Carlos Escobar, M.D.

Medical Psychiatry

Adult and Geriatric Psychiatry Practice

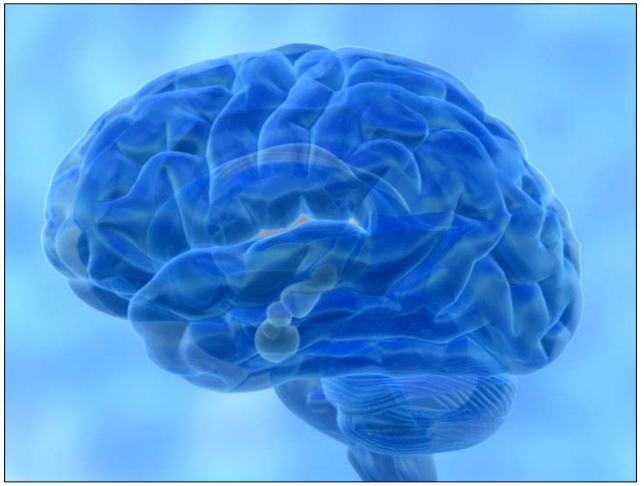
Professional Interests:

Treatment of delirium

Neuropsychiatric Disorders

Hospice Care

Insight and Cognitive behavioral therapy modalities



Carlos Escobar, M.D.

Medical Psychiatry

Medical Practice Scope:

Private Practice: 2141 Office Park Drive

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Chief Neuropsychiatry Services, Baptist Retirement Center, San Angelo, TX, a 2OO beds facility

Director of Hospice BRC, San Angelo. TX

Staff Psychiatrist Big Spring State Hospital

Carlos Escobar, M.D.

Medical Psychiatry

DISCLAIMER:

Opinions expressed during this presentation represent Dr. Escobar observations from his clinical practice and from medical literature review.

Dr. Escobar holds no fiscal obligation with any commercial endowment.

Today's Conference

OBSESSIVE COMPULSIVE DISORDER

IN THE ELDERLY

TODAY'S CONFERENCE

Empathic listening can elicit relevant clinical information, that otherwise can be neglected while caring for the elderly and their caregiver.

Caregivers and family members may withhold information that appears unpleasant, or embarrassing .

They may worry of the stigma associated with mental illness. These cause mortification.

Non -judgmental and hopeful approach always helps !

OCD in the Elderly

V I G N E T T E S

A vibrant teaching resource

Cases

1- Searching compulsion

2- Somatic obsessions

3- Obsess worrier

4- Hoarding

5- Skin picking

6- Repetitious patterns

OCD in the Elderly

"The avid digger"

84 year old Caucasian widow admitted to LTC with Dx of senile dementia

- **Rapidly declined in the last 2 weeks**
- **She developed hallucinations for a short period, they resolved. Two weeks later she became more distracted, inattentive**
- **Her actions were causing a concern since she was able to independently feed herself. She was not drinking enough fluids**
- **No violent or aggressive behavior**

OCD in the Elderly

"The avid digger"

- **Treated for chronic pain and taking Hydrocodone PRN and Oxycontin, Zolpiden for 10 days, Trazodone for the last 4 weeks**

Examination:

No acute signs of delirium or acute psychosis

Petite size; speech intelligible, alert to her surroundings

Poor remote and immediate memory. Decreased hearing

Recommendation: Stop Trazodone, push PO fluids

OCD in the Elderly

"The avid digger"

2 weeks later:

- **Behavior becoming more difficult, seems more agitated, absorbed by the effects of hallucinations**
- **Distracted and preoccupied, she could not pay attention to her meals or drink fluids**
- **Obsessively and compulsively looking into her purse, insisted on wanting to get a *comb* she has lost**

OCD in the Elderly

"The avid digger"

- **Showing her the object won't stop her insistent search**
- **Recommendation to begin Quetiapine and to stop Zolpiden**
- ***12 days later***
- **Has tolerated Quetiapine well. Obsessive worry has subsided and compulsive searching is no longer disturbing.**
- **Calm, smiling and more attentive. Responded to greetings and expressed thanks since she feels better**
- **Eating well and is well hydrated**

OCD in the Elderly

"The avid digger"

8 days after: relapsed

- **Again very distracted and absorbed by repetitive concerns. Nursing intervention to bring focus on meals and fluid intake not effective**
- **Restless, agitated, concerned at all times, *"looking for things that she feels she has lost."* Keeps looking into drawers and purses, getting frustrated of the unsuccessful search**

OCD in the Elderly

"The avid digger"

- **Looking for *"the object that helps to brush the teeth"***
  Showing different toothbrush unconvincing
  Eating habits are better
- **Added Paroxetine to Quetiapine**

2 weeks after:

- **Intensity OCD symptoms have improved, short spells of compulsive behavior breaks in on and off but their duration is short**
- **Mood is pleasant, made eye contact**

Plan: Increase Quetiapine

OCD in the Elderly

"Somatic obsessions"

