North West
School of Psychiatry

Old Age Module Handbook

MRCPsych Course

2020 – 2022

A Psychiatry Medical Education Collaborative between Mental Health Trusts and Health Education North West

Module Lead – Dr Anthony Peter, Consultant Older Adult Psychiatrist

Course Director - Dr Latha Hackett, Consultant in Child & Adolescent Psychiatry
Deputy Course Director - Dr Dushyanthan Mahadevan, Consultant in Child & Adolescent Psychiatry

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Session 1: Cognition

Learning Objectives

- The overall aim is for the trainee to gain an overview of cognition.
- By the end of the session trainees should:
    - Understand the brain regions involved in the various cognitive domains.
    - Appreciate the concept and theory of a bedside cognitive assessment.
    - Have an awareness and understanding of the most common cognitive syndromes.
    - Be able to reflect on the limitations of cognitive assessment and screening tools.

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.3

Expert Led Session

- A Consultant led session based on the learning objectives listed above

Case Presentation

- Present a case that highlights the importance of a robust assessment, where the results of cognitive assessment have been instrumental in formulation and diagnosis in an older person presenting with cognitive deficits.

Journal Club Presentation

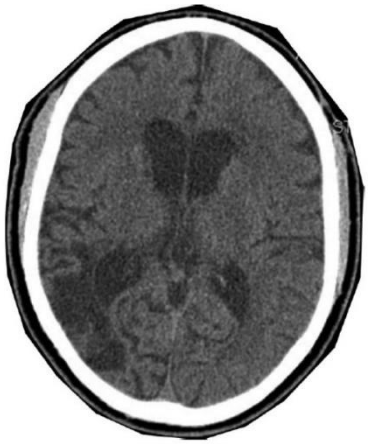
- Beishon, L.C., Batterham, A.P., Quinn, T.J., Nelson, C.P., Panerai, R.B., Robinson, T. and Haunton, V.J., 2019. Addenbrooke's Cognitive Examination III (ACE-III) and mini-ACE for the detection of dementia and mild cognitive impairment. Cochrane Database of Systematic Reviews, (12).
- Jutten, R.J., Harrison, J.E., Kjoe, P.R.L.M., Ingala, S., Vreeswijk, R., van Deelen, R.A.J., de Jong, F.J., Opmeer, E.M., Aleman, A., Ritchie, C.W. and Scheltens, P., 2019. Assessing cognition and daily function in early dementia using the cognitive-functional composite: findings from the Catch-Cog study cohort. Alzheimer's research & therapy, 11(1), p.45.
- Rashid, R., Standen, P., Carpenter, H. and Radford, K., 2019. Systematic review and meta-analysis of association between cognitive tests and on-road driving ability in people with dementia. Neuropsychological rehabilitation, pp.1-42.
- Rozum, W.J., Cooley, B., Vernon, E., Matyi, J. and Tschanz, J.T., 2019. Neuropsychiatric symptoms in se dementia: Associations with specific cognitive domains the Cache County Dementia Progression Study. International journal of geriatric psychiatry, 34(7), pp.1087-1094.

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Bedside Testing of the frontal Lobe **or** parietal Lobe
- Normal age-related changes in cognitive function
- Alzheimer's vs vascular dementia – distinguishing features in the cognitive profile.

MCQs

1. A 67 year old male suffered from a cerebral infarct 5 weeks ago. Here is his CT brain scan result.



Which of the following tests is most likely to detect the related cognitive deficits?

A. Abstract thinking

B. Go-No-Go

C. Cognitive estimates

D. Stroop test

E. Copying a cube

2. A 54 year old woman has been falling out with friends and her relationship with her husband is increasingly strained. She has been saying things in social situations that she would have previously found mortifying. Her driving has also become more erratic, often jumping red lights. She has also been involved in a couple of road rage incidents which is very unusual for her.

   Which of the following screening tools would be most helpful in picking up associated cognitive deficits?

A. MOCA

B. 6-CIT

C. Cornell

D. MUST

E. MMSE

3. A 62 year old woman was referred as the GP was concerned she was depressed. She presents with loss of volition, blunting of affect, axial rigidity and problems with vision. They deny feeling depressed. An MRI brain scan demonstrates the 'hummingbird sign'.

What combination of deficits would you be likely to observe on a cognitive profile?

A. Constructional apraxia and prosopagnosia.

B. Impaired episodic memory an object knowledge.

C. Visuospatial deficits and impaired naming.

D. Dyscalculia and tactile agnosia.

E. Impaired trail making and effortful, halting speech.

4. In Wenicke's aphasia, an assessment of language is most likely to demonstrate:

A. Effortful speech

B. Telegraphic speech

C. Intact repetition

D. Impaired comprehension

E. Echolalia

5. A 58 year old gentleman presents with early stages of svPPA. Previously a keen amateur cook, he now struggles in the kitchen and keep asking his wife what various kitchen utensils are for. Cognitive tests show fluent speech and intact repetition. However, the content of their speech is vague with obvious word omissions and substitutions.

Which brain region has been affected by pathological change?

A. Medical temporal lobe

B. Hippocampus & entorhinal cortex

C. Anterior inferior temporal lobe

D. Dorsolateral prefrontal cortex

E. Cerebellum

6. A 65 year old woman has been referred to the memory assessment service with forgetfulness causing her significant distress. Her mother had a history of Alzheimer's dementia. She is not sleeping very well and struggles to enjoy her usual hobbies. Her MOCA score was 20/30. During the assessment she often responded with 'I don't know' or gave approximate answers.

Which would be the most appropriate next step?

A. Re-do the MOCA in 1 week with the support of relatives.

B. Prescribe low dose benzodiazepines.

C. Complete a MADRS scale and consider a trial of antidepressants.

D. Arrange an MRI brain scan.

E. Complete and ACE-III to look at the cognitive profile in more detail.

Additional Resources / Reading Material

Online:

- Montreal Cognitive Assessment (MOCA) available at: www.mocatest.org
- https://www.alz.org/professionals/health-systems-clinicians/cognitive-assessment
- http://www.psychiatrycpd.co.uk/ Bedside assessment of cognition.

Journal Papers:

- Blanco-Campal, A., Diaz-Orueta, U., Navarro-Prados, A.B., Burke, T., Libon, D.J. and Lamar, M., 2019. Features and psychometric properties of the Montreal Cognitive Assessment: Review and proposal of a process-based approach version (MoCA-PA). Applied Neuropsychology: Adult, pp.1-15

- Bruno, D. and Vignaga, S.S., 2019. Addenbrooke's cognitive examination III in the diagnosis of dementia: a critical review. Neuropsychiatric disease and treatment, 15, p.441.

- Devita, M., Mondini, S., Bordignon, A., Sergi, G., Girardi, A., Manzato, E., Mapelli, D. and Coin, A., 2019. The importance of cognitive reserve in comprehensive geriatric assessment for dementia. Aging clinical and experimental research, pp.1-3.

- Emmert, N.A., Schwarz, L.R., Vander Wal, J.S. and Gfeller, J.D., 2019. Neuropsychological predictors of health and safety abilities in dementia. Applied Neuropsychology: Adult, pp.1-13.

- Kessels, R.P., 2019. Improving precision in neuropsychological assessment: Bridging the gap between classic paper-and-pencil tests and paradigms from cognitive neuroscience. The Clinical Neuropsychologist, 33(2), pp.357-368.

- McGuire, C., Crawford, S. and Evans, J.J., 2019. Effort testing in dementia assessment: A systematic review. Archives of Clinical Neuropsychology, 34(1), pp.114-131.

- Montoya-Murillo, G., Ibarretxe-Bilbao, N., Peña, J. and Ojeda, N., 2019. The impact of apathy on cognitive performance in the elderly. International journal of geriatric psychiatry, 34(5), pp.657-665.

- Morais, A., Santos, S. and Lebre, P., 2019. Psychomotor, functional, and cognitive profiles in older people with and without dementia: what connections?. Dementia, 18(4), pp.1538-1553.

- Naparstek, S., Linkovski, O. and O'Hara, R., 2019. The Future of Dementia Biomarkers Needs Better Neuropsychology. The American journal of psychiatry, 176(12), p.1050.

- Philip D. Harvey., 2019. Domains of cognition and their assessment. Dialogues Clinical Neuroscience, 21(3), pp.227-237.

- Phillips, N.A., Chertkow, H., Pichora-Fuller, M.K. and Wittich, W., 2020. Special Issues on Using the Montreal Cognitive Assessment for telemedicine Assessment during COVID-19. Journal of the American Geriatrics Society, 68(5), pp.942-944.

- Ramirez-Gomez, L., Zheng, L., Reed, B., Kramer, J., Mungas, D., Zarow, C., Vinters, H., Ringman, J.M. and Chui, H., 2017. Neuropsychological profiles differentiate Alzheimer disease from subcortical ischemic vascular dementia in an autopsy-defined cohort. Dementia and geriatric cognitive disorders, 44(1-2), pp.1-11.

- Rascovsky, K., 2016. A primer in neuropsychological assessment for dementia. PRACTICAL NEUROLOGY. http://v2.practicalneurology.com/pdfs/pn0716_CF_Neuropsych.pdf

- Supasitthumrong, T., Herrmann, N., Tunvirachaisakul, C. and Shulman, K., 2019. Clock drawing and neuroanatomical correlates: A systematic review. International journal of geriatric psychiatry, 34(2), pp.223-232.
- Tsoi, K.K., Chan, J.Y., Hirai, H.W., Wong, S.Y. and Kwok, T.C., 2015. Cognitive tests to detect dementia: a systematic review and meta-analysis. JAMA internal medicine, 175(9), pp.1450-1458.

