

Special Issue ·

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노인의 정신 질환 임상 지침

Practice Guideline for the Mental Disorders in the Elderly

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Abstract

Geriatric psychiatry is a branch of psychiatry for the diagnosis and treatment of mental disorders occurring in the elderly. Geriatric psychiatry involves health promotion and disease prevention strategies in both biomedical and behavioral areas. Geriatric psychiatry is dedicated to promote the mental health and well being of older people and improving the care of those with late - life mental disorders, including typical dementia, depression, anxiety, late - life psychosis, and sleep disorder. Patients with chronic pain, Parkinson's disease, heart disease, diabetes, stroke or other medical disorder are also cared by geriatric psychiatrists. Older adults have special physical, emotional and social needs. Therefore, the therapeutic guideline in geriatric psychiatry should be established through a multidisciplinary approach encompassing disease diagnosis, treatment, prevention, and rehabilitation, ultimately to improve the quality of life.

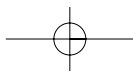
Keywords : Geriatric psychiatry;
Treatment guideline

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가 (A branch of
psychiatry)

30 가
(1).

“ Mission is to enhance the knowledge base and standard of practice in geriatric psychiatry through education and research. Lead(Guide) best possible care of geriatric patients and their families, Education and training for all health and social workers, Development of appropriate training manuals with culturally appropriate material, Encouraging the direction of geriatric psychiatry health policy ” (2).



1.

- Understanding of aging and longevity
- Epidemiology, diagnosis and treatment
- Performance of mental status examination
- Medical assessment, and physical functional assessment
- Community and environmental assessment
- Family and care giver assessment
- Management of the emotional or behavioral disorders
- Pharmacological treatment and Nonpharmacological approaches
- The ethical and legal issues

Major depression - with psychosis/melancholia, non melancholia, Other depression - dysthymic disorder, due to general medical condition, Manic disorders, Paranoid psychoses, Anxiety disorders, Somatization disorders, Sleep disorders, Substance abuse disorders, and Personality disorders

1 (7).

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(3, 4).

20~30% 가

(5, 6).

Dementia; type - Alzheimer's disease, vascular dementia, frontal dementia, other dementia complication - depression, psychosis, behavioral problems, Delirium, Other organic mental disorders,

가 (CT, MRI, SPECT, PET),

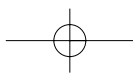
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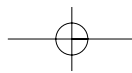
bedside mental state examination neuropsychological inventory

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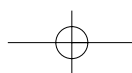
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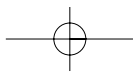
가 Neuropsychiatric Mental Status Examination(NPMSE) (5). 가





2.	3. 가 가
<p>Psychiatric History</p> <ul style="list-style-type: none"> Identifying demographic information(spend about 1min) Chief complaint(5~10min) History of the present illness, onset and course(5~10min) Past history(5min); psychiatric, medical, premorbid personality Family genetic history(2min) Drug and alcohol history(5min) <p>Nuropsychiatric Mental Status Examination(NPMSE)</p> <ul style="list-style-type: none"> General behavior and appearance(observed) Speech(observed) Emotional state(2min) Disorder in form of thought(observed) Disorder in content of thought(2min) Cognitive function assessment (5min, mostly covered under above or observed):Orientation (time, place, person, situation), Remote and recent personal memory, Immediate short - term memory, Abstraction (proverbs), Concentration(serial 7s) Judgement Insight <p>Functional Assessment(5min)</p> <ul style="list-style-type: none"> Activities of daily living(eg. eating, toilet, transferring, bathing, dressing) Instrumental activities of daily living(eg. driving, shopping, managing money, taking medication, communication by mail or telephone etc.) 	<p>screening (,) (:) . , , 가 (,)</p> <hr/> <p>- 가 , 가 , , 가 - 가 . 가 , , 가</p>
<p>attention/intention, memory/learning, language, visuospatial, praxis/gnosia 가 . 가가 . 가가 . (9). 가 2, 3 .</p>	<p>settings Acute inpatients, Ambulatory clinic, Long - term residen- tial care, Consultation/liaison, Respite/rehabilita- tion`/Medium term care Domicillary visit settings (4). , , , benzodiazepines, antidepress- sants: TCAs, SSRIs, SNRIs, MAOIs, antipsychotics antidementic drugs (10).</p>





4.

- Identify treatable cause(s) and all predisposing and precipitating factors
- Provide predictable, orienting, safe, comforting, secure environment
- Minimize pharmacological and physical constraints
- Achieve physiological stability including sleep - wakeful cycle
- Manage family and care providers
- Review of comorbid medical condition and current medication list
- Integrate medical and psychiatric treatment - consultative
- Use low dose high potency neuroleptics or atypical antipsychotics
- Minimize anticholinergic drugs

5.