- 79 years old, Caucasian female, LTC resident, treated for depression for about 12 years, taking Tricyclic antidepressants.
- Regimen change to Mirtazapine
- Comorbid conditions CABAG, HTN, CAD.
- In 2006, she underwent hemorroidectomy
- Staff reported decreased intake and weight loss in the last month
- Reported rectal pain

OCD in the Elderly

"Somatic obsessions"

- Preoccupied with bowel functioning, used the restroom quite frequently. Now taking Quetiapine and Mirtazapine
- Two weeks later, rectal ointment did not relieve concerns, yet bowel movements are regular
- Continued to use the restroom frequently but not during the night
- Two months later, staff reported obsessive worry over bowel and rectum functioning has resolved
- Continues Mirtazapine and Quetiapine

OCD in the Elderly

"Somatic obsessions"

- Two months later, relapsed of obsessiveness over rectal pain and bowels
- Now taking Methadone for pain, Quetiapine dosage increased
- Six months later, she feels well, no obsessive worry and no somatic complaints

OCD in the Elderly

"Somatic obsessions"

CLINICAL PRESENTATION

- **An Elderly, Caucasian male in his 80's, home health client, assisted by his elderly wife in a senior community home.**
- **Wife reported patient demanded to be checked for BM several times in an hour,**
- **sometimes every 5-10 minutes. P.O. intake is marginal daily.**
- **He was taking Alprazolan PRN and Trazodone.**
- **Obsession worsen in the AM but continued all day, at times he wakes up during the night wanting to be checked for BM, but has none.**
- **Anusol HC provided a short relief. Quetiapine did not help, changed to Haloperidol. Adjustment of dosages brought control over obsession in five months, the severity and frequently would fluctuate throughout.**

TENESMUS OR URGENCY TO DEFECATE MAY RESULT IN RECTAL PROLAPSE

OCD in the Elderly

"The Worried Electrician"

- 75 years old, Caucasian female, married
- Referred with past history of treatment for depression, including ECT at age 39
- The past 12 months she developed new obsessive thoughts: looks and checks at power poles for loose power lines or lines that have fallen
- Once she passes a power pole while driving she turns around and stops and checks it visually
- Past history of hand washing, fear of getting cancer and obsessive worry
- Patient very skeptical over treatments, multiple medication changes. Finally agreed on Quetiapine and got better

OCD in the Elderly

"The Worried Electrician"

- One year later, developed chest pain and underwent CABAG, recovering well. Quetiapine discontinued after surgery
- Now obsessed with electrical outlets.
- Taking Paroxetine.
- Severity of obsessiveness diminished and no longer ruminating over electricity danger.

OCD in the Elderly

"Obsessive Keeper and Collector"

- **77 years old, Caucasian female, widow, living with her 46 year old daughter, diagnosed with MCI.**
- **Relapsed into depression the last six months. Feels like "*dying*"**
- **Short term memory impairment, previous comprehensive neurological work unremarkable.**

"Obsessive Keeper and Collector"

- ***Daughter's comments:*** "One of the most challenging behaviors to deal with over the years has been her compulsive hoarding. She filled up her bedroom with so many books, magazines, and newspapers, she could no longer use the bed, she would sleep in the living room in a recliner. Any effort on my part to reason with her about the hoarding was met with intense anger and verbal abuse from her. I was so severely punished for trying to maintain a reasonably clean and safe home, I had to go to some counseling sessions to remain calm. I found it necessary to move us every three or four years in order to get out from under the piles of her stuff. During the process of moving, she would lose track of most of it and never miss it."

OCD in the Elderly

"Obsessive Keeper and Collector"

- **First episode of depression twenty years ago. *"My mother spent a couple years mostly bed ridden when I was in my pre-teens."***
- **"She became obsessively interested in health, obsessed about having cancer, and stopped eating because of *"having tumors in her throat."***

OCD in the Elderly

"Obsessive Keeper and Collector"

- **In 1991 had involuntary commitment to mental hospital. Obsessed with AIDS, received ECT**
- **Three months later after first visit to my office, she is off Benzodiazepine, takes Paroxetine and Donezepil.**
- **Is no longer suspicious, depression subsiding and**

  " Wishing to have a male companion."

  No obsessiveness

OCD in the Elderly

Hoarding

Hoarding important symptom dimension in OCD

Hoarding has been associated with poor insight

Poorer response to Selective SRI

A distinctive psychobiological profile:

