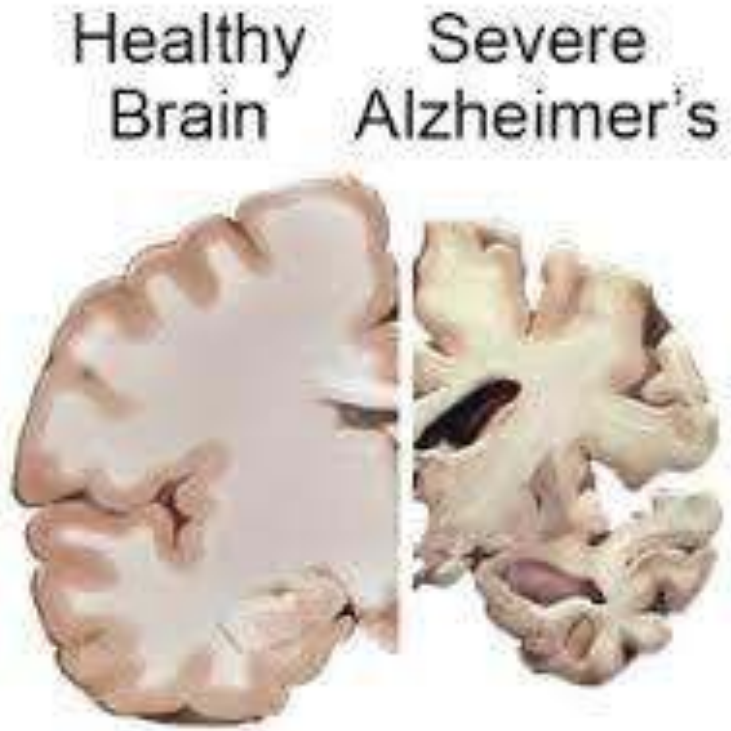
Sometimes symptoms of dementia are **not reversible** and progress over time due to damage to the nerve cells in the brain

- Alzheimer's Disease
- Vascular Dementia
- Lewy Body Dementia
- Fronto-temporal Dementia

Alzheimer's Disease

- Is the most commonly diagnosed of the diseases that cause progressive dementia.
- It is a disease which attacks vital brain cells and neurotransmitters
- Damage by this disease leads to brain shrinkage and large gaps in the brain
- Often initially affects the areas of the brain that are important for communication and memory