- Wajman, J.R., Cecchini, M.A., Bertolucci, P.H.F. and Mansur, L.L., 2019. Quanti-qualitative components of the semantic verbal fluency test in cognitively healthy controls, mild cognitive impairment, and dementia subtypes. Applied Neuropsychology: Adult, 26(6), pp.533-542.

Guidelines:

- NICE CG42 – Dementia https://www.nice.org.uk/guidance/Cg42

Other resources:

- Chelune, G.J. and Duff, K., 2019. The assessment of change: serial assessments in dementia evaluations. In Handbook on the Neuropsychology of Aging and Dementia (pp. 61-76). Springer, Cham.
- Dening T., Thomas A., 2013. The Oxford Textbook of Old Age Psychiatry, 2nd edition. Oxford University Press.
- Hodges, J.R., 2017. Cognitive assessment for clinicians. Oxford University Press.
- Larner, A.J. ed., 2017. Cognitive screening instruments. Springer.
- Pavol, M.A., 2019. Inpatient Neuropsychological Assessment in Older Adults. In Handbook on the Neuropsychology of Aging and Dementia (pp. 89-103). Springer, Cham.
- Volkman, N., Cohen, N. and Vroman, G., 2018. Misinterpreting Cognitive Decline in the Elderly: Blaming the Patient. In Human Error in Medicine (pp. 93-122). CRC Press.

Session 2: Alzheimer's Disease

Learning Objectives

- The overall aim is for the trainee to gain an overview of Alzheimer's disease.
- By the end of the session trainees should:
    - Understand the epidemiology of Alzheimer's disease.
    - Understand the risk factors, genetics, neuropathology, neurotransmitters and neuroimaging associated with Alzheimer's disease.
    - Understand the clinical features of Alzheimer's disease, the assessment process and the principles of management.
    - Understand the carer burden related to Alzheimer's disease.

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.1, 8.2, 8.3, 8.4, 8.5

Expert Led Session

- A Consultant led session based on the learning objectives listed above

Case Presentation

- A case to be presented which highlights the diagnostic process in a case of Alzheimer's disease and/or management of the related behavioural and psychological symptoms (BPSD) of Alzheimer's dementia. Please consider the learning objectives above.

Journal Club Presentation

- McShane, R., Westby, M.J., Roberts, E., Minakaran, N., Schneider, L., Farrimond, L.E., Maayan, N., Ware, J. and Debarros, J., 2019. Memantine for dementia. Cochrane database of systematic reviews, (3).
- Mühlbauer V, Luijendijk H, Dichter MN, Möhler R, Zuidema SU, Köpke S. Antipsychotics for agitation and psychosis in people with Alzheimer's disease and vascular dementia. The Cochrane Database of Systematic Reviews. 2019 Apr;2019(4).
- Ryan, J., Storey, E., Murray, A.M., Woods, R.L., Wolfe, R., Reid, C.M., Nelson, M.R., Chong, T.T., Williamson, J.D., Ward, S.A. and Lockery, J.E., 2020. Randomized placebo-controlled trial of the effects of aspirin on dementia and cognitive decline. Neurology.
- Tampi R, Hassell C, Joshi P, Tampi D. 2018. Analgesics in the Management of Behavioral and Psychological Symptoms of Dementia: A Systematic Review. The American Journal of Geriatric Psychiatry. 31;26(3):S143-4.
- Tan EY, Köhler S, Hamel RE, Muñoz-Sánchez JL, Verhey FR, Ramakers IH. Depressive symptoms in mild cognitive impairment and the risk of dementia: a systematic review and comparative meta-analysis of clinical and community-based studies. Journal of Alzheimer's Disease. 2019 Jan 1;67(4):1319-29.

'555' Topic (5 slides with no more than 5 bullet points per slide)

- The use of antipsychotic medication in dementia and associate risks
- The NINCDS-ADRDA or NIA-AA criteria

MCQs

1. The prevalence of dementia in the general UK population older than 65 is approximately:

A. 0.5-1%

B. 2-4%

C. 7%

D. 15%

E. 20%

2. In Alzheimer's Disease, the gene for Amyloid Precursor Protein (APP) is found on the long arm of chromosome:

A. 1

B. 12

C. 21

D. 19

E. 27

3. Which of the following statements regarding biomarkers in Alzheimer's disease is true:

A. The first biomarker change in Alzheimer's disease is reflected by a decrease in CSF tau levels

B. β amyloidosis can only be detected in venous plasma samples

C. Amyloid-β accumulation is not sufficient to cause disease progression

D. PET imaging is estimated to be able to predict changes 25 years prior to symptoms

E. All individuals that have positive biomarker results progress at the same rate.

4. A frail elderly gentleman is diagnosed with Alzheimer's dementia in the clinic. He has a history of moderate COPD and 1st degree heart block. He also has a history of peptic ulcers. Which would be the most appropriate first line drug to prescribe to slow cognitive decline and alleviate the behavioural and psychological symptoms of the dementia?

A. Rivastigmine transdermal patch

B. Galantamine

C. Risperidone

D. Donepezil

E. Memantine

5. Which of the following combination of APOE alleles confers the highest risk of developing Alzheimer's disease?

A. 4:2

B. 2:3

C. 3:3

D. 3:4

E. 4:4

Additional Resources / Reading Materials

Online:

- http://www.psychiatrycpd.co.uk/ (Dementia: breaking the 'bad news' – a guide for psychiatrists; inappropriate sexual behavior in dementia; Dementia: capacity, empowerment and conflicts of interest.)

Landmark papers

- Sultzer, D.L., Davis, S.M., Tariot, P.N., Dagerman, K.S., Lebowitz, B.D., Lyketsos, C.G., Rosenheck, R.A., Hsiao, J.K., Lieberman, J.A., Schneider, L.S. and Catie-AD Study Group, 2008. Clinical symptom responses to atypical antipsychotic medications in Alzheimer's disease: phase 1 outcomes from the CATIE-AD effectiveness trial. American Journal of Psychiatry, 165(7), pp.844-854.
- Banerjee, S., 2009. The use of antipsychotic medication for people with dementia: time for action.
- Tariot, P.N., Farlow, M.R., Grossberg, G.T., Graham, S.M., McDonald, S., Gergel, I. and Memantine Study Group, 2004. Memantine treatment in patients with moderate to severe Alzheimer disease already receiving donepezil: a randomized controlled trial. Jama, 291(3), pp.317-324.
- Dubois, B., Feldman, H.H., Jacova, C., DeKosky, S.T., Barberger-Gateau, P., Cummings, J., Delacourte, A., Galasko, D., Gauthier, S., Jicha, G. and Meguro, K., 2007. Research criteria for the diagnosis of Alzheimer's disease: revising the NINCDS–ADRDA criteria. The Lancet Neurology, 6(8), pp.734-746.

Journal papers:

- Dekhtyar S, Marseglia A, Xu W, Darin-Mattsson A, Wang HX, Fratiglioni L. Genetic risk of dementia mitigated by cognitive reserve: A cohort study. Annals of neurology. 2019 Jul;86(1):68-78.
- Emrani, S., Lamar, M., Price, C.C., Wasserman, V., Matusz, E., Au, R., Swenson, R., Nagele, R., Heilman, K.M. and Libon, D.J., 2019. Alzheimer's/Vascular Spectrum Dementia: Classification in Addition to Diagnosis. Journal of Alzheimer's Disease, (Preprint), pp.1-9.
- Giannini, L.A., Irwin, D.J., McMillan, C.T., Ash, S., Rascovsky, K., Wolk, D.A., Van Deerlin, V.M., Lee, E.B., Trojanowski, J.Q. and Grossman, M., 2017. Clinical marker for Alzheimer disease pathology in logopenic primary progressive aphasia. Neurology, 88(24), pp.2276-2284.
- Grande G, Rizzuto D, Vetrano DL, Marseglia A, Vanacore N, Laukka EJ, Welmer AK, Fratiglioni L. Cognitive and physical markers of prodromal dementia: A 12-year-long population study. Alzheimer's & Dementia. 2020 Jan;16(1):153-61.
- Jack, C.R., Bennett, D.A., Blennow, K., Carrillo, M.C., Dunn, B., Haeberlein, S.B., Holtzman, D.M., Jagust, W., Jessen, F., Karlawish, J. and Liu, E., 2018. NIA-AA Research Framework: Toward a biological definition of Alzheimer's disease. Alzheimer's & Dementia, 14(4), pp.535-562. Jensen, A.M., Pedersen, B.D., Olsen, R.B. and Hounsgaard, L., 2019. Medication and care in Alzheimer's patients in the acute care setting: A qualitative analysis. Dementia, 18(6), pp.2173-2188.
- Khoury, R. and Ghossoub, E., 2019. Diagnostic Biomarkers of Alzheimer's Disease: A State-of-the-Art Review. Biomarkers in Neuropsychiatry, p.100005.
- Li, C.H., Fan, S.P., Chen, T.F., Chiu, M.J., Yen, R.F. and Lin, C.H., 2020. Frontal variant of Alzheimer's disease with asymmetric presentation mimicking frontotemporal dementia: Case report and literature review. Brain and Behavior, 10(3), p.e01548.
- McKhann, G., Drachman, D., Folstein, M., Katzman, R., Price, D. and Stadlan, E.M., 1984. Clinical diagnosis of Alzheimer's disease: Report of the NINCDS-ADRDA Work Group* under the auspices of Department of Health and Human Services Task Force on Alzheimer's Disease. Neurology, 34(7), pp.939-939.