associated with a number of comorbid Axis I disorders

Obsessive compulsive personality disorder

Higher OCD severity scores

More functional impairment

In Afrikaner descent, the L/L genotype was more common

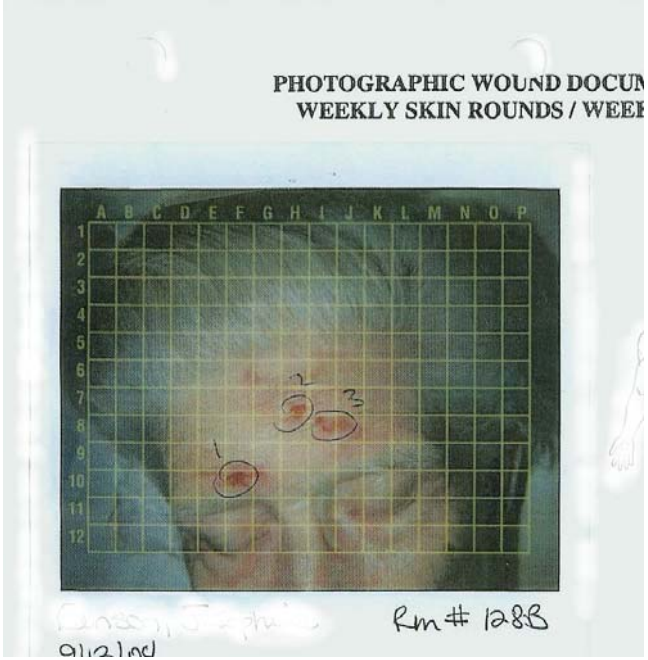
J. Clinical Psychiatry, 2005 Sep.: Lockner C. Kinnear DJ, et al.

OCD in the Elderly

"Skin picking Behavior"

CLINICAL PRESENTATION

An 87 year old Caucasian female, widowed, admitted to LTC; treated for a *chronic ecthyma* affecting several areas on the face.
Seen by a dermatologist.
Bactroban ointment application used for several months.



History of dementia and depression, taking Donepezil and Paroxetine 80mg.

OCD in the Elderly

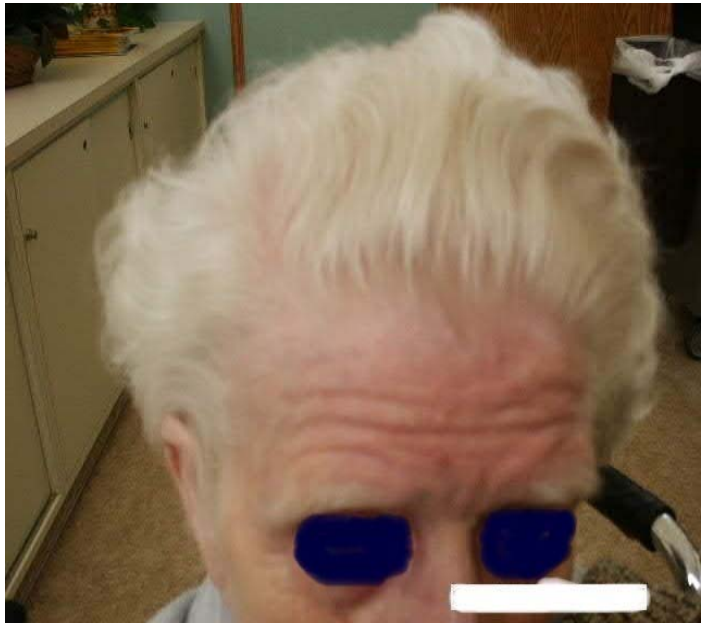
"Skin picking Behavior"

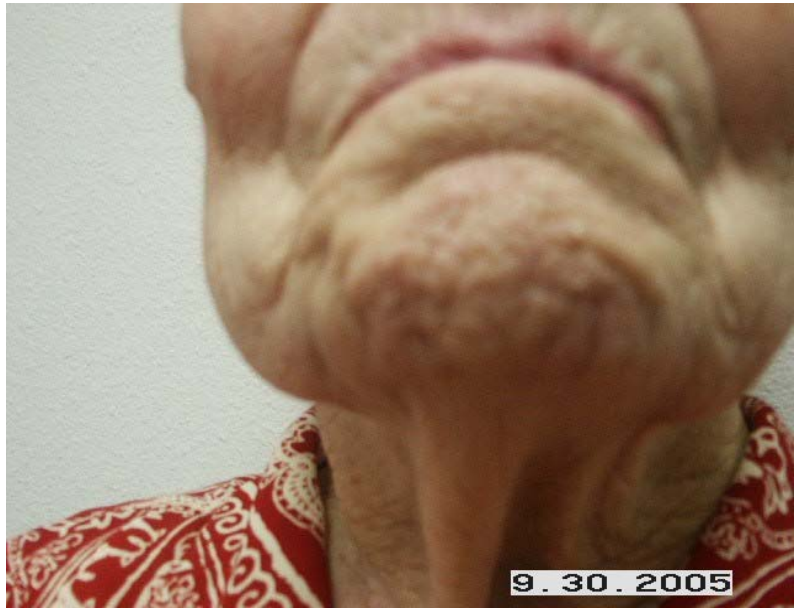
- **Psychiatric evaluation obtained, anxiety component noted plus sadness.**
- **Skin lesions present over the forehead and left pre-auricular area of chronic nature, all in different stages. Reports of formicating complaints.**
- **Patient placed on Quetiapine and Sertraline. Paroxetine taper and D/C.**
- **Compulsive skin picking gradually subsided and lesions healed up, but she later reported itching on previous lesions, placed on Doxepin ointment.**
- **Distinction needs to be made about Diagnosis of Skin Parasitosis (formicating) as delusional disorder or as a component of psychosis.**

OCD in the Elderly

Behavioral interventions and psychotherapeutic agents can help an individual dealing with these repetitious behavior.

