

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Chronic Disease Progression and End-of-Life Concerns in Older Adults

Robert C. Nelson, PsyD
Director of Field Operations and Growth - Carolinas

Webinar Tips for Attendees

Please review our webinar guidelines for frequently asked questions:
www.nationalregister.org/webinar-tips/

1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists.
The National Register maintains responsibility for this program and its content.

The National Register of Health Service Psychologists is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0010.

Copyright © 2022 National Register of Health Service Psychologists. All rights reserved.

Robert C. Nelson, Psy.D.



Dr. Nelson has a Bachelor of Arts Degree in Religion, Sociology and Psychology, Master of Arts work in Marriage and Family Therapy and a Doctorate in Clinical Psychology. He authored, *Homicidal Adolescents – Understanding Kids Who Kill* as his dissertation.

Dr. Nelson is a Licensed Clinical Psychologist in South Carolina, (PSY 2012) and is the Director of Field Operations and Growth for the Carolinas for CHE Behavioral Health Services, Inc. He has specialized in gerontology working in long term care for ten years and has been a keynote speaker and presenter on a variety of topics in the region for several years.

Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose

Learning Objectives

1. Identify three examples of disease progression that are likely to complicate mental health symptoms and treatment.
2. List three common end of life scenarios that may become the focus of treatment.
3. Describe various treatment intervention options related to helping patients with progressive disease states and end of life issues.

Background

Despite CMS and other payor source expectations of duration limited treatment authorization, chronic disease progression presents numerous treatment planning challenges.

As chronic medical conditions progress in later life, patients will often experience onset of or exacerbation of; depression, anxiety, psychosis and other mental health symptoms. Symptoms which worsen as disease progresses compound other end of life concerns and require clinicians to take a more holistic approach to treatment including consideration of various treatment intervention modalities.

This Webinar will explore disease progression and other end of life concerns and provide recommendations for effective treatment and compassionate psychological assistance for those dealing with end-of-life concerns.

CMS Denied ICD-10 Psychotherapy Diagnoses

Effective October 1, 2018

Revised January 1, 2019

ICD-10 CodeDue to a known physiological condition....	Notes
F06.0	Psychotic d/o w/ hallucinations....	
F06.2	Psychotic d/o w/ delusions....	
F06.30	Mood d/o....unspecified	
F06.32	Mood d/o....w/ major depressive like episode	
F06.34	Mood d/o....w/ mixed features	
F06.4	Anxiety d/o....	
F06.8	Other specified mental disorders....	
F07.0	Personality change....	
F07.9	Unspecified personality and behavioral d/o....	



CMS Denied ICD-10 Psychotherapy Diagnoses (cont.)

Effective October 1, 2018

Revised January 1, 2019

ICD-10 Code	...Due to a known physiological condition...	Notes
F09	Unspecified mental disorder....	
F20.0	Paranoid schizophrenia	
F20.1	Disorganized schizophrenia	
F20.2	Catatonic schizophrenia	
F20.3	Undifferentiated schizophrenia	
F20.5	Residual schizophrenia	
F20.89	Other schizophrenia	
	Numerous other “unspecified” and numerous specific bipolar disorders	
F43.11 & 12	Post-traumatic stress d/o acute and Post-traumatic d/o chronic	

Implications of Denied Codes

- Loss of specificity of diagnoses
- Disregard of etiological factors relevant to successful treatment
- Restriction of further research
- Scientific denial of physiological underlying causes/contributing factors
- Potential production of invalid prevalence data
 - Over-representation of common category disorders
 - Obscuring of diagnostically relevant nuances
- Erosion of psychotherapy collaboration with primary care providers

Medical Conditions Known to Cause, Mask or Mimic Mental Health Symptoms & Disorders

- **Six Diseases Often Mistaken for Mental Disorders**
- Chronic Fatigue Syndrome. ...
- Lyme Disease. ...
- Thyroid Disorder. ...
- Syphilis. ...
- Obstructive Sleep Apnea. ...
- Neuroendocrine Tumors.

Reference Note 1

Medical Conditions Known to Cause, Mask or Mimic Mental Health Symptoms & Disorders

- **5 medical conditions that mimic psychiatric disorders**
- Delirium.
- Dementias.
- Epilepsy.
- Traumatic brain injury.
- Infections.

Reference Note 2

Medical Conditions Known to Cause, Mask or Mimic Mental Health Symptoms & Disorders

Medications, substance use/abuse and withdrawal, infections, stroke, metabolic or endocrine conditions, and cardiopulmonary disease are common underlying causes for psychiatric symptomatology presenting acutely.