- McCleery J, Flicker L, Richard E, Quinn TJ. When is Alzheimer's not dementia—Cochrane commentary on The National Institute on Ageing and Alzheimer's Association Research Framework for Alzheimer 's Disease. Age and ageing. 2019 Mar 1;48(2):174-7.
- Sadiq, D., Whitfield, T., Lee, L., Stevens, T., Costafreda, S. and Walker, Z., 2017. Prodromal dementia with Lewy bodies and prodromal Alzheimer's disease: a comparison of the cognitive and clinical profiles. Journal of Alzheimer's Disease, 58(2), pp.463-470.
- Sinha K, Sun C, Kamari R, Bettermann K. Current status and future prospects of pathophysiology-based neuroprotective drugs for the treatment of vascular dementia. Drug Discovery Today. 2020 Apr 1;25(4):793-9.
- Stocker, H., Möllers, T., Perna, L. and Brenner, H., 2018. The genetic risk of Alzheimer's disease beyond APOE ε4: systematic review of Alzheimer's genetic risk scores. Translational psychiatry, 8(1), pp.1-9.
- Vermunt, L., Sikkes, S.A., Van Den Hout, A., Handels, R., Bos, I., Van Der Flier, W.M., Kern, S., Ousset, P.J., Maruff, P., Skoog, I. and Verhey, F.R., 2019. Duration of preclinical, prodromal, and dementia stages of Alzheimer's disease in relation to age, sex, and APOE genotype. Alzheimer's & Dementia, 15(7), pp.888-898.
- Wong S, Strudwick J, Devenney E, Hodges JR, Piguet O, Kumfor F. Frontal variant of Alzheimer's disease masquerading as behavioural-variant frontotemporal dementia: a case study comparison. Neurocase. 2019 Mar 4;25(1-2):48-58.
- Wong, B., Lucente, D.E., MacLean, J., Padmanabhan, J., Quimby, M., Brandt, K.D., Putcha, D., Sherman, J., Frosch, M.P., McGinnis, S. and Dickerson, B.C., 2019. Diagnostic evaluation and monitoring of patients with posterior cortical atrophy. Neurodegenerative Disease Management, 9(4), pp.217-239.

Guidelines

- https://www.nice.org.uk/guidance/Cg42

Other resources

- Dening T., Thomas A., 2013. The Oxford Textbook of Old Age Psychiatry, 2nd edition. Oxford University Press.
- Taylor, D., Barnes, T., Young, A., 2018. The Maudsley Prescribing Guidelines in Psychiatry, 13th edition. Blackwell-Wiley.
- Stahl, SM, 2017. Prescriber's Guide: Stahl's Essential Psychopharmacology, 6th edition Cambridge University Press.
- World Health Organisation, 1992. ICD-10: The ICD-10 Classification of Mental and Behavioural Disorders : Clinical Descriptions and Diagnostic Guidelines. WHO.

Session 3: Other Neuro Degenerative Disorders

Learning Objectives

- To overall aim is to gain a basic overview of common neuro-degenerative disorders including Lewy Body Dementia, fronto-temporal dementia (FTD), Creutzfeldt-Jakob disease (CJD), and dementia in Parkinson's disease. Vascular dementia is also incorporated in this session.
- For each of the disorders listed above, by the end of the session, the trainee should understand the basic epidemiology, aetiology, clinical presentation and basic management principles.

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.1, 8.3, 8.4, 8.5, 8.11

Expert Led Session

- A Consultant led session based on the learning objectives listed above.

Case Presentation

- A case to be presented which highlights one of the neurodegenerative disorders named above. Please consider the learning objectives above.

Journal Club Presentation

- Meng YH, Wang PP, Song YX, Wang JH. Cholinesterase inhibitors and memantine for Parkinson's disease dementia and Lewy body dementia: A meta-analysis. Experimental and therapeutic medicine. 2019 Mar 1;17(3):1611-24.
- Mühlbauer V, Luijendijk H, Dichter MN, Möhler R, Zuidema SU, Köpke S. Antipsychotics for agitation and psychosis in people with Alzheimer's disease and vascular dementia. The Cochrane Database of Systematic Reviews. 2019 Apr;2019(4).
- Pendlebury, S.T., Rothwell, P.M. and Study, O.V., 2019. Incidence and prevalence of dementia associated with transient ischaemic attack and stroke: analysis of the population-based Oxford Vascular Study. The Lancet Neurology, 18(3), pp.248-258.

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Dementia in Huntington's Disease
- Common presentations in FTD
- Management of psychosis in Parkinson's disease

MCQs

1. **A 38 year old man presents with a seizure on a background of increasing memory impairment, migraines, apathy and unsteady gait.**

   Which genetic mutation is most likely?

   A. NOTCH3

   B. MAPT

C. Presenilin-1

D. C9ORF72

E. SNCA

1. A 62 year old woman is struggling with poor balance and muscle spasms. She has difficulty controlling her left hand which she describes as feeling 'out of control'. MRI brain shows asymmetrical atrophy of the superior parietal lobe.

Which of the following is most closely associated with the primary diagnosis?

A. Logopenic PPA

B. Semantic PPA

C. Posterior cortical atrophy

D. Non-fluent PPA

E. Cerebral amyloid angiopathy

3. A man with Parkinson's Disease develops psychotic symptoms. Which antipsychotic drug treatment has the best evidence base?

A. Quetiapine

B. Amisulpride

C. Haloperidol

D. Risperidone

E. Clozapine

4. A 43 year old gentleman presents with unwanted movements that started in his hands and now involve his limbs and face. He is also struggling with low mood and obsessional thoughts. Genetic analysis reveal multiple CAG repeats on chromosome 4.

A brain MRI is most likely to show:

A. Caudate atrophy

B. Cerebellar atrophy

C. Multiple white matter intensities

D. Putaminal infarct

E. Lacunar infarct

5. A 70 year old man has been given a diagnosis of Lewy Body Dementia. According to recognised criteria, which of these is a core clinical feature?

A. Hyposmia

B. REM sleep disorder

C. Severe sensitivity to antipsychotic agents

D. Postural instability

E. Orthostatic hypotension

Additional Resources / Reading Material

Online:

- Trainees Online (TrON): Neuropathology: Part 1 – dementia
- RCPsych, CPD Online modules:
    - Neuroimaging in dementia
    - Early onset dementias
    - Neuropsychiatric problems in Parkinson's disease
    - Hungtington's disease

Landmark papers

- Román, G.C., Tatemichi, T.K., Erkinjuntti, T., Cummings, J.L., Masdeu, J.C., Garcia, J.H., Amaducci, L., Orgogozo, J.M., Brun, A., Hofman, A. and Moody, D.M., 1993. Vascular dementia: diagnostic criteria for research studies: report of the NINDS-AIREN International Workshop. Neurology, 43(2), pp.250-250.
- Gorno-Tempini, M.L., Hillis, A.E., Weintraub, S., Kertesz, A., Mendez, M., Cappa, S.F., Ogar, J.M., Rohrer, J.D., Black, S., Boeve, B.F. and Manes, F., 2011. Classification of primary progressive aphasia and its variants. Neurology, 76(11), pp.1006-1014.
- Rascovsky, K., Hodges, J.R., Knopman, D., Mendez, M.F., Kramer, J.H., Neuhaus, J., Van Swieten, J.C., Seelaar, H., Dopper, E.G., Onyike, C.U. and Hillis, A.E., 2011. Sensitivity of revised diagnostic criteria for the behavioural variant of frontotemporal dementia. Brain, 134(9), pp.2456-2477.

Journal Papers:

- Abdullah, H., Nobler, M. and Dornbush, R., 2020. Posterior fossa meningioma with cerebellar mass effect presenting as decline in cognitive function and impaired affective modulation: review of the cerebellar cognitive affective syndrome. The American Journal of Geriatric Psychiatry, 28(4), pp.S89-S90.
- Abramzon, Y.A., Fratta, P., Traynor, B.J. and Chia, R., 2020. The overlapping genetics of amyotrophic lateral sclerosis and frontotemporal dementia. Frontiers in Neuroscience, 14, p.42.
- Argyropoulos, G.P., van Dun, K., Adamaszek, M., Leggio, M., Manto, M., Masciullo, M., Molinari, M., Stoodley, C.J., Van Overwalle, F., Ivry, R.B. and Schmahmann, J.D., 2019. The cerebellar cognitive affective/Schmahmann syndrome: a task force paper. The Cerebellum, pp.1-24.
- Bachoud-Lévi, A.C., Ferreira, J., Massart, R., Youssov, K., Rosser, A., Busse, M., Craufurd, D., Reilmann, R., De Michele, G., Rae, D. and Squitieri, F., 2019. International Guidelines for the treatment of Huntington's Disease. Frontiers in neurology, 10, p.710.
- Convery, R., Mead, S. and Rohrer, J.D., 2019. Clinical, genetic and neuroimaging features of frontotemporal dementia. Neuropathology and applied neurobiology, 45(1), pp.6-18.
- Convery, R., Mead, S. and Rohrer, J.D., 2019. Clinical, genetic and neuroimaging features of frontotemporal dementia. Neuropathology and applied neurobiology, 45(1), pp.6-18.
- Crutch, S.J., Schott, J.M., Rabinovici, G.D., Murray, M., Snowden, J.S., van der Flier, W.M., Dickerson, B.C., Vandenberghe, R., Ahmed, S., Bak, T.H. and Boeve, B.F., 2017. Consensus classification of posterior cortical atrophy. Alzheimer's & Dementia, 13(8), pp.870-884.