Skin picking behavior

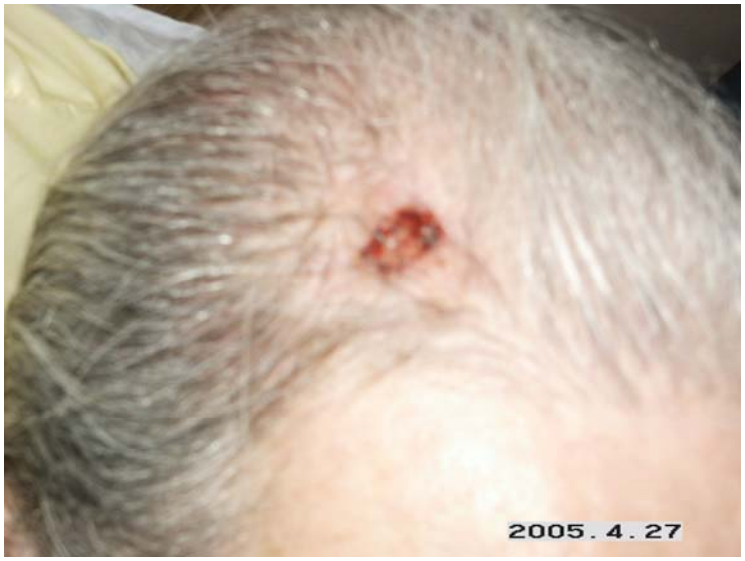


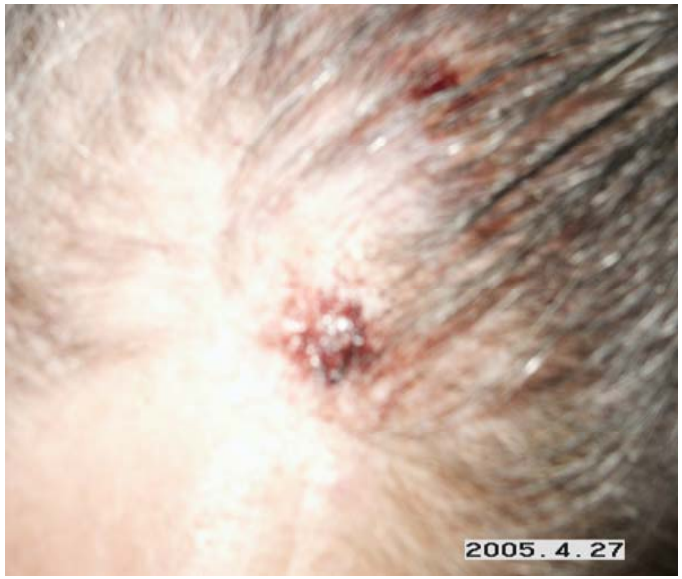


OCD in the Elderly

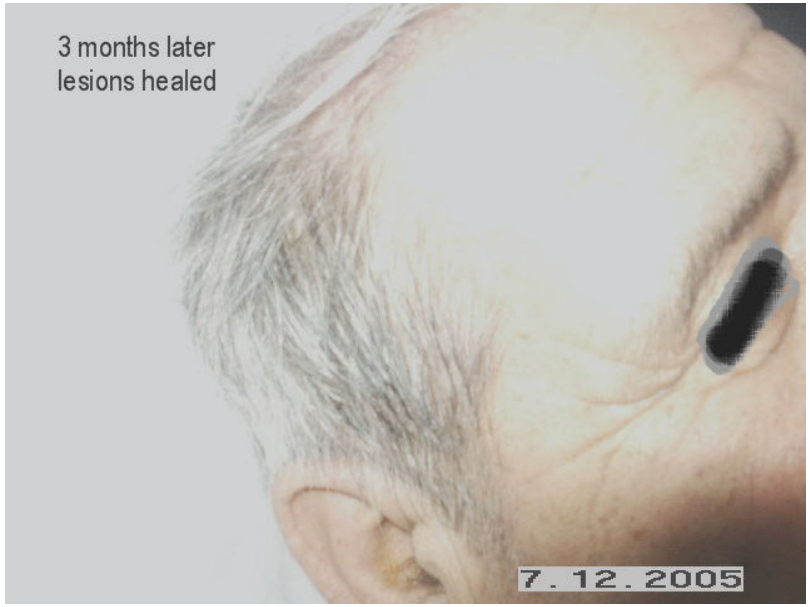
A 71 year old Hispanic male, a spell of severe paranoia has caused repetitious skin picking to the scalp of the frontal area.