Alzheimer's Disease



Alzheimer's Disease

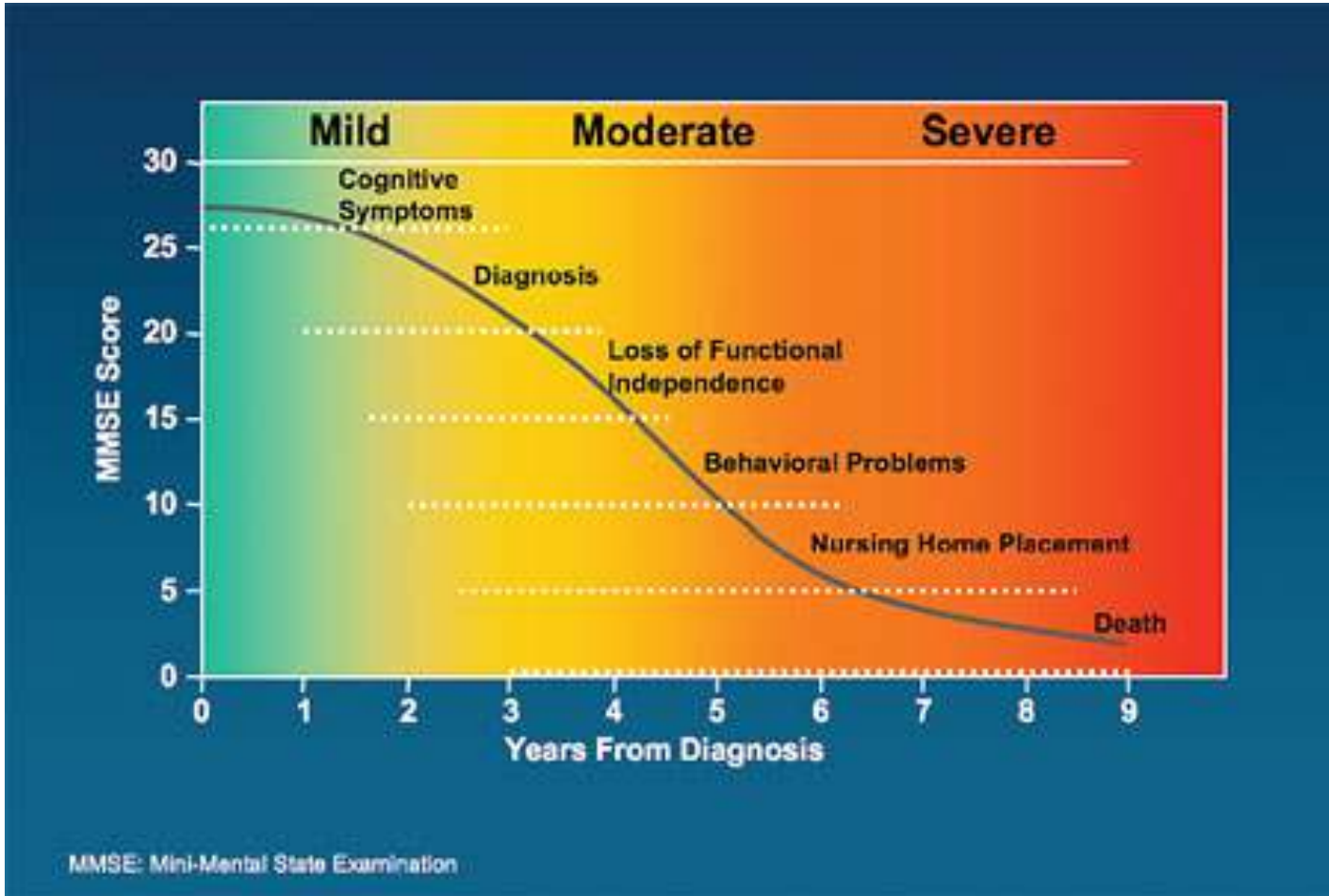
- The progression of Alzheimer's Disease varies from person to person and can span 3 to 20 years
- The average length of the disease is 8 to 12 years
- The disease is often described as a series of stages (Mild, Moderate, and Severe)

Alzheimer's Disease

The experience of Alzheimer's Disease or other related dementias is unique to each individual, but generally, there will be changes in four areas of functioning:

- **Mental Abilities**
- **Mood and Emotions**
- **Behaviour**
- **Physical Abilities**

Changes



Interventions

There is no cure for
Alzheimer's Disease
or related dementias



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Interventions

There are interventions that can delay the progression of symptoms or allow for better quality of life.

- Medication
- Psychosocial Interventions

Psychosocial Interventions

As the disease progresses,
individuals with dementia cannot
purposefully make the changes
needed...

...But we can

Psychosocial Interventions

- Use gentle persuasive approach
- Encourage activities that support remaining capabilities
- Watch for over/under stimulation
- Provide consistency and routine
- Redirection
- Reassure
- Reminisce



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The 3 Ds

Delirium

Delirium

A sudden brain disturbance that results in confused thinking, emotional disruption and reduced awareness of environment

Delirium

Mental confusion is **NOT**
a normal part of aging



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Symptoms of Delirium

- Cognitive impairment
- Altered levels of consciousness/awareness
- Behavioural changes
- Emotional disturbances



Risk Factors

- Age
- Cognitive impairment
- Chronic illness
- Infection
- Multiple medications
- Sleep deprivation
- Sensory impairment
- Dehydration
- Pain
- Recent hospitalization
- Previous diagnosis of delirium



Treatment of Delirium

- Treat underlying cause
- Promote good sleep hygiene
- Supportive care
- Maintain regular routine
- Assist person to mobilize
- Ensure appropriate fluid and food intake
- Utilize sensory aids

Similarities and Differences of the 3Ds

- A man was brought into the local ER by ambulance after a neighbour saw him walking down the street during the winter with no coat or shoes on. He had appeared frightened and stated that there were thieves in his home. In the ER, he was upset and repetitive but not responding to direct questions from the doctor.