Major depressive disorder (MDD)

- Metabolic
 - Hypothyroidism
 - Hypercalcemia
- Renal
 - Kidney dysfunction e.g., Renal failure, kidney stones, polyuria, nocturia, dehydration
- Gastrointestinal
 - Gastric ulcer
 - Pancreatitis
 - Anorexia
 - Constipation
 - Nausea
- Vitamin D deficiency
- Diabetes (type 2)

Reference Notes 3 & 4



Common Medical Illnesses That Mimic Schizophrenia

- **Conditions That Can Seem Like Schizophrenia**
 - Anti-NMDR encephalitis
 - Brain tumors & brain injury
 - Fahr's syndrome
 - Syphilis
 - Malaria

Reference Note 5

Conditions That Can Mimic Dementia

- Head trauma
- Normal Pressure Hydrocephalus
- Heart and Lung Disorders
- Liver Disease
- Kidney Disease
- Cardio/pulmonary Disorders
- Hormone Disruption
- Infection
- Cancers
- Exposure to Toxic Metals

Reference Note 6 & 7

Diabetes Mellitus

- Diabetes is an umbrella term for three primary conditions: **type 1 diabetes, type 2 diabetes, and gestational diabetes.** According to guidelines established by experts in the field, there are multiple stages of diabetes, each of which are defined by physiological changes within the body.
- four stages of type 2 diabetes are **insulin resistance, prediabetes, type 2 diabetes and type 2 diabetes and vascular complications, including retinopathy, nephropathy or neuropathy and, or, related microvascular events**
- The progression of type 2 diabetes is why it may feel like a race you can't win.
- Chain reaction
- The body becomes resistant to its own insulin
- Beta cells pump out more insulin to make up for insulin resistance
- Beta cells can't keep up with insulin needs and blood sugar levels rise to levels high enough to diagnose diabetes
- Lifestyle changes (diet and exercise) and medications (oral or injectable) are used to manage blood sugar
- Your body can't keep up with the amount of insulin needed to manage your blood sugar and more medications are needed over time

Reference Note 8

Chronic Obstructive Pulmonary Disease

- Chronic obstructive pulmonary disease (COPD) is a progressive and long-term inflammatory lung condition characterized by a persistent cough and shortness of breath. While COPD is caused by smoking 85-90% of the time, exposure to secondhand smoke, air pollution, and industrial dust and fumes also contributes to cases. It's the third leading cause of death in the U.S. and affects more than 15 million Americans.
- Both the number and rate of deaths from COPD are much greater among older age groups. Most (86%) COPD deaths occur among those age **65 years or older**. The number of deaths is greatest for those age 75 to 84 years, but the death rate is greatest for those age 85 years or older.
- Many people will live into their **70s, 80s, or 90s** with COPD.” But that's more likely, he says, if your case is mild and you don't have other health problems like heart disease or diabetes. Some people die earlier as a result of complications like pneumonia or respiratory failure.
- Although COPD is terminal, **people may not always die of the condition directly**, or of oxygen deprivation. Some people with COPD have other medical conditions, particularly cardiovascular disease. In fact, within 5 years of diagnosis, COPD is also an independent risk factor for sudden cardiac death.
- Detecting COPD early on is critical to slowing the progression of the disease and avoiding serious complications. Doctors use a system called the GOLD Criteria to determine how severe each person's COPD is. There are four distinct stages of COPD: mild, moderate, severe, and very severe.

Reference Note 9

Parkinson's Disease

- Early Stage
 - Bradykinesia, rigidity and disruption of performing ADLs rapid progression in early stage
 - Deterioration of presynaptic dopaminergic activity (brain imaging)
 - Linear progression of cognitive, sleep, ambulation (gait) expressive speech difficulties over duration of disease
- Mid Stage
 - Visual hallucinations, orthostatic dysfunction and reduced variability of heart rate begin in this stage and worsen in late stage

Reference Notes 10 & 11

The Dementias

All types of dementia are progressive.

- **Alzheimer's disease**, tends to progress gradually,
- **Lewy body dementia** often starts rapidly, with a fast decline in the first few months. Later, there may be some leveling off but **Lewy body dementia typically progresses faster than Alzheimer's**. A patient can survive from five to seven years with the disease.
- **Vascular dementia**, also a rapidly progression disease, typically progresses across seven stages from normal behavior to very severe decline.
 - Normal Behavior. ...
 - Mild Changes. ...
 - Mild Decline. ...
 - Moderate Decline. ...
 - Moderately Severe Decline. ...
 - Severe Decline. ...
 - Very Severe Decline.

Reference Note 12 <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/how-dementia-progresses>

Reference Note 13 <https://thekensingtonwhiteplains.com/what-are-the-7-stages-of-vascular-dementia/>

What to Do About Dying

Identifying Ways to Face It

- Common Scenarios
 - Integrity vs. Despair
 - Reliance on faith-based beliefs
 - Profound anxiety related to doubt about the future
 - Fear
 - Anger
 - Sense of entitlement
 - Abandonment of care for others
- Assessment and Planning is Key



The Place for “Spiritual” in Biopsychosocial Assessment – Opening the Door to Hope

- Contrary to many early training experiences
- Are most psychologists religious?
- For example, whereas **95% of the general population believes in God, only 66% of psychologists do**, and whereas 75% of the public agree that their approach to life is based on their religion, only 35% percent of psychologists surveyed agree with this statement (Delaney et al., 2007). Nov 28, 2012