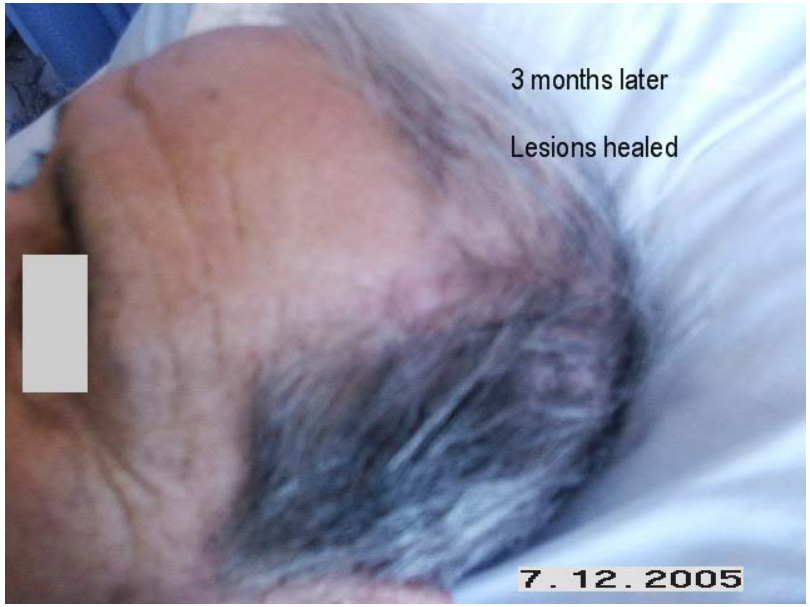
Skin picking behavior





OCD in the Elderly





OCD in the Elderly

"Skin Picking Behavior"

This behavior often leads to:

- **Skin sores**
- **Scars**
- **Dental deformities**
- **Infection**
- **Psychosocial distress**

OCD in the Elderly

"Skin Picking Behavior"

Patients who chronically picks at their skin report:

- **Anxiety**
- **Physical sensation, itching, tingle, numbness**
- **Obsessions: Uncomfortable feelings, like being incomplete, inadequate, imperfect**

OCD in the Elderly

THE REPETITIOUS PATTERN OF BEHAVIOR

- **An 88 year old Hispanic female, assisted at home by her 66 year old daughter.**
- **Patient became more aggressive in the past 6 months, yet irritability began after husband's death 2 years ago.**
- **A Clinical Psychologist, gave a diagnosis of Senile Dementia.**
- **Repetitious behavior included: several visits to the bathroom, use of tweezers to pull her eyelashes, repeated application of make up, brushing her teeth several times a day, taking all the clothes out of the drawers. Licking papers and doors, continuous repetition of same questions, closing blinds, locking doors and turning T.V. off and on, as well with the ceiling fans and air conditioning.**
- **Placed on Quetiapine 25 mg bedtime. Stop Zolpiden. Decreased Trazodone dosage. Continues Escitalopran 10 mg daily and Donepezil.**

OCD in the Elderly

THE REPETITIOUS PATTERN OF BEHAVIOR

- **CLINICAL AND BEHAVIORAL DEVELOPMENTS**
- **Six weeks later, the Primary M.D. recommended Oxycontin BID due to severe pain. Donepezil discontinued**
- **Quetiapine increased to BID**
- **Daughter described behavioral changes:**
- *" I MADE A COMMITMENT TO TAKE CARE OF MY MOTHER, AS I COULD,*

  GRANTING MY FATHER'S DYING WISH. I PRAYED TO GOD AND MY FATHER,

  EVERY SINGLE NIGHT, TO HELP ME FIND THE ANSWER."

  ....SHE ALSO HAD SEVERAL CHRONIC COMPULSIVE ACTS, SHE WAS UP 8-10 TIMES A NIGHT IN THE DARK, GOING TO THE BATHROOM.

OCD in the Elderly

THE REPETITIOUS PATTERN OF BEHAVIOR

- *"She was using the bathroom 67 times a day, In 4 weeks , I already saw a big change in her and felt we just need a bit more time."*
  "Her bathroom visits are now down to 8-10 times a day, there have been no more verbal or physical abuse, and no more rages. She is more rested, her appetite has improved and now sleeps through the night. She shows me more affection, does not want me out of her sight, and clings to me when I put her to bed, yet she speaks so often of my dad."