Challenges with Diagnosis and Treatment

Challenges

Challenges with Diagnosis and Treatment

Many older adults are not diagnosed or treated for their depression, dementia, or delirium

Challenges with Diagnosis and Treatment

Overlapping Symptoms

- Misdiagnosis
 - Premature LTC placement
 - Death
 - Poor quality of Life



Challenges with Diagnosis and Treatment

Lack of Education or Understanding

- By the Health Care Profession
- By Family
- By the Client

Challenges with Diagnosis and Treatment

Stigma

- Mental health
 - From the Health Care Profession
 - From Family
 - From the Client
- Ageism

Challenges with Diagnosis and Treatment

Health Equity

Health Equity occurs when individuals have the opportunity to achieve their full health potential

Health Equity is undermined when preventable and avoidable systematic conditions constrain life choices

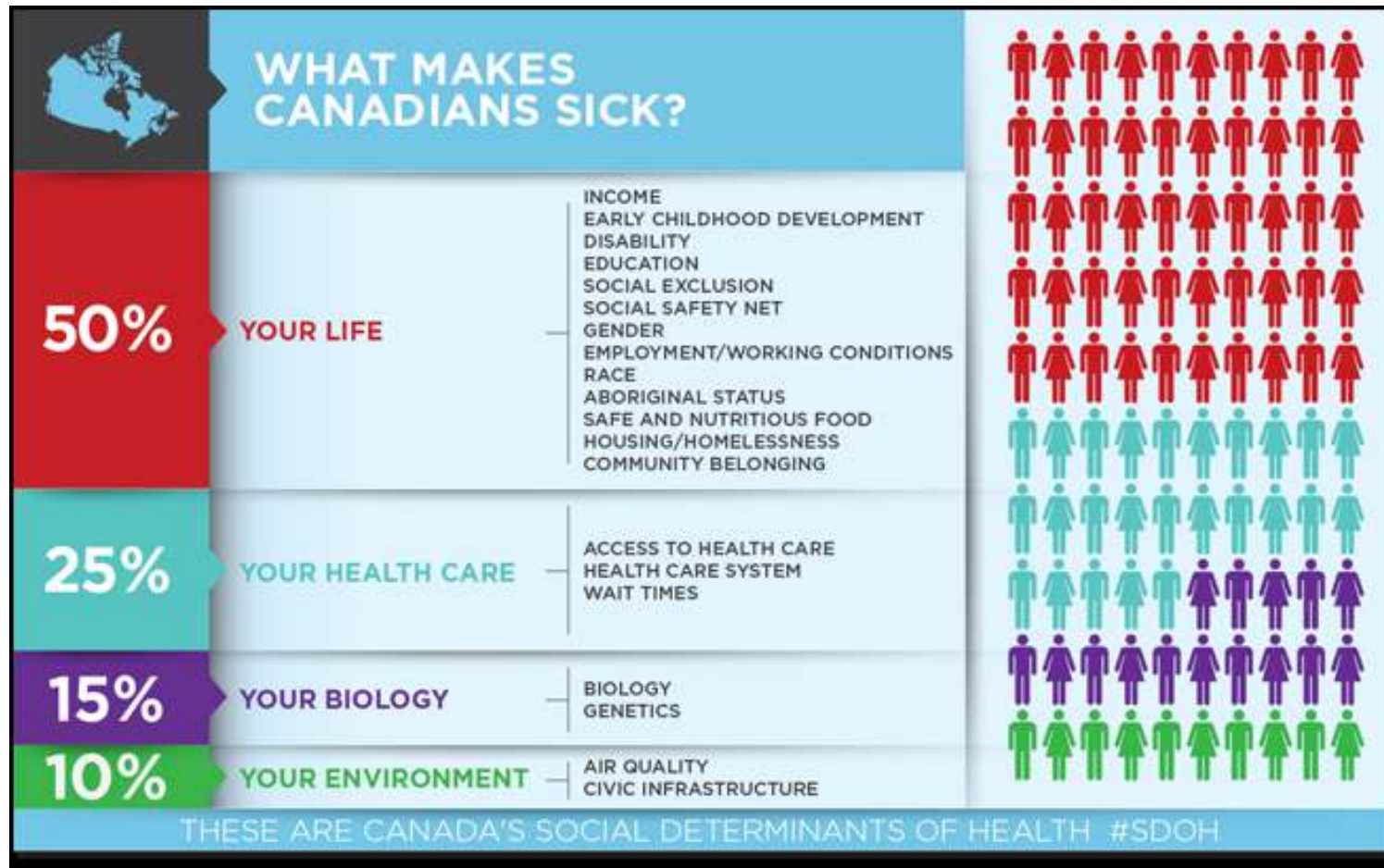
These conditions are largely the social and economic factors known as Social Determinants of Health