- Das, S., Zhang, Z. and Ang, L.C., 2020. Clinicopathological overlap of neurodegenerative diseases: A comprehensive review. Journal of Clinical Neuroscience.

- Ducharme, S., Pearl-Dowler, L., Gossink, F., McCarthy, J., Lai, J., Dickerson, B.C., Chertkow, H., Rapin, L., Vijverberg, E., Krudop, W. and Dols, A., 2019. The Frontotemporal Dementia versus Primary Psychiatric Disorder (FTD versus PPD) Checklist: A bedside clinical tool to identify behavioral variant FTD in patients with late-onset behavioral changes. Journal of Alzheimer's Disease, 67(1), pp.113-124.

- Ferrari, R., Manzoni, C. and Hardy, J., 2019. Genetics and molecular mechanisms of frontotemporal lobar degeneration: an update and future avenues. Neurobiology of aging, 78, pp.98-110.

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- Tee, B.L. and Gorno-Tempini, M.L., 2019. Primary progressive aphasia: a model for neurodegenerative disease. Current opinion in neurology, 32(2), p.255.
- Zucchi, E., Ticozzi, N. and Mandrioli, J., 2019. Psychiatric symptoms in amyotrophic lateral sclerosis: beyond a motor neuron disorder. Frontiers in neuroscience, 13.

Other resources:

- Dening T., Thomas A., 2013. The Oxford Textbook of Old Age Psychiatry, 2nd edition. Oxford University Press.
- Munoz, D.G. and Weishaupt, N., 2017. Vascular Dementia. In The Cerebral Cortex in Neurodegenerative and Neuropsychiatric Disorders (pp. 119-139).
- Stahl, SM, 2017. Prescriber's Guide: Stahl's Essential Psychopharmacology, 6th edition Cambridge University Press.
- Taylor, D., Barnes, T., Young, A., 2018. The Maudsley Prescribing Guidelines in Psychiatry, 13th edition. Blackwell-Wiley.
- World Health Organisation, 1992. ICD-10: The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines. WHO.

Session 4: Delirium

Learning Objectives

- The overall aim of the session is for the trainee to gain an overview of delirium
- By the end of the sessions the trainee should:
    - Understand the epidemiology of delirium and the associated risk factors.
    - Have an awareness of the basic physiological and psychological changes associated with delirium
    - Have an understanding of the clinical features of delirium and the principles of assessment and management.
    - Understand the prognosis of patients diagnosed with delirium.

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.3, 8.4, 8.5.

Expert Led Session

- A Consultant led session based on the learning objectives listed above.

Case Presentation

- A case to be presented which highlights the challenges in assessment and management of a patient presenting with possible or probable delirium. Please consider the learning objectives above.

Journal Club Presentation

Journal papers:

- Hov, K.R., Neerland, B.E., Undseth, Ø., Wyller, V.B.B., MacLullich, A.M., Qvigstad, E., Skovlund, E. and Wyller, T.B., 2019. The Oslo Study of Clonidine in Elderly Patients with Delirium; LUCID: a randomised placebo-controlled trial. International journal of geriatric psychiatry, 34(7), pp.974-981.
- Morandi, A., Di Santo, S.G., Zambon, A., Mazzone, A., Cherubini, A., Mossello, E., Bo, M., Marengoni, A., Bianchetti, A., Cappa, S. and Fimognari, F., 2019. Delirium, dementia, and in-hospital mortality: the results from the Italian Delirium Day 2016, a national multicenter study. The Journals of Gerontology: Series A, 74(6), pp.910-916.
- Van Den Boogaard, M., Slooter, A.J., Brüggemann, R.J., Schoonhoven, L., Beishuizen, A., Vermeijden, J.W., Pretorius, D., De Koning, J., Simons, K.S., Dennesen, P.J. and Van der Voort, P.H., 2018. Effect of haloperidol on survival among critically ill adults with a high risk of delirium: the REDUCE randomized clinical trial. Jama, 319(7), pp.680-690.
- Woodhouse, R., Burton, J.K., Rana, N., Pang, Y.L., Lister, J.E. and Siddiqi, N., 2019. Interventions for preventing delirium in older people in institutional long-term care. Cochrane Database of Systematic Reviews, (4).

'555' Topic (5 slides with no more than 5 bullet points per slide)
• Delirium or dementia? • Delirium tremens • The anticholinergic burden scale

MCQs

1. Which of the following is most frequently observed in delirium?

A. Hallucinations
B. Disturbed sleep-wake cycle
C. Labile mood
D. Increased motor activity
E. Systematised delusions

2. Delirium increases the risk of developing dementia:

A. No increase
B. Five-fold
C. Eight-fold
D. 20-fold
E. 30-fold

3. **Which of the following is not a risk factor for delirium?**

A. Recent surgery
B. Poor sight
C. Terminal illness
D. Pre-existing memory problems
E. Intellectual disability

4. **Which is a clinical feature common to both dementia and delirium:**

A. Rapid onset
B. Global cognitive impairment
C. Clouding of consciousness
D. Clear consciousness
E. Gradual onset over 6 months

5. Which assessment rating tool does NICE recommend using to assess for delirium:

A. MOCA
B. CAM
C. MMSE
D. ACEIII
E. DAS21

6. **Which drug is not associated with an increased risk of delirium:**

A. Calcium channel blocker
B. Antihistamines
C. Benzodiazepines e.g. lorazepam
D. Tricyclic antidepressant
E. Antipsychotics

Additional Resources / Reading Materials

Websites:

- RCPsych CPD Online: Delirium in older people: assessment and management
- http://www.europeandeliriumassociation.com/
- http://www.scottishdeliriumassociation.com/
- https://deliriumnetwork.org/resources/
- https://drshibleyrahman.wordpress.com/
- https://www.the4at.com/
- https://www.youtube.com/watch?v=BPfZgBmcQB8&feature=youtu.be
- https://deprescribing.org/

Guidelines

- Delirium: prevention, diagnosis and management, NICE guidelines [CG103].https://www.nice.org.uk/guidance/cg103

Landmark studies

- Breitbart, W., Marotta, R., Platt, M.M., Weisman, H., Derevenco, M., Grau, C., Corbera, K., Raymond, S., Lund, S. and Jacobsen, P., 2005. A double-blind trial of haloperidol, chlorpromazine, and lorazepam in the treatment of delirium in hospitalized AIDS patients. Focus, 153(2), pp.231-340.

Journal Papers:

- Aguiar, J.P., Brito, A.M., Martins, A.P., Leufkens, H.G. and Alves da Costa, F., 2019. Potentially inappropriate medications with risk of cardiovascular adverse events in the elderly: A systematic review of tools addressing inappropriate prescribing. Journal of clinical pharmacy and therapeutics, 44(3), pp.349-360.
- Barboza, M.S., Cittadini, J., de Hertelendy, M., Farías, M.S. and Loiacono, N., 2017. Liaison Psychiatry: Playing “Hide and Seek” with Delirium. In Psychiatry and Neuroscience Update-Vol. II (pp. 457-463). Springer, Cham.
- Burton, J.K., Siddiqi, N., Teale, E.A., Barugh, A. and Sutton, A.J., 2019. Non-pharmacological interventions for preventing delirium in hospitalised non-ICU patients. Cochrane Database of Systematic Reviews, (4).
- Campbell, A.M., Axon, D.R., Martin, J.R., Slack, M.K., Mollon, L. and Lee, J.K., 2019. Melatonin for the prevention of postoperative delirium in older adults: a systematic review and meta-analysis. BMC geriatrics, 19(1), p.272.
- Dalmau, J., Armangué, T., Planagumà, J., Radosevic, M., Mannara, F., Leypoldt, F., Geis, C., Lancaster, E., Titulaer, M.J., Rosenfeld, M.R. and Graus, F., 2019. An update on anti-NMDA receptor encephalitis for neurologists and psychiatrists: mechanisms and models. The Lancet Neurology.
- Davis, D.H., Muniz Terrera, G., Keage, H., Rahkonen, T., Oinas, M., Matthews, F.E., Cunningham, C., Polvikoski, T., Sulkava, R., MacLullich, A.M. and Brayne, C., 2012. Delirium is a strong risk factor for dementia in the oldest-old: a population-based cohort study. Brain, 135(9), pp.2809-2816.
- De Vincentis, A., Gallo, P., Finamore, P., Pedone, C., Costanzo, L., Pasina, L., Cortesi, L., Nobili, A., Mannucci, P.M. and Incalzi, R.A., 2020. Potentially Inappropriate Medications, Drug–Drug Interactions, and Anticholinergic Burden in Elderly Hospitalized Patients: Does an Association Exist with Post-Discharge Health Outcomes?. Drugs & Aging.
- Fiedler, S.M. and Houghton, D.J., 2018. An In-depth Look into the Management and Treatment of Delirium. In Clinical Approaches to Hospital Medicine (pp. 89-107). Springer, Cham.