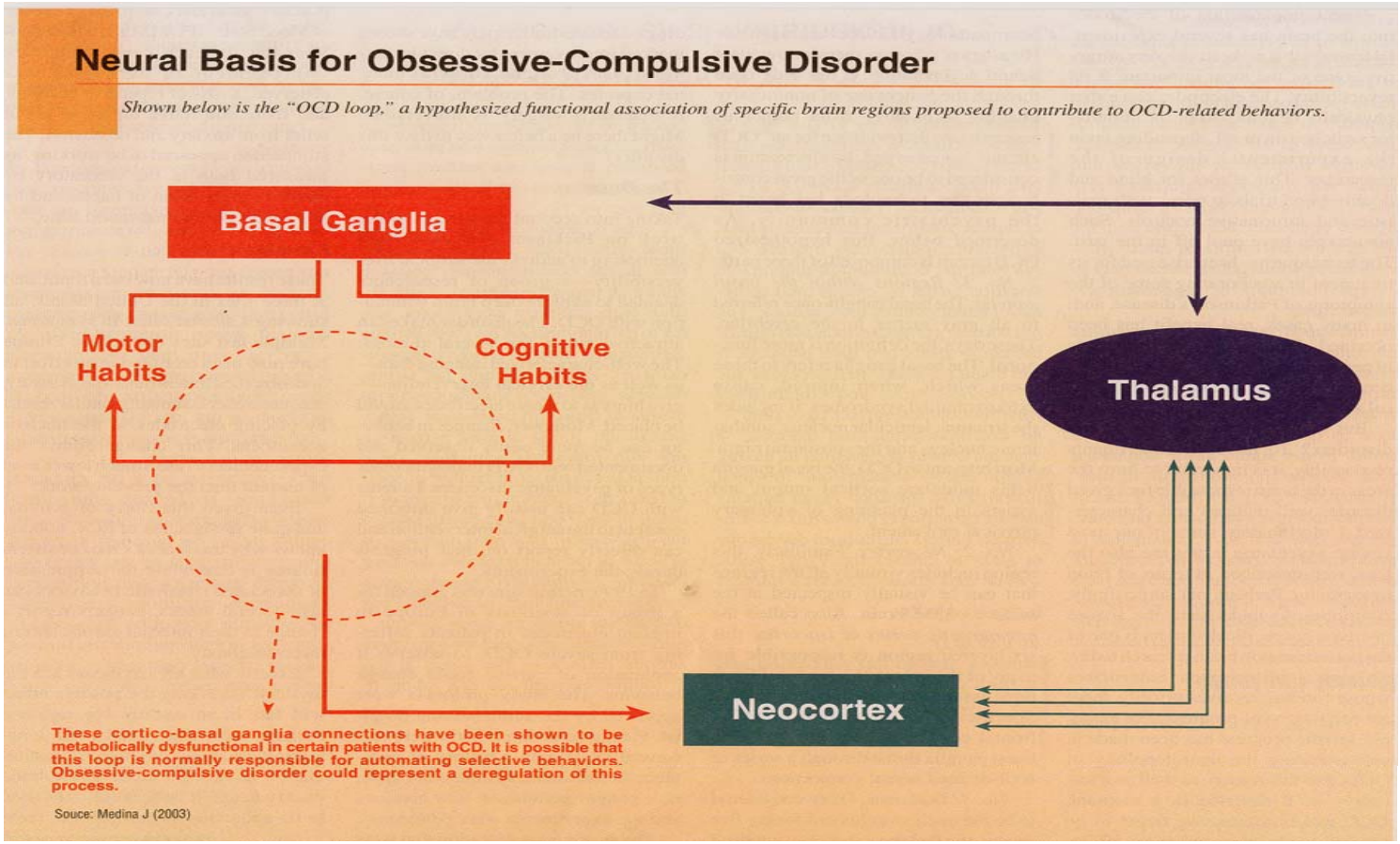
OBSESSIVINES IN THE ELDERLY CAN OCCUR AS A NEW ONSET OF THE DISORDER. A RETURN OF UNDERLYING OBSESSIVE TRAITS OR BE PART OF A PSYCHOTIC PROCESS.

✓ **TREATMENT USUALLY BRINGS REWARDING RESULTS**

OCD in the Elderly

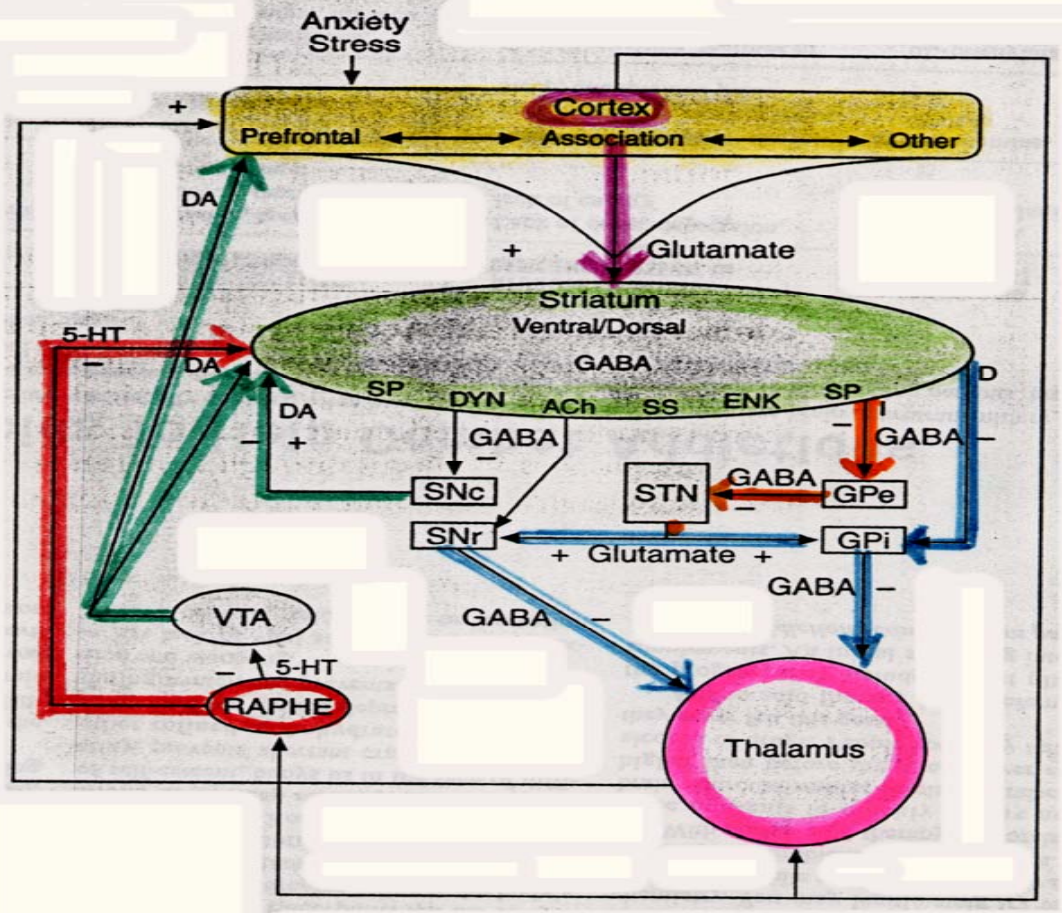
- **The patients with insight are aware that their behavior is not normal, but they can not control their actions.**
- **The patient with OCD does not show neuropathology, unlike Parkinson's or Huntington's disease.**
- **Non invasive imaging technology has helped to bring evidence for an “OCD Circuit”**