Specific Therapy Interventional Approaches

- Acceptance & Commitment Therapy
- Affect Regulation Therapy
- Anger Management
- Assertive Communication
- Behavior Activation Therapy
- Cognitive Behavioral Therapy
- Coping Skills Training
- Dialectical Behavior Therapy
- Existential Therapy
- Guiding Breathing
- Guided Imagery & Visualization
- Insight Oriented Therapy
- Interpersonal Therapy
- Life Review & Reminiscence Therapy
- Logo Therapy
- Mindfulness Training
- Motivational Interviewing
- Problem Solving Therapy
- Progressive Relaxation Therapy
- Psychoanalysis
- Psychoeducation
- Reality Oriented Therapy
- Stimulus Control
- Supportive Psychotherapy
- Validation Therapy

References

- Note 1 <https://www.medicalofficesofmanhattan.com/blog/six-diseases-often-mistaken-for-mental-disorders/>
- Note 2 <https://www.mdlinx.com/article/5-medical-conditions-that-mimic-psychiatric-disorders/2aAIlMRCIHbug3SBgSVKp3>
- Note 3 <https://www.ncbi.nlm.nih.gov/articles/PMC6007536>
- Note 4 Associations between depressive symptoms and disease progression in older patients with chronic kidney disease: results of the EQUAL study: Boukje C Eveleens Maarse, Nicholas C Chesnaye, Robbert Schouten, Wieneke M Michels, *Clinical Kidney Journal*, Volume 15, Issue 4, April 2022, Pages 786–797, <https://doi.org/10.1093/ckj/sfab261>
- Note 5 Conditions That Can Seem Like Schizophrenia By [Camille Noe Pagán](#) Medically Reviewed by [Smitha Bhandari, MD](#) on March 02, 2021
- [Note 6 Medical mimics: Differential diagnostic considerations for psychiatric symptoms](#) Jerry McKee, Nancy Brahm *Ment Health Clin.* 2016 Nov; 6(6): 289–296. Published online 2016 Nov 3. doi: 10.9740/mhc.2016.11.289
PMCID: PMC6007536
- Note 7 Older Adults in the Cardiac Intensive Care Unit: Factoring Geriatric Syndromes in the Management, Prognosis, and Process of Care: A Scientific Statement From the American Heart Association Originally published 9 Dec 2019 <https://doi.org/10.1161/CIR.0000000000000741> *Circulation.* 2020;141:e6–e32
- Note 8 Five Stages of Evolving Beta-Cell Dysfunction During Progression to Diabetes Gordon C. Weir; Susan Bonner-Weir https://diabetesjournals.org/diabetes/article/53/suppl_3/S16/13881/Five-Stages-of-Evolving-Beta-Cell-Dysfunction
- Note 9 COPD Stages and the Gold Criteria By [Matthew Hoffman, MD](#) Medically Reviewed by [Minesh Khatri, MD](#) on July 29, 2021
- Note 10 Stages of Parkinson's <https://www.healthline.com/health/parkinsons/stages>
- [Note 11 The association between motor subtypes and psychopathology in Parkinson's disease](#) J Reijnders, U Ehrt, R Lousberg, D Aarsland, AFG Leentjens *Parkinsonism & related disorders* - 2009 sciencedirect.com
- Note 12 <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/how-dementia-progresses>
- Note 13 <https://thekensingtonwhiteplains.com/what-are-the-7-stages-of-vascular-dementia/>

References

SOURCES:

- National Institute of Mental Health: “Schizophrenia,” “Bipolar Disorder.”
- *Journal of Psychiatric Practice*: “Specialized Consultation for Suspected Recent-onset Schizophrenia: Diagnostic Clarity and the Distorting Impact of Anxiety and Reported Auditory Hallucinations.”
- Merck Manual: “Delusional Disorder.”
- Mayo Clinic: “Schizoaffective Disorder,” “Schizoid Personality Disorder,” “Syphilis.”
- *Shanghai Archives of Psychiatry*: “Analysis of Misdiagnosis of Bipolar Disorder in An Outpatient Setting.”
- *Seminars in Clinical Neuropsychiatry*: “Psychosis Secondary to Brain Tumor.”
- *Neuropsychiatric Disease and Treatment*: “Psychiatric disorders and traumatic brain injury.”
- *Frontiers in Neurology*: “Psychiatric Symptoms of Patients with Anti-NMDA Receptor Encephalitis.”
- University of Pennsylvania Perelman School of Medicine: “Anti-NMDAR Encephalitis.”
- National Institute of Neurological Disorders and Stroke: “Fahr’s Syndrome Information Page.”
- *Cureus*: “Fahr's Syndrome Misdiagnosed as Schizophrenia: A Case Report.”
- *L’Encéphale*: “Psychotic disorder induced by Fahr's syndrome: a case report.”
- *Indian Journal of Psychiatry*: “Schizophrenia-like psychosis as the presenting feature of neurosyphilis in a non-human immunodeficiency virus-infected Indian man: A reminder of a forgotten complication!”
- *American Family Physician*: “Neuropsychiatric Complications of Malaria Infection.”



Q&A With Dr. Robert C. Nelson



- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.