- Finucane, A.M., Jones, L., Leurent, B., Sampson, E.L., Stone, P., Tookman, A. and Candy, B., 2020. Drug therapy for delirium in terminally ill adults. Cochrane Database of Systematic Reviews, (1).
- Fong, T.G., Tulebaev, S.R. and Inouye, S.K., 2009. Delirium in elderly adults: diagnosis, prevention and treatment. Nature Reviews Neurology, 5(4), p.210.
- Garcez, F.B., Apolinario, D., Campora, F., Curiati, J.A.E., Jacob-Filho, W. and Avelino-Silva, T.J., 2019. Delirium and post-discharge dementia: results from a cohort of older adults without baseline cognitive impairment. Age and Ageing, 48(6), pp.845-851.
- Haley, M.N., Casey, P., Kane, R.Y., Dārziņš, P. and Lawler, K., 2019. Delirium management: Let's get physical? A systematic review and meta-analysis. Australasian journal on ageing, 38(4), pp.231-241.
- Heneghan, C. and O'Sullivan, J., 2020. Antipsychotics for preventing and treating delirium: not recommended. BMJ Evidence-Based Medicine.
- Janssen, T.L., Alberts, A.R., Hooft, L., Mattace-Raso, F.U.S., Mosk, C.A. and van der Laan, L., 2019. Prevention of postoperative delirium in elderly patients planned for elective surgery: systematic review and meta-analysis. Clinical interventions in aging, 14, p.1095.
- Jones, R.N., Cizginer, S., Pavlech, L., Albuquerque, A., Daiello, L.A., Dharmarajan, K., Gleason, L.J., Helfand, B., Massimo, L., Oh, E. and Okereke, O.I., 2019. Assessment of instruments for measurement of delirium severity: a systematic review. JAMA internal medicine, 179(2), pp.231-239.
- Kojima, T., Matsui, T., Suzuki, Y., Takeya, Y., Tomita, N., Kozaki, K., Kuzuya, M., Rakugi, H., Arai, H. and Akishita, M., 2020. Risk factors for adverse drug reactions in older inpatients of geriatric wards at admission: Multicenter study. Geriatrics & Gerontology International, 20(2), pp.144-149.
- Kotfis, K., Szylińska, A., Listewnik, M., Strzelbicka, M., Brykczyński, M., Rotter, I. and Żukowski, M., 2018. Early delirium after cardiac surgery: an analysis of incidence and risk factors in elderly (≥ 65 years) and very elderly (≥ 80 years) patients. Clinical interventions in aging, 13, p.1061.
- LaHue, S.C., James, T.C., Newman, J.C., Esmaili, A.M., Ormseth, C.H. and Ely, E.W., 2020. Collaborative Delirium Prevention in the Age of COVID-19. Journal of the American Geriatrics Society, 68(5), p.947.
- Lawson, R.A., McDonald, C. and Burn, D.J., 2019. Defining delirium in idiopathic Parkinson's disease: A systematic review. Parkinsonism & related disorders, 64, pp.29-39.
- Lindroth, H., Bratzke, L., Twadell, S., Rowley, P., Kildow, J., Danner, M., Turner, L., Hernandez, B., Brown, R. and Sanders, R.D., 2019. Predicting postoperative delirium severity in older adults: The role of surgical risk and executive function. International journal of geriatric psychiatry, 34(7), pp.1018-1028.
- Miller, C., Teale, E. and Banerjee, J., 2018. Cognitive Impairment in Older People Presenting to ED. In Geriatric Emergency Medicine (pp. 199-207). Springer, Cham.
- Neerland, B.E., Neufeld, K.J. and Slooter, A.J., 2019. Pharmacological Management of Delirium. JAMA psychiatry, 76(9), pp.983-983.
- Nikooie, R., Neufeld, K.J., Oh, E.S., Wilson, L.M., Zhang, A., Robinson, K.A. and Needham, D.M., 2019. Antipsychotics for treating delirium in hospitalized adults: a systematic review. Annals of internal medicine, 171(7), pp.485-495.
- Nikooie, R., Oh, E.S., Zhang, A., Robinson, K.A. and Needham, D.M., 2020. Do neuroleptics still have a role in patients with delirium?. Annals of internal medicine, 172(4), pp.295-296.
- Oh, E.S., Needham, D.M., Nikooie, R., Wilson, L.M., Zhang, A., Robinson, K.A. and Neufeld, K.J., 2019. Antipsychotics for preventing delirium in hospitalized adults: a systematic review. Annals of internal medicine, 171(7), pp.474-484.

- Partridge, J.S., Crichton, S., Biswell, E., Harari, D., Martin, F.C. and Dhesi, J.K., 2019. Measuring the distress related to delirium in older surgical patients and their relatives. International journal of geriatric psychiatry, 34(7), pp.1070-1077.

- Rhodes, C., Tokazewski, J., Christensen, K., Holman, M., Eimers, A. and Peifer, M., 2019. Clinician Decision Support Initiative to Decrease Outpatient High-Risk Medicine Prescriptions in the Elderly. Journal of General Internal Medicine, pp.1-3.

- Sepulveda, E., Leonard, M., Franco, J.G., Adamis, D., McCarthy, G., Dunne, C., Trzepacz, P.T., Gaviria, A.M., de Pablo, J., Vilella, E. and Meagher, D.J., 2017. Subsyndromal delirium compared with delirium, dementia, and subjects without delirium or dementia in elderly general hospital admissions and nursing home residents. Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring, 7, pp.1-10.

- Shenvi, C., Kennedy, M., Austin, C.A., Wilson, M.P., Gerardi, M. and Schneider, S., 2020. Managing delirium and agitation in the older emergency department patient: the ADEPT tool. Annals of Emergency Medicine, 75(2), pp.136-145.

- Sillner, A.Y., Holle, C.L. and Rudolph, J.L., 2019. The overlap between falls and delirium in hospitalized older adults: a systematic review. Clinics in geriatric medicine, 35(2), pp.221-236.

- Slooter, A.J., Otte, W.M., Devlin, J.W., Arora, R.C., Bleck, T.P., Claassen, J., Duprey, M.S., Ely, E.W., Kaplan, P.W., Latronico, N. and Morandi, A., 2020. Updated nomenclature of delirium and acute encephalopathy: statement of ten Societies. Intensive care medicine, pp.1-3.

Books:

- Dening T., Thomas A., 2013. The Oxford Textbook of Old Age Psychiatry, 2nd edition. Oxford University Press.

- Taylor, D., Barnes, T., Young, A., 2018. The Maudsley Prescribing Guidelines in Psychiatry, 13th edition. Blackwell-Wiley.

- Stahl, SM, 2017. Prescriber's Guide: Stahl's Essential Psychopharmacology, 6th edition Cambridge University Press.

- World Health Organisation, 1992. ICD-10: The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines. WHO.

Session 5: Mood Disorders in the Older Person

Learning Objectives

- The overall aim of the sessions is for the trainees to gain an overview of mood disorders in later life.
- By the end of the session trainees should:
    - Understand the epidemiology, aetiology and the classification of mood disorders in the elderly.
    - Understand how mood disorders present in the elderly
    - Understand the assessment process including rating scales and neuroimaging
    - Understand the principles of treatment, including treatment resistance.
    - Understand the increased risk of suicide in the elderly.

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10.

Expert Led Session

- A Consultant led session based on the learning objectives listed above.

Case Presentation

- A case to be presented which highlights key issues in an older person presenting with a mood disorder. Please consider the learning objectives above.

Journal Club Presentation

- Hedna, K., Sundell, K.A., Hamidi, A., Skoog, I., Gustavsson, S. and Waern, M., 2018. Antidepressants and suicidal behaviour in late life: A prospective population-based study of use patterns in new users aged 75 and above. European journal of clinical pharmacology, 74(2), pp.201-208.
- Lawrence, B.J., Jayakody, D.M., Bennett, R.J., Eikelboom, R.H., Gasson, N. and Friedland, P.L., 2020. Hearing loss and depression in older adults: a systematic review and meta-analysis. The Gerontologist, 60(3), pp.e137-e154.
- Soysal, P., Veronese, N., Thompson, T., Kahl, K.G., Fernandes, B.S., Prina, A.M., Solmi, M., Schofield, P., Koyanagi, A., Tseng, P.T. and Lin, P.Y., 2017. Relationship between depression and frailty in older adults: A systematic review and meta-analysis. Ageing research reviews, 36, pp.78-87.

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Grief - when does it become pathological?
- Suicide in the elderly

MCQs

1. The features suggestive of depression-executive dysfunction syndrome would include all except:

A. There is a long history of memory impairment and difficult with ADLs

B. The patient complains of poor memory

C. Assessment of cognitive function often results in 'don't know answers'

D. The onset is fast

E. There is often a history of depression or an identifiable precipitant

2. An 84 year old lady presents with severe depression. She had a myocardial infarction 3 months ago and her QTc is 490ms. Which antidepressant is the best choice?

A.Sertraline

B.Mirtazapine

C.Paroxetine

D.Citalopram

E.Duloxetine

3. An 87 year old man has lost his wife recently. Which of the following clinical features would most suggest that this was an abnormal grief reaction?

