Innovative Trends in Psychogeriatrics

Interdisciplinary Topics in Gerontology

Vol. 26

Series Editor
H P. von Hahn, Basel

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International Symposium of Psychogeriatrics, Lausanne, April 28-29, 1988

Innovative Trends in Psychogeriatrics

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14 figures, 1 color plate and 13 tables, 1989

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Library of Congress Cataloging-in-Publication Data
International Symposium on Psychogeriatrics (1988: Lausanne, Switzerland)
(Interdisciplinary topics in gerontology; vol. 26)
Includes bibliographies and index.
1. Geriatric psychiatry - Congresses.
I. Wertheimer, Jean. II. Baumann, P. (Pierre), 1944-. III. Gaillard, M. IV. Schwed, P.
Drug Dosage
The authors and the publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new and/or infrequently employed drug.

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Teaching the Psychiatry of Old Age
Paradoxically, ours is a young discipline which deals with the old and the very old. Let us recall that one of the first meetings devoted to senile dementia took place here in Lausanne in 1967 and was organized by Prof. Christian Müller. Since then research has made a great leap forward, auguring interesting pharmacological therapeutic prospects. But psychogeriatrics is not restricted to the psycho-organic syndromes. Beyond the age of 65 the most frequent psychopathology is certainly depression. Behind this model disease emerges all the complexity of geriatric psychiatry. Indeed, besides the possible cerebral metabolic causes, notably of the endogenous forms, the pathogenetic factors include a pleiad of losses.
involving physical health, intellectual functioning and social, environmental and relational balance. Polymorbidity is one of the consistencies of geriatric medicine, as well as a narrow intermingling with the psychological and social components of the sick old patient’s situation. Consequently, psychogeriatric issues are ubiquitous, both in the somatic and psychiatric institutions and the practice of the doctors and the health and support professionals in contact with the elderly. Therefore, this kind of approach must be pluridisciplinary, permitting the intervention not only of the practitioner but also of the health and support staff and of the social workers. Obviously, such a general discipline has to be widely taught to all the professions concerned. But this omnipresence conceals the danger of imprecise limits between the respective fields of the psychogeriatricians, on the one hand, and, on the other, of the nonspecialists, particularly of the geriatricians, the internists and the general practitioners. The prevention of such improper incursion into what is the specific preoccupation of psychogeriatrics implies that this discipline should assert itself and become recognized as a specialty with its own knowledge, structures and organization. On this basis, wide experience can be accumulated and rigorous and strict teaching - from which the nonspecialists will be the first to benefit - built. With well-drawn limits between these fields, the nonspecialists will be able to determine whether their own knowledge be sufficient to handle a situation or if they must call for the psychogeriatrician and his staff. Moreover, this demarcation implies a clear division between the geriatric and the psychogeriatric institutions but also points to ways for narrow cooperation within the context of local health politics. The ambition of this symposium is to contribute towards affirming psychogeriatrics as a discipline and, through the topics chosen, to demonstrate its dynamism.

J. Wertheimer

Introduction

This work comprises the papers presented on the occasion of the International Symposium of Psychogeriatry held at Cery Psychiatric Clinic, Lausanne, on 28th and 29th April 1988, under the patronage of the International Psychogeriatric Association and the World Psychiatry Association (Geriatric Psychiatry Section). The domain of geriatric psychiatry is vast and assembles the data and experience deriving from very many fundamental, clinical and moral sciences. It is, therefore, important that interdisciplinary
contact and exchanges in the gerontological and geriatric domains be encouraged, a pursuit which was chosen as the underlying leitmotiv of this congress.

The first general theme is entitled, ‘Dementia and built environment’. The geographer, A.M. Warnes, recalled the difficulties of early diagnosis of the various forms of dementia and the existing lack of precision in our knowledge of their incidence and their prevalence in the various age groups according to sex and marital and socio-economic status. Meanwhile, these fundamental notions are the essential preliminaries to any research into geographical variations. R. Welter, an environmental and organizational psychologist, has raised the question concerning the place of the handicapped aged in the urban environment. He deplores the circumstance that the latter has developed in the direction of a splintering of the places of residence and professional and cultural activities, with the risk of isolation which all this implies; he moots regrouping in the shape of small centres assembling the place of residence and that of the production of goods and services. Evolution of this kind would improve neighbourly relations and provide stimulation for the aged, calling as it would for increased solidarity. The human habitat has need of harmonious proportions;

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it demands symmetry and illumination. For the architect, M. Manser, these requirements are vital in the conception of institutions for those suffering from dementia where the open spaces must be generous, the framework of reference facilitated by symmetry in the arrangement of the buildings and the atmosphere beautified by natural light, all within a planning context which respects privacy. B. Steen and R. Kiiller describe the favourable psychological consequences, in a department of a large geriatric hospital, of the adoption of an interior decoration and furnishing reminiscent of the 1930s and 1940s. They have also objectivized nutritional improvement concomitant to these changes.