OCD in the Elderly



OCD in the Elderly

Figure 1. The Cortico-Striatal-Thalamic Circuits Important for the Pathogenesis of Restlessness[a]



Reprinted with permission from Sachdev and Kruk.[1] Abbreviations:

OCD in the Elderly

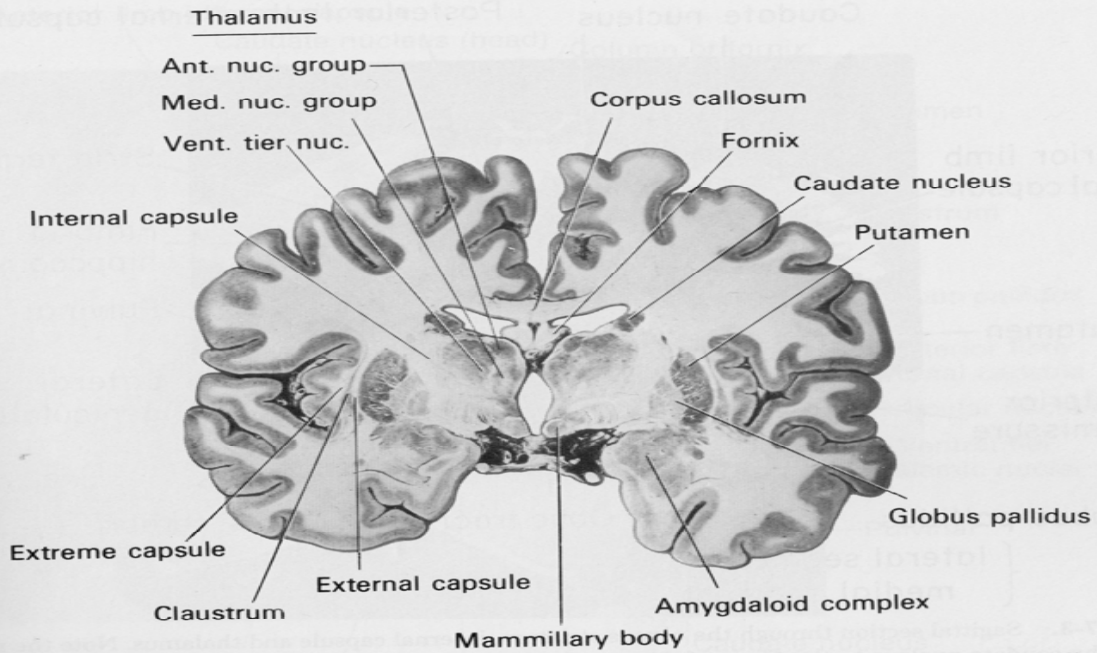


Figure 17-2. Photograph of a frontal section of the brain at the level of the mammillary bodies. In this section the main nuclear groups of the thalamus are identified, and portions of all components of the basal ganglia are present. The amygdaloid nuclear complex lies in the temporal lobe internal to the uncus and ventral to the lentiform nucleus.