A. Loss of sleep

B. Loss of appetite

C. Laying the dining table for the deceased at meal times

D. Anxiety

E. Suicidal ideation

4. Which is not a feature of serotonin syndrome?

A. Blurred vision

B. Confusion

C. Akathisia

D. Elevated white cells

E. Hypomimia

5. Which rating scale is most helpful in detecting depression in people with dementia?

A. Cornell

B. MMSE

C. GDS

D. AMTS

E. Hamilton Rating Scale

6. You have a patient on lithium with a consistently elevated blood pressure. What is your most appropriate action?

A. Start amiloride

B. Lithium must be stopped

C. Start furosemide

D. Start lisonopril

E. Start candesartan

Additional Resources / Reading Materials

Online:

- CPD Online: Quick bite: Suicide in the elderly, treating depression in later life, bereavement

Landmark studies

- Alexopoulos, G.S., Abrams, R.C., Young, R.C. and Shamoian, C.A., 1988. Cornell scale for depression in dementia. Biological psychiatry, 23(3), pp.271-284.

- Cipriani, A., Furukawa, T.A., Salanti, G., Geddes, J.R., Higgins, J.P., Churchill, R., Watanabe, N., Nakagawa, A., Omori, I.M., McGuire, H. and Tansella, M., 2009. Comparative efficacy and acceptability of 12 new-generation antidepressants: a multiple-treatments meta-analysis. The lancet, 373(9665), pp.746-758.

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Books:

- Dening T., Thomas A., 2013. The Oxford Textbook of Old Age Psychiatry, 2nd edition. Oxford University Press.

- Stahl, SM, 2017. Prescriber's Guide: Stahl's Essential Psychopharmacology, 6th edition Cambridge University Press.

- Taylor, D., Barnes, T., Young, A., 2018. The Maudsley Prescribing Guidelines in Psychiatry, 13th edition. Blackwell-Wiley.(sections on mood disorders including prescribing in older adults).

- World Health Organisation, 1992. ICD-10: The ICD-10 Classification of Mental and Behavioural Disorders : Clinical Descriptions and Diagnostic Guidelines. WHO.

Session 6: Psychosis in the Older Person

Learning Objectives

- The overall aim of the sessions is for the trainees to gain an overview of psychosis in later life.
- By the end of the session trainees should:
    - Understand the epidemiology of psychosis and psychotic disorders in the older person.
    - Understand the aetiology of psychosis in the older person.
    - Understand how psychosis presents in the older person, the classification of disorders, the basic assessment process and the principles of treatment of psychosis and psychotic disorders

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9

Expert Led Session

- A Consultant led session based on the learning objectives listed above.

Case Presentation

- A case involving an older person presenting with probable psychosis. Please consider the learning objectives above.

Journal Club Presentation

- Howard, R., Cort, E., Bradley, R., Kelly, L., Bentham, P., Ritchie, C., Reeves, S., Fawzi, W., Livingston, G., Sommerlad, A. and Oomman, S., 2018. Antipsychotic treatment of very late-onset schizophrenia-like psychosis: a randomised controlled double-blind trial. The Lancet Psychiatry.
- Stafford, J., Dykxhoorn, J., Sommerlad, A., Dalman, C., Kirkbride, J. and Howard, R., 2020. Association between risk of dementia and very late-onset schizophrenia-like psychosis: a Swedish population-based cohort study.
- Zhang, H., Wang, L., Fan, Y., Yang, L., Wen, X., Liu, Y. and Liu, Z., 2019. Atypical antipsychotics for Parkinson's disease psychosis: a systematic review and meta-analysis. Neuropsychiatric disease and treatment, 15, p.2137.

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Antipsychotics and the elderly – factors to consider when prescribing
- Schizophrenia in adults vs older adults - the key differences.
- Charles Bonnet syndrome

MCQs

1. A 76 year old lady is diagnosed with 'late paraphrenia'. Which of the following delusions is the GP most likely to find?

A. Hypochondriachal

B. Delusions of misidentification

C. Religious delusions

D. Delusions of reference

E. Persecutory delusions

2. Very late onset schizophrenia is characterised by onset after:

A. 40 years

B. 60 years

C. 65 years

D. 70 years

E. 80 years

3. Which antipsychotic is most likely to cause postural hypotension:

A. Aripiprazole

B. Risperidone

C. Haloperidol

D. Quetiapine

E. Sulpiride

4. Which of the following drugs should not be used in renal failure?

A. Amisulpride

B. Aripiprazole

C. Chlorpromazine

D. Olanzapine

E. Quetiapine

5. 'Sensitivity to antipsychotics' is a core feature of which disorder?

A. Alzheimer's Disease

B. Dementia with Lewy Bodies

C. Late onset Schizophrenia

D. Organic mood disorder

E. Huntington's Disease

Additional Resources / Reading Material

Online:

- RCPsych CPD online. The management of hyperprolactinemia in psychiatric practice, psychotropic medication and the heart

Landmark papers

- Howard, R., Cort, E., Bradley, R., Harper, E., Kelly, L., Bentham, P., Ritchie, C., Reeves, S., Fawzi, W., Livingston, G. and Sommerlad, A., 2018. Antipsychotic treatment of very late-onset schizophrenia-like psychosis (ATLAS): a randomised, controlled, double-blind trial. The Lancet Psychiatry, 5(7), pp.553-563.

- Howard, R., Rabins, P. V., Seeman, M. V., & Jeste, D. V. 2000. Late-onset schizophrenia and very-late-onset schizophrenia-like psychosis: an international consensus. American Journal of Psychiatry.

Journal Papers:

- Almeida, O.P., Ford, A.H., Hankey, G.J., Yeap, B.B., Golledge, J. and Flicker, L., 2019. Risk of dementia associated with psychotic disorders in later life: the health in men study (HIMS). Psychological medicine, 49(2), pp.232-242.

- Andreas, S., Schulz, H., Volkert, J., Dehoust, M., Sehner, S., Suling, A., Ausín, B., Canuto, A., Crawford, M., Da Ronch, C. and Grassi, L., 2017. Prevalence of mental disorders in elderly people: the European MentDis_ICF65+ study. The British Journal of Psychiatry, 210(2), pp.125-131.

- Bartels, S.J., Fortuna, K.L. and Naslund, J.A., 2018. Serious Mental Disorders in Older Adults: Schizophrenia and Other Late-Life Psychoses. Aging and Mental Health, pp.241-280.

- Ferenczi, E.A., Erkkinen, M.G., Feany, M.B., Fogel, B.S. and Daffner, K.R., 2020. New-Onset Delusions Heralding an Underlying Neurodegenerative Condition: A Case Report and Review of the Literature. The Journal of Clinical Psychiatry, 81(2).

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- Lange, S.M., Meesters, P.D., Stek, M.L., Wunderink, L., Penninx, B.W. and Rhebergen, D., 2019. Course and predictors of symptomatic remission in late-life schizophrenia: A 5-year follow-up study in a Dutch psychiatric catchment area. Schizophrenia research, 209, pp.179-184.

- Lapid, M.I. and Ho, J.B., 2020. Challenging our beliefs about delusional disorder in late life. International Psychogeriatrics, 32(4), pp.423-425.

- Louhija, U.M., Saarela, T., Juva, K. and Appelberg, B., 2017. Brain atrophy is a frequent finding in elderly patients with first episode psychosis. International psychogeriatrics, 29(11), pp.1925-1929.

- Maglione, J.E., Thomas, S.E. and Jeste, D.V., 2014. Late-onset schizophrenia: do recent studies support categorizing LOS as a subtype of schizophrenia?. Current opinion in psychiatry, 27(3), p.173.

- Rossi, M., Farcy, N., Starkstein, S.E. and Merello, M., 2020. Nosology and Phenomenology of Psychosis in Movement Disorders. Movement disorders clinical practice.
- Rothenberg, K.G. and Rajaram, R., 2019. Advances in Management of Psychosis in Neurodegenerative Diseases. Current treatment options in neurology, 21(1), p.3.

- Suen, Y.N., Wong, S.M., Hui, C.L., Chan, S.K., Lee, E.H., Chang, W.C. and Chen, E.Y., 2019. Late-onset psychosis and very-late-onset-schizophrenia-like-psychosis: an updated systematic review. International Review of Psychiatry, 31(5-6), pp.523-542.

- Swann P, O'Brien JT. Management of visual hallucinations in dementia and Parkinson's disease. International psychogeriatrics. 2019 Jun;31(6):815-36.

- Tampi, R.R., Young, J., Hoq, R., Resnick, K. and Tampi, D.J., 2019. Psychotic disorders in late life: a narrative review. Therapeutic advances in psychopharmacology, 9, p.2045125319882798.

- Van Assche, L., Morrens, M., Luyten, P., Van de Ven, L. and Vandenbulcke, M., 2017. The neuropsychology and neurobiology of late-onset schizophrenia and very-late-onset schizophrenia-like psychosis: a critical review. Neuroscience & Biobehavioral Reviews, 83, pp.604-621.

- Van Assche, L., Van Aubel, E., Van de Ven, L., Bouckaert, F., Luyten, P. and Vandenbulcke, M., 2019. The neuropsychological profile and phenomenology of late onset psychosis: a cross-sectional study on the differential diagnosis of very-late-onset schizophrenia-like psychosis, dementia with Lewy bodies and Alzheimer's type dementia with psychosis. Archives of Clinical Neuropsychology, 34(2), pp.183-199.

- Zharkova, T. and Kyomen, H.H., 2018. Treatment Dilemmas: Managing Antipsychotic Medication Risks in Elderly with Major Neurocognitive Disorder, Stroke and Psychosis. The American Journal of Geriatric Psychiatry, 26(3), pp.S100-S101.

Guidelines:

- Psychosis and schizophrenia in adults: prevention and management. NICE guidelines [CG178]

Books:

- Dening T., Thomas A., 2013. The Oxford Textbook of Old Age Psychiatry, 2nd edition. Oxford University Press.