The second part of this work is devoted to the subject of ‘Teaching the psychiatry of old age’. T. Arie - who emphasizes that there are currently 250 psychogeriatricians in Great Britain - considers instruction to be a task intrinsic to psychogeriatric activity, a task not reserved only to the professors. This opinion is shared by S. Kanowski from Berlin who holds that the subject should be taught not only to psychiatrists but also to general practitioners and in all the paramedical and social professions involved in the care of the aged. In France the instruction of students in matters of psychogeriatry is not customary. It is taught sporadically within the framework of the Diplome d’Etudes spécialisées en Psychiatrie and
more specifically within that for a degree in gerontology. Y. Pelicier stresses the importance of working ‘in liaison’ with the various medical and paramedical disciplines concerned. In Canada (M.-F. Tourigny Rivard and H.F. Reichenfeld) the instruction of psychiatrists in this subject is expanding rapidly, favoured by the decision of the Royal College of Medicine to make psychogeriatrics compulsory at university. On the other hand, instruction of the students in this domain is not satisfactory since an insufficient number of hours is devoted to it.

The third domain broached is that of, ‘The definition and classification of dementias’. J. Flament-Durand describes the cytoskeletal changes in the neurone in senile dementia of the Alzheimer type (SDAT), as well as the coloration of tangles by antibodies against the neurofilaments and the microtubule-associated proteins. Among other things, she mentions the questions thus far unanswered of the cause of this cytoskeletal damage and also that of amyloid deposits in the plaques. G. Blessed emphasizes the difficulties of diagnosing dementia in the early stages of the disease in a patient who had previously had a high IQ, in very old people - particularly those living alone -, in the deaf and dumb, in persons suffering from depression, in the paranoid, in those overprotected by the people around them, in the sick suffering from confusion, in those suffering from a severe mental handicap or a disturbed personality. P.V. Rabins reproaches the DSM III R (revised) for using the notion of ‘Memory impairment’ instead of ‘Decline’ with the risk of unjustifiably including innate intellectual disturbances. He also regretted the use of the term ‘cause’ since the etiology of many forms of dementia is still unknown. N. Sartorius describes the new criteria of dementia provided by the WHO (ICD-10), while emphasizing the necessity for an accepted universal classification. This new classification rests essentially on the clinical while, albeit, taking into account the gravity of the disturbance; it also provides semeiological pointers upon which to base a diagnosis.

The final session was devoted to the ‘Recent advances in the psychiatry of old age’. At a psychodynamic level, H. Bianchi refuted the theory of restriction of the libidinal economy, preferring the notion of ‘track’ where this economy is at the service of the sense one accords life, this latter resulting from the impingement of affects upon representations. Under this aspect the denial of death leads to narcissistic regression while its acceptance leads to an elaboration and even to the possibility of libidinal production. E. Krebs-Roubicek and W. Pöldinger discuss psychopharmacological treatment of the functional psychoses of advanced age. They
reviewed the use of neuroleptics and anti-depressants, insisting on the fact that medicinal therapies should not be disassociated from psychotherapeutic and psychosocial approaches. H. Coper goes into the history of the development of cerebro-active medication, mentioning the vasodilators, the psychostimulants, the analeptics, the nootropes and the substances which act upon the cholinergic system. He finds the cholinergic hypothesis too univocal, preferring a theoretical approach that takes into account the many interactions between neurotransmitters and other substances and thinking in terms of homeo-static stability. A. Burns, M. Philpot and R. Levy analyse the literature dealing with positron emission tomography (PET) and single photon emission tomography (SPET) and describe the techniques involved. They demonstrate in particular the correlations between SPET localizations and neuropsychological disturbances. However, these methods allow for no precise diagnosis of dementia and, in particular, for no distinction between SDAT and MID (multi-infarct disease), or between an onsetting SDAT and normal cerebral ageing.

J. Wertheimer