Challenges with Diagnosis and Treatment

Social Determinants of Health

- Income
- Early life
- Education
- Housing
- Food security
- Employment and working conditions
- Unemployment and job security
- Social safety net
- Social inclusion or exclusion
- Health services

Challenges with Diagnosis and Treatment



<https://www.cma.ca/En/Pages/health-equity.aspx>



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Resources

Primary Care Services

- Family Doctors, ER, Hospital
- NP, FHT, HAC, Clinics, Nursing Stations

Geriatric Specialists

- Geriatric Psychiatry
- Geriatrician
- Memory Clinics

Specialized Psycho-Geriatric Services

- CMHA FF Branch
- St Joseph's Care Group

Resources

Senior Community-based Services

- Northwest LHIN Home and Community Care
- Alzheimer's Society,
- Veterans Affairs
- Community Support Programs (Day Programs, Meals on Wheels, home-making)
- Case Management Services
- Stroke Prevention Clinic
- Adult Mental Health and Addiction Programs

Websites

- 211 www.211north.ca

Supporting Seniors Experiencing the 3Ds

- Encourage them to get help by:
 - talking with their doctor
 - going to the ER
 - following the treatment plan
- Tell them how much you care and want to help
- Offer support and understanding
- Reassure them
- Know your Community Resources
- Assist with making appropriate referrals
- Educate yourself

Contact Information

Canadian Mental Health Association, Fort Frances Branch

P.O. Box 446, 612 Portage Avenue
Fort Frances, Ontario
P9A 3M8

Tel: (807) 274-2347
Fax: (807) 274-3515
Toll Free: 1-877-311-0117



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Questions?



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EAO Resources and Tools

Sampling of Tools :

- **Tea & Talk Toolkit**
- **Empowering Bereaved Seniors**
- **Sexual Harm Module and Brochure**
- **Elder Abuse in our LGBTQ Community**
- **Financial Abuse Module**
- **Emotional Abuse Module**
- **Physical Abuse Module**
- **Re: Act Manual - Ontario Addendum**





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Maltraitance des personnes âgées Ontario
Arrêtez les mauvais traitements - Restaurez le respect

From Fragmentation to Cohesion

*Innovative Approaches To Addressing Sexual Abuse
& Domestic Violence In Older Adults*

November 22, 2017

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Hart House, 7 Hart House Circle

Meet our Keynote Speakers



DR. GLORIA M. GUTMAN
Vice-President, International Longevity
Centre Canada, Professor/Director Emerita,
Simon Fraser University Gerontology Dept. &
Gerontology Research Centre



DR. PATRICIA BROWNELL
Associate Professor Emerita
of Social Service,
Fordham University,
New York, United States



JANICE ABBOTT
Chief Executive Officer, Atira
Women's Resource Society,
Vancouver, British Columbia



DR. JANE MEARS
Associate Professor, University of
Western Sydney Australia,
School of Social Services

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Ontario

EAO 2017 SYMPOSIUM PROGRAM

8:00 REGISTRATION & NETWORKING CAFÉ

8:15 - 8:45 WELCOMING AND INTRODUCTIONS

8:45 - 9:45 **Keynote: Dr. Jane Mears**
DOMESTIC VIOLENCE AND ELDER ABUSE IS
EVERYBODY'S BUSINESS: WORKING TOGETHER TO PREVENT
VIOLENCE AND ABUSE TOWARDS OLDER PEOPLE

9:45 - 10:10 FACILITATED PANEL DISCUSSION : COMMUNITY ACTIVISM

Margaret MacPherson, Project Coordinator, It's Not Right!
Changing Social Norms for Bystanders of Abuse of Older Adults,
Centre for Research & Education on Violence
against Women and Children, The University of Western Ontario

