

Medical Student Learning Objectives for Geriatric Psychiatry

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Normal Aging

1. Describe normal changes with aging in sensory systems, major organ systems, and sleep.
2. Identify normal changes with aging in memory and cognition (e.g., decreased psychomotor speed, decreased ability to multitask, decrements in working memory, difficulty in novel problem-solving).
3. Identify cognitive functions that are normally preserved with aging (e.g., vocabulary and language, executive functioning, biographical memory) as well as personality attributes that tend to remain stable over time.
4. Explain the heterogeneity of aging, both between individuals and among organ systems within one individual.
5. Demonstrate awareness of key concepts related to aging that impact the physician's relationship with the older patient, including
 - a) the concept of resilience with aging, and how adaptation to change is correlated with successful aging.
 - b) the concept of cohort effects related to the events/values/experiences of the time period during which the older patient matured.
 - c) the concept of co-morbidity with aging, and how multiple medical co-morbidities impact the evaluation of the older patient.
6. Discuss awareness of ageism.

Psychiatric Assessment of the Geriatric Patient

1. List the components of a comprehensive approach to assessment, which includes a thorough history, physical exam, mental status exam and appropriate laboratory, imaging, psychometric and other medical testing.
2. Identify the interview as the cornerstone of geropsychiatric assessment, and perform an interview adapted to communicate effectively with older adults, compensating for changing sensory perception such as hearing, visual and cognitive deficits and taking into account cultural factors and language barriers.

3. Relate the importance of collateral contact gained from knowledgeable informants, including family and caregivers.
4. Obtain a family psychiatric history of preceding and subsequent generations (that is, not only parents and siblings, but children and grandchildren as well).
5. Describe functional assessments, Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) and the importance of function in the evaluation of older adults.
6. Perform standardized cognitive screening tools (e.g., Mini Mental State Exam [MMSE] and Montreal Cognitive Assessment [MOCA]) and explain their uses and limitations.
7. Demonstrate respectful attitudes in interactions with older adults.

Depression in the Geriatric Patient

1. List the symptoms of depression in older adults.
2. Compare and contrast the presentation of depression in older adults to those of younger adults.
3. Describe the impact of depression on the cognitive status, functional status and quality of life of an older adult.
4. Describe the bi-directional relationship between medical illness and depression in older adults (e.g., cerebrovascular disease, cardiovascular disease, diabetes).
5. Propose treatment options (pharmacologic, non-pharmacologic and somatic {ECT}) for an older adult suffering from depression.
6. Express awareness of the increased risk of suicide attempts and completed suicide in older adults and identify specific risk factors for suicide present in older adults (e.g., Caucasian race, male sex, increased isolation,).
7. Perform a screening assessment for depression of an older adult patient utilizing a structured tool such as the PHQ-2 and/or PHQ-9.

Dementia

1. Define the syndrome of dementia.
2. Formulate the differential diagnosis of a patient presenting with cognitive impairment suggestive of dementia.
3. Compare and contrast the key clinical features and course of common types of dementia including Alzheimer's, Vascular, Lewy Body, Frontotemporal, and those syndromes caused by other neurodegenerative and infectious diseases (e.g., Parkinson's, HIV infections, Huntington's, Creutzfeldt-Jakob, etc).
4. Describe the diagnostic evaluation of a patient presenting with possible dementia including appropriate laboratory, imaging, psychometric, and other medical tests.
5. Explain the cognitive, emotional, and behavioral manifestations of dementia.
6. List safety concerns for a patient presenting with dementia (e.g., cooking, driving, finances, medications, etc).
7. Recognize signs of caregiver stress and its consequences.

Delirium

1. Maintain a high index of suspicion that acute changes in cognition, attention and behavior in the elderly may have an underlying reversible cause.
2. Recognize delirium as a medical emergency.
3. Describe the cognitive, emotional, and behavioral manifestations of delirium in the elderly, including both hyper- and hypoactive types.
4. Compare and contrast features of dementia versus delirium.
5. Identify risk factors, common medical conditions and medications associated with delirium in the elderly.
6. Formulate the clinical assessment and differential diagnosis of an elderly patient with delirium and make initial recommendations for further evaluation including appropriate laboratory, imaging, psychometric and other medical testing.

7. Develop an initial management plan, including both nonpharmacologic and pharmacologic treatments, for the agitated elderly patient with delirium.

Psychopharmacology in the Geriatric Patient

1. Identify the changes in pharmacokinetics (what the body does to the drug given changes in absorption, distribution, metabolism and excretion) and pharmacodynamics (what the drug does to the body) with aging and the impact on medication management in the older adults.
2. Review an older patient's medication list and identify prescribed or over-the-counter medications that may cause or exacerbate cognitive impairment including: anticholinergic medications, medications with long half-lives, benzodiazepines/sedative-hypnotics, herbal remedies.
3. Discuss the risks of polypharmacy for the older patient, including confusion, delirium, falls, and drug-drug and drug-disease interactions.