- Vannorsdall, T.D. and Schretlen, D.J., 2019. Late-onset schizophrenia. In Handbook on the europsychology of Aging and Dementia (pp. 711-725). Springer, Cham.

- Stahl, SM, 2017. Prescriber's Guide: Stahl's Essential Psychopharmacology, 6th edition Cambridge University Press.
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- Taylor, D., Barnes, T., Young, A., 2018. The Maudsley Prescribing Guidelines in Psychiatry, 13th edition. Blackwell-Wiley.

- World Health Organisation, 1992. ICD-10: The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines. WHO.

Session 7: Anxiety Disorders in the Older Person

Learning Objectives

- The overall aim of the session is for trainees to gain an overview of anxiety in later life
- By the end of the sessions trainees should:
    - understand the epidemiology of anxiety and anxiety disorders in the older person
    - understand the aetiology of anxiety and anxiety disorders
    - understand how anxiety disorders present in later life, their classification, the basic assessment process and the principles of treatment of anxiety

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.3, 8.4, 8.5, 8.7, 8.8, 8.9, 8.10

Expert Led Session

- A Consultant led session based on the learning objectives listed above.

Case Presentation

- A case to be presented which highlights an older person presenting with anxiety. Please consider the learning objectives above.

Journal Club Presentation

- Balasubramaniam, M., Joshi, P., Alag, P., Gupta, S., Maher, S., Tampi, D., Gupta, A., Young, J. and Tampi, R., 2019. Antidepressants for anxiety disorders in late-life: A systematic review. The American Journal of Geriatric Psychiatry, 27(3), p.S125.

- Nilsson, J., Sigström, R., Östling, S., Waern, M. and Skoog, I., 2019. Changes in the expression of worries, anxiety, and generalized anxiety disorder with increasing age: A population study of 70 to 85-year-olds. International journal of geriatric psychiatry, 34(2), pp.249-257.

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Benzodiazepines in the elderly
- Medical causes for anxiety in the elderly

MCQs

1. Regarding the diagnosis of anxiety:

A. MMSE is a useful tool

B. The 'Worry Scale' is a carer's report tool in depression

C. HADS is a useful tool

D. Cornell is the most useful scale in the over 75s

E. None of the above are true

2. A diagnosis of Generalised Anxiety Disorder can only be made after how long?

A. 6 months

B. 3 months

C. 6 weeks

D. 3 weeks

E. 1 year

3. In the elderly, anxiety is most closely linked to which condition?

A. Schizophrenia

B. Depression

C. Alzheimer's Disease

D. Diogenes Syndrome

E. Delusional Disorders

4. A 78-year-old lady has recently been started on a new medication for anxiety but has developed hyponatraemia. Which of the following has most likely caused this?

A. Lamotrigine

B. Risperidone

C. Lithium

D. Citalopram

E. Quetiapine

5. Approximately how many adults aged 65 and older experience a diagnosable anxiety disorder

A. 4%
B. 11%
C. 15%
D. 21%
E. 30%

Additional Resources / Reading Material

Online:

- RCPsych CPD online: Pharmacological management of anxiety disorders

Journal Papers:

- Badrakalimuthu, V. R., & Tarbuck, A. F. 2012. Anxiety: a hidden element in dementia. Advances in psychiatric treatment, 18(2), 119-128.
- Beaunoyer E, Landreville P, Carmichael PH. Older Adults' Knowledge of Anxiety Disorders. The Journals of Gerontology: Series B. 2019 Jun 14;74(5):806-14.
- Bleakley, S., & Davies, S. J. 2014. The pharmacological management of anxiety disorders. Progress in Neurology and Psychiatry, 18(6), 27-32.
- Byers, A.L., Yaffe, K., Covinsky, K.E., Friedman, M.B. and Bruce, M.L., 2010. High occurrence of mood and anxiety disorders among older adults: The National Comorbidity Survey Replication. Archives of general psychiatry, 67(5), pp.489-496.

- Canuto, A., Weber, K., Baertschi, M., Andreas, S., Volkert, J., Dehoust, M.C., Sehner, S., Suling, A., Wegscheider, K., Ausín, B. and Crawford, M.J., 2018. Anxiety disorders in old age: psychiatric comorbidities, quality of life, and prevalence according to age, gender, and country. The American Journal of Geriatric Psychiatry, 26(2), pp.174-185.

- Chen X, Pu J, Shi W, Zhou Y. The impact of neuroticism on symptoms of anxiety and depression in elderly adults: The mediating role of rumination. Current Psychology. 2020 Feb;39(1):42-50.

- Creighton AS, Davison TE, Kissane DW. The factors associated with anxiety symptom severity in older adults living in nursing homes and other residential aged care facilities. Journal of aging and health. 2019 Aug;31(7):1235-58.

- Creighton, A.S., Davison, T.E. and Kissane, D.W., 2016. The prevalence of anxiety among older adults in nursing homes and other residential aged care facilities: a systematic review. International Journal of Geriatric Psychiatry, 31(6), pp.555-566.

- Domènech-Abella, J., Mundó, J., Haro, J.M. and Rubio-Valera, M., 2019. Anxiety, depression, loneliness and social network in the elderly: Longitudinal associations from The Irish Longitudinal Study on Ageing (TILDA). Journal of affective disorders, 246, pp.82-88.

- F Masana M, Tyrovolas S, Kollia N, Chrysohoou C, Skoumas J, Haro JM, Tousoulis D, Papageorgiou C, Pitsavos C, B Panagiotakos D. Dietary Patterns and Their Association with Anxiety Symptoms among Older Adults: The ATTICA Study. Nutrients. 2019 Jun;11(6):1250.

- Granier KL, Segal DL, Coolidge FL. Relationships among Executive Dysfunction, Constructive Worrying, and Worry Responses in Older Adults. The International Journal of Aging and Human Development. 2019:0091415019896227.

- Grenier S, Payette MC, Gunther B, Askari S, Desjardins FF, Raymond B, Berbiche D. Association of age and gender with anxiety disorders in older adults: A systematic review and meta-analysis. International journal of geriatric psychiatry. 2019 Mar;34(3):397-407.

- Gottschalk, M.G. and Domschke, K., 2016. Novel developments in genetic and epigenetic mechanisms of anxiety. Current opinion in psychiatry, 29(1), pp.32-38.

- Gulpers BJ, Voshaar RC, van Boxtel MP, Verhey FR, Köhler S. Anxiety as a risk factor for cognitive decline: a 12-year follow-up cohort study. The American Journal of Geriatric Psychiatry. 2019 Jan 1;27(1):42-52.

- Hellwig S, Domschke K. Anxiety in Late Life: An Update on Pathomechanisms. Gerontology. 2019;65(5):465-73.

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Guidelines:

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- NICE: Generalised anxiety disorder and panic disorder in adults: management. NICE guidelines [CG113].

Books:

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- Ishikawa RZ, Vyas C, Okereke O. Anxiety Disorders among Older Adults: Empirically Supported Treatments and Special Considerations. In Clinical Handbook of Anxiety Disorders 2020 (pp. 175-189). Humana, Cham.

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- Taylor, D., Barnes, T., Young, A., 2018. The Maudsley Prescribing Guidelines in Psychiatry, 13th edition. Blackwell-Wiley, section on depression & anxiety).

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Session 8: Medico Legal Issues in Old Age Psychiatry

Learning Objectives

- The overall aim of the session is for students to gain an overview of key legislation relating to the care of older adults.
- By the end of the sessions trainees should:
    - Understand the interface between the MCA and MHA.
    - Understand the principles to apply when assessing capacity, including the 2-stage test.
    - Understand the principles behind Deprivation of Liberty Safeguards (DoLS).
    - Understand the applicability of Guardianship.
    - Gain an understanding of a Lasting Power of Attorney (LPA).
    - Understand the principles of testamentary capacity.

Curriculum Links

- Old Age Section of the MRCPsych Curriculum: 8.1, 8.2, 8.3, 8.5

Expert Led Session

- A Consultant led session based on the learning objectives listed above.

Case Presentation

- A case to be presented which highlights an interesting medico legal issue in a patient seen. Please consider the learning objectives above.

Journal Club Presentation

- De Simone, V., Kaplan, L., Patronas, N., Wassermann, E. M., & Grafman, J. 2017. Driving abilities in frontotemporal dementia patients. Dementia and geriatric cognitive disorders, 23(1), 1-7.
- Hinsliff-Smith, K., Feakes, R., Whitworth, G., Seymour, J., Moghaddam, N., Dening, T. and Cox, K., 2017. What do we know about the application of the Mental Capacity Act (2005) in healthcare practice regarding decision-making for frail and older people? A systematic literature review. Health & social care in the community, 25(2), pp.295-308.