Heather Thompson, Manager, Age-Friendly Initiatives, Community
Development Halton

10:30 - 11:30 **Keynote: DR. Patricia Brownell**
OLDER WOMEN AND NEGLECT, ABUSE AND VIOLENCE FROM
AN INTERNATIONAL PERSPECTIVE

11:30 - 12:00 **PANEL DISCUSSION: OLDER WOMEN AND NEGLECT**

Sheila Macdonald, MN, Clinical Manager, Sexual Assault / Domestic
Violence Care Centre Bay Centre for Birth Control, Provincial
Coordinator, Ontario Network of SADVTC's, Women's College Hospital

Janice Du Mont, Senior Scientist, Women's College Research Institute,
Women's College Hospital,
Professor, Dalla Lana School of Public Health, University of Toronto

Baldev Mutta, CEO, Punjabi Community Health Services

EAO 2017 SYMPOSIUM PROGRAM

1:00 - 2:00 **Keynote: Janice Abbott**
WOMEN & TRANSITIONAL HOUSING - PROMISING PRACTICES

2:00 - 2:30 PANEL DISCUSSION: HOUSING OPTIONS

Birgit Niggenbaum-Pervis, Senior Transitional and Housing Support
Counsellor, Guelph-Wellington Women in Crisis

Lisa Manuel, Director, Changing Lives and Family Violence Programs,
Family Service Toronto

2:45 - 3:45 **KNOWLEDGE EXCHANGE: INNOVATIVE COLLABORATIONS WITH
COMMUNITY PARTNERS**

EAO Collaborative Projects

Raeann Rideout and Rochella Vassell, Regional Elder Abuse Consultants

Law Enforcement Model

Constable Bussie Wood, Community Services-Seniors Safety Officer,
York Regional Police

Elder Abuse in the LGBT Community: A Hidden Problem

Dr. Gloria Gutman, Professor/Director Emerita,
Simon Fraser University Gerontology Dept. & Gerontology Research Centre

3:45 - 4:00 CLOSING REMARKS

**Get Help
Now**

Call the Seniors Safety Line

1-866-299-1011

Free to call
Confidential
24 hours a day
7 days a week



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Provincial Information and Support



Provincial Information and Support

Advocacy Centre for the Elderly
www.advocacycentreelderly.org
1-855-598-2656

Alzheimer Society of Ontario
www.alzheimer.ca/en/on
1-800-879-4226

Assaulted Women's Helpline
www.awhl.org
1-866-863-0511

Community Care Access Centre
<http://healthcareathome.ca>
310-2222 (CCAC)

Consent and Capacity Board
www.ccboard.on.ca
1-866-777-7391

Elder Abuse Ontario
www.elderabuseontario.com/
(416) 916-6728

Fem'aide
www.femaide.ca/
1-877-336-2433

Law Society Referral Service
www.lsuc.on.ca/lsrc/
1-855-947-5255

Provincial Information and Support

Ministry of Health LTC-Action Line

www.ontario.ca/page/long-term-care-home-complaint-process

Office of the Public Guardian and Trustee

www.attorneygeneral.jus.gov.on.ca

1-800-366-0335

Ontario Coalition of Rape Crisis Centres

www.sexualassaultsupport.ca/

Ontario Provincial Police

www.opp.ca

1-800-310-1122

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satontario.com/en/home.php

(416) 323-7518

Retirement Homes Regulatory Authority

www.rhra.ca/en/

1-855-275-7472

1866-434-0144

Rainbow Health Ontario

www.rainbowhealthontario.ca/

(416) 324-4262

Provincial Information and Support

Senior's Safety Line

1-866-299-1011

Senior Crime Stoppers

<http://ontariocrimestoppers.ca>

1-800-222-TIPS (8477)

Support Services for Male Survivors of Sexual Abuse

http://www.attorneygeneral.jus.gov.on.ca/english/ovss/male_support_services/

1-866-887-0015

TALK4HEALING

<http://www.talk4healing.com/>

1-855-554-HEAL (4325)

Victim Support Line

www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp

1-888-579-2888

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416-916-6728

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