	Reminyl	Aricept	Exelon
Receptor binding	competitive, reversible	non - competitive, reversible	pseudo - irreversible
Plasma half - life	6~8 hours	70 hours	1.5 hours
Effective dose	8 or 12mg BID	5 or 10mg QD	3~6mg BID
Tolerability	well tolerated	well tolerated, but may cause sleep disturbance	bolded warning for GI events, weight loss
Metabolism	multiple pathways; low potential for drug interactions	CYP450 2D6/3A4 & glucuronidation	independent of CYP450 system

haloperidol 가

가 benzodiazepines 가

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donepezil,

rivastigmine, galantamine

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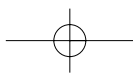
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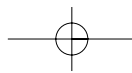
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(4). 가 benzodiazepines ,

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Class	Drug	Oral dosage(mg)
TCAs	Amitriptyline	25~75
	Doxepine	50~150
	Nortriptyline	30~75
SSRIs	Fluoxetine	10(od)
	Sertraline	25~50(od)
	Paroxetine	10~20(od)
	Fluvoxamine	50(od)
SNRIs	Venlafaxine	37.5~75(bid)
NDRIs	Bupropion	75~100(bid)
SARIs	Nefazodone	100~200(bid) 50~200(hs or prn)
NaSSAs	Mirtazapine	15~30(hs)

7.

Drugs	Geriatric Daily Dose(mg)	Half - life (hr)
Aprazolam (Xanoax)	0.375~20	12
Chlordiazepoxide (Librium)	15~60	18
Clonazepam (Klonopin)	1~5	34
Clorazepate (Tranxene)	15~30	100
Diazepam (Valium)	2~20	60
Lorazepam (Ativan)	1~4	15
Oxazepam (Serax)	15~60	8

8.

Drugs	Geriatric Daily Dose(mg)	Half - life (hr)
Nonbenzodiazepines		
Zaleplon	5	~1
Zolpidem	5	1.4~4.5
Zopiclone	7.5	3.8~6.5
Benzodiazepine		
Short - acting		
Triazolam	0.25	1.5~5.5
Intermediate - acting		
Temazepam	7.5, 15	3.8~18.4
Long - acting		
Flurazepam HCL	15	47~100

(acute phase), (continuation phase) (maintenancephase)

4. benzodiazepine oxazepam(serax) 15~60mg/day lorazepam(ativan)1~4mg/day

zopiclone, zopidem, temazepam 가 가 (10). 가 trazodone 7, 8

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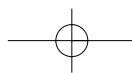
5. late - onset psychoses

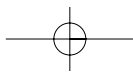
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paraphrenia

late

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Diagnostic Categories	Preferred		Also Consider	
Schizophrenia	Risperidone	1.25~3.5mg/day	Quetiapine	100~300mg/day
			Olanzapine	7.5~15mg/day
			Aripiprazole	15~30mg/day
Delusional disorder	Risperidone	0.75~2.5mg/day	Olanzapine	5~10mg/day
			Quetiapine	50~200mg/day
Delirium	None		Risperidone	0.75~1.75mg/day
Dementia with agitation	Risperidone	0.5~2.0mg/day	Quetiapine	50~150mg/day
			Olanzapine	5~7.5mg/day
Psychotic major depressive disorder	Risperidone	0.75~2.25mg/day	Olanzapine	5~10mg/day
			Quetiapine	50~200mg/day
Mania with psychosis	Risperidone	1.25~3.0mg/day	Quetiapine	50~250mg/day
	Olanzapine	5~10mg/day		
Psychosis and agitation in Parkinson's disease	Quetiapine	12.5~400mg/day	Olanzapine	5~15mg/day
			Clozapine	12.5~400mg/day

thought disorder

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10~50%

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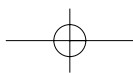
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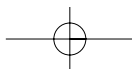
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1. : , 2004
 2. Sadavoy J, Lazarus LW, Javik LF. Comprehensive review of geriatric psychiatry. Washington DC: American Psychiatric Press, 1992
 3. : 2002; 41: 745 - 9
 4. Jacoby R, Oppenheimer C. Psychiatry in the elderly. 3rd ed. Oxford, 2002
 5. Coffey CE, Cummings JL. The American Psychiatric Press Textbook of Geriatric Neuropsychiatry. 2nd ed. Washington DC: American Psychiatric Press, 2000
 6. Sadock BJ, Sadock VA. Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 9th ed. Philadelphia: Williams & Wilkins, 2003
 7. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Washington DC: APA, 1994
 8. 가. 43; 7: 650 - 7
 9. 가. 1997; 1: 23 - 33
 10. Salzman C, Satlin A, Burrows AB. Geriatric psychopharmacology. In: Schatzberg AF, Nemeroff CB. Textbook of Psychopharmacology. 2nd ed. Washington DC: American Psychiatric Press, 1998: 961 - 77
 11. American Psychiatric Association. Practice Guideline for the Treatment of Patients with Delirium. Am J Psychiatry 1999; 156(Suppl): 5
 12. American Psychiatric Association. Practice Guideline for the Treatment of Patients with Alzheimer's disease and other dementia of later life. Am J Psychiatry 1997; 154(Suppl): 5
 13. Lovestone S, Gauthier S. Management of Dementia. Martin Dunitz, 2000
 14. Maj M, Sartorius N. Dementia, WPA Series Evidence and Experience in Psychiatry. Wiley, 2000
 15. Qizilbash N, Schneider LS. Evidence - based Dementia Practice. Blackwell, 2002
 16. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder(revision). Am J Psychiatry 1997
 17. Howard R, Rabins PV, Seeman MV, Jeste DV. The International Late - Onset Schizophrenia Group: Late - onset schizophrenia and very - late - onset schizophrenia - like psychosis: an International Consensus. Am J Psychiatry 2000; 157: 172 - 8
 18. 2003; 7: 1 - 12
 19. 2000; 4: 270 - 7