'555' Topic (5 slides with no more than 5 bullet points per slide)

- Covert medication – ethical and legal aspects.
- MHA or MCA?
- Liberty protection safeguards – and update on the key changes?
- Guardianship

MCQs

1. Which is of the following is not a core principle of MCA 2005

A. Everyone is assumed to have capacity

B. All Practical steps needs to be taken to help the person to make the decision

C. Any decision made on behalf of a person lacking capacity should be in their best interests

D. Person cannot make a unwise decision

E. Decision made on behalf of a person lacking capacity should be least restrictive

2. A person should be able to do the following to be able to make a decision:

A. Understanding the information relevant to the decision

B. Retain the information

C. Weighing up the pros and cons of the decision

D. Communicate the decision

E. All of the above

3. Lasting Power of Attorney (LPA) can potentially cover the following area:

A. Property

B. Finances

C. Health care decisions

D. Personal welfare decisions such as where a person lives

E. All of the above

4.Which of the following is false regarding the legal rights of an attorney with a LPA for healthcare decisions:

A. Cannot consent to or refuse treatment if the donor has capacity to make the particular healthcare decision

B. Cannot make a decision relating to life-sustaining treatment if it is not explicitly specified in LPA

C. Cannot demand medical treatment that healthcare staff do not believe is necessary or appropriate

D. Cannot consent or refuse treatment if donor is detained under the Mental Health Act

E. Need not always make decisions in the donor's best interests.

5. The following are true about Deprivation of Liberty Safeguards(DOLS) except:

A. The safeguards apply to only people who lack capacity

B. A DOLS authorisation in itself authorises specific treatment

C. A person can only be deprived of their liberty if it's in their best interests to protect them from harm

D. DOLS can only be authorised if it is a proportionate response to the likelihood and seriousness of the harm

E. Applies only to people aged 18 and over

Additional Resources / Reading Material

Online:

- RCPsych CPD modules

Competence, capacity and decision-making ability in mental disorder, mental Capacity Act 2005: Part 1, mental Capacity Act 2005: Part 2

- GMC – Capacity & consent tool. http://www.gmc-uk.org/news/29321.asp
- https://www.39essex.com/resources-and-training/mental-capacity-law/
- https://thesmallplaces.wordpress.com/author/lucyseries/ (interesting discussion and commentary on all things related to legal capacity and human rights)
- https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice
- https://themaskedamhp.blogspot.com/
- https://autonomy.essex.ac.uk
- https://www.scie.org.uk/
- http://www.mentalhealthlaw.co.uk
- http://www.bailii.org/
- https://www.mentalcapacitylawandpolicy.org.uk/
- https://mentalhealthcop.wordpress.com/
- https://www.lawsociety.org.uk/support-services/documents/deprivation-of-liberty---a-practical-guide/
- http://londonadass.org.uk/wp-content/uploads/2019/06/2019.01.30-MCA-COP-DoLS-Workshop-and-Surgery-Update-on-the-MCA-MHA.pdf
- https://www.cascaidr.org.uk/2017/04/04/guardianship-in-england/
- http://www.celticknot.org.uk/dir/20121206DoLSvGuardianship.pdf

Journal Articles:

- Abdool, R., 2017. Covert medication: legal, professional, and ethical considerations. The Journal of Law, Medicine & Ethics, 45(2), pp.168-169.
- Bishop, Elmari. “Practice Guidance The Interface between the Mental Health Act 1983 and the Mental Capacity Act 2005.” [ONLINE] Available at: https://proceduresonline.com/trixcms/media/4395/the-interface-between-the-mental-health-act-1983-and-the-mental-capacity-act-2005-adults.pdf. [Accessed 8 June 2020].
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- Craigie J, Bach M, Gurbai S, Kanter A, Kim SY, Lewis O, Morgan G. Legal capacity, mental capacity and supported decision-making: report from a panel event. International journal of law and psychiatry. 2019 Jan 1;62:160-8.

- Curley A, Murphy R, Plunkett R, Kelly BD. Concordance of mental capacity assessments based on legal and clinical criteria: A cross-sectional study of psychiatry inpatients. Psychiatry research. 2019 Jun 1;276:160-6.

- Dixon J, Laing J, Valentine C. A human rights approach to advocacy for people with dementia: A review of current provision in England and Wales. Dementia. 2020 Feb;19(2):221-36.

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- Jacoby, R., & Steer, P., 2007. How to assess capacity to make a will. British Medical Journal, 7611, 155.

- Jayes M, Palmer R, Enderby P, Sutton A. How do health and social care professionals in England and Wales assess mental capacity? A literature review. Disability and rehabilitation. 2019 Feb 6:1-2.

- Jayes, M., Palmer, R., Enderby, P. and Sutton, A., 2019. How do health and social care professionals in England and Wales assess mental capacity? A literature review. Disability and rehabilitation, pp.1-12

- Keene AR, Kane NB, Kim SY, Owen GS. Taking capacity seriously? Ten years of mental capacity disputes before England's Court of Protection. International journal of law and psychiatry. 2019 Jan 1;62:56-76.

- Mackenzie, J.A. and Wilkinson, K.E. eds., 2020. Assessing Mental Capacity: A Handbook to Guide Professionals from Basic to Advanced Practice. Routledge.

- Martin, W., 2017. Obstacles in the assessment of intuitive decision-making capacity. Philosophy, Psychiatry, & Psychology, 24(4), pp.329-331.
- Murray, B.J., 2017. Mental capacity: different models and their controversies. BJPsych Advances, 23(6), pp.366-374.

- O'Shea, T., 2018. A civic republican analysis of mental capacity law. Legal Studies, 38(1), pp.147-163. http://eprints.whiterose.ac.uk/116359/

- Ruck Keene A. Going beyond the Mental Capacity Act in assessing capacity: recognising and overcoming biases and stereotypes. The Mental Elf. 2020 Mar 26.

- van der Plas, E., David, A.S. and Fleming, S.M., 2019. Advice-taking as a bridge between decision neuroscience and mental capacity. International Journal of Law and Psychiatry, 67, p.101504.

- Wessely S, Lloyd-Evans B, Johnson S. Reviewing the Mental Health Act: delivering evidence-informed policy. Lancet Psychiatry. 2019;6(2):90-1.

- Wessely, S., Lloyd-Evans, B. and Johnson, S., 2019. Reviewing the Mental Health Act: delivering evidence-informed policy. Lancet Psychiatry, 6(2), pp.90-91.

- Wilson, S., & Pinner, G. 2013. Driving and dementia: a clinician's guide. Advances in psychiatric treatment, 19(2), 89-96.
- Zhong R, Sisti DA, Karlawish JH. A pragmatist's guide to the assessment of decision-making capacity. The British Journal of Psychiatry. 2019 Apr;214(4):183-5.

Books and other resources:

- Dalley, G., Gilhooly, M., Gilhooly, K., Harries, P. and Levi, M., 2017. Financial Abuse of People Lacking Mental Capacity: A Report to the Dawes Trust. https://bura.brunel.ac.uk/bitstream/2438/15255/1/Fulltext.pdf
- Act, M.C., 2019. Codes of Practice: Updated 2016,(2016). London: The Stationery Office. Online at: https://www. gov. uk/government/publications/mental-capacity-act-code-of-practice. Accessed, 27.
- Dening T., Thomas A., 2013. The Oxford Textbook of Old Age Psychiatry, 2nd edition. Oxford University Press.
- Royal College of Psychiatrists, 2004. College statement on Covert Administration of Medicines. Psychiatric Bulletin. 28(10), pp385-386

MCQ answers

Cognition

1. **E** - the stroke has damaged the parietal lobe and would cause a constructional apraxia. The other tests are related to executive function and the frontal lobes.

2. **A** - the MOCA tests for frontal lobe deficits.

3. **E –**she is presenting with progressive supranuclear palsy. A non-fluent aphasia and executive impairment is most typical in the early stages.

4. **D**

5. **C**

6. **C –** she is presenting with a probable pseudodementia or depressive dysexecutive syndrome. The MADRS would help screen for this before starting appropriate treatment.

Alzheimer's

1. **C**

2. **C**

3. **C**

4. **C**

5. E

Other neurodegenerative disorders

1. **A**

2. **D**

3. **E**

4. **A**

5. **B**

Delirium

1. **B**

2. **C**

Davis, D.H., Muniz Terrera, G., Keage, H., Rahkonen, T., Oinas, M., Matthews, F.E., Cunningham, C., Polvikoski, T., Sulkava, R., MacLullich, A.M. and Brayne, C., 2012. Delirium is a strong risk factor for dementia in the oldest-old: a population-based cohort study. Brain, 135(9), pp.2809-2816.

3. **E**

4. **B**

5. **B**

Mood disorders

1. **A** - a long history of memory impairment and difficulty with ADLS more suggestive of dementia

2. **A** – sertraline as supported by the SADHART trial results

3. **E**

4. **E**

5. **A**

6. **A**

Psychosis

1.**E**

2.**B**

3.**D**

4.**A**

5.**B**

Anxiety disorders

1. **E**

2. **A**

3. **B**

4. **D**

5. **B**

Medico-legal

1.**D**

2.**E**

3.**E**

4.**E**

5.**B**

Curriculum Mapping				
Section	**Topic**	**Covered by**		
		LAP	**RAP**	**LR**
8.1	Demographic population changes in the UK and Worldwide	✓	✓	✓
8.2	District Service Provision	✓	✓	✓
8.3	Specialist aspects of assessment of mental health in older people	✓	✓	✓
8.4	Psychological aspects of Physical Disease	✓	✓	✓
8.5	Prevalence/ incidence, clinical features, differential diagnosis, aetiology, management and prognosis of the common disorders occurring in later life	✓	✓	✓
8.6	Suicide and attempted suicide in old age	✓	✓	✓
8.7	Psychiatric aspects of personality in old age		✓	✓
8.8	Psychotherapy with older adults	✓	✓	✓
8.9	Bereavement and adjustment disorders	✓		✓
8.10	Sleep disorder in later life			✓
8.11	Psychosexual disorders in old age			✓

KEY: LAP = Local Educational Programme
RAP = Regional Academic Programme
LR = Learning Resources