OCD in the Elderly

1) ***Basal Ganglia:*** **deep gray matter**

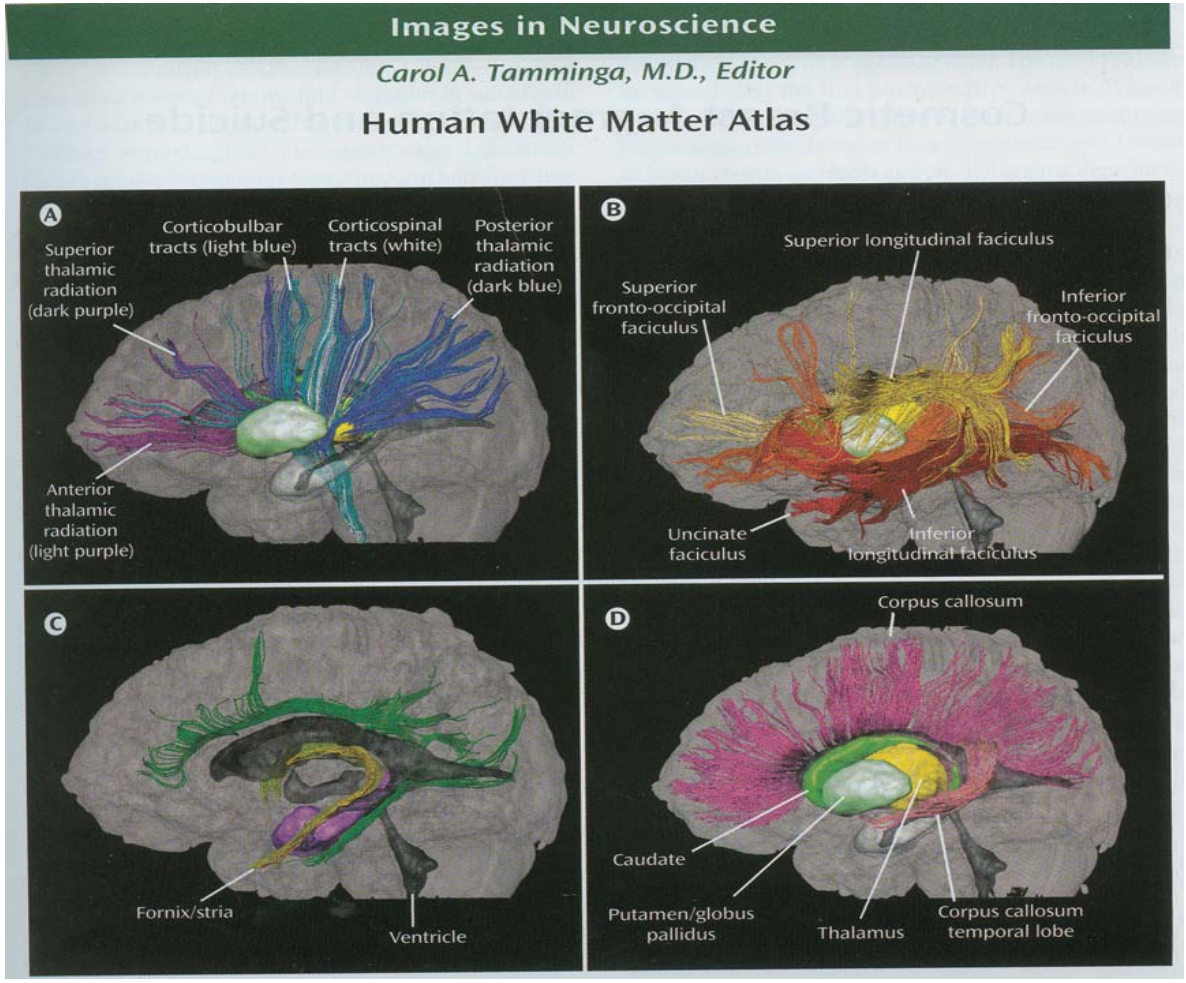
- **Striatum, lenticular nucleus, sub-thalamic nucleus and the substance nigra.**
- **Basal Ganglia modulate cortical output and assist in the planning of voluntary movement.**

2) ***Neo-cortex:*** **referred to all cortical brain surface, associated with higher level functions associated with human thinking.**

Frontal cortical regions **are linked to basal ganglia throughout cortical basal connections.**

3) ***Thalamus:*** **the switch board for the five senses, is a deep gray structure discriminates and routing external sensory inputs. Forms complex association with many brain regions, including basal ganglia.**

OCD in the Elderly



OCD in the Elderly

- In 1999, a group of scientists in Europe implanted electrodes in a patient suffering from severe OCD.
- The electrodes were implanted in the anterior limb of the internal capsule.
- 3 of 4 patients showed positive results. One 35 year old patient reported almost instantaneous relief from feeling of anxiety and obsessive thinking.

OCD in the Elderly

OCD as Target

- **Many patients suffer from obsessions: classified as possessing a *cognitive affective disorder.***
- **Other patients exhibit mainly compulsions: classified as having an *executive behavioral disorder.***
- **A small population suffers from both.**
- **The obsessions and compulsions could continue for hours.**
- **OCD affects about 1% to 2% of the general population**

PHARMACOLOGICAL TREATMENT OF OCD

Evidence-base Drug TX Algorithm

- **First line strategies;**

SRI and Venlafaxine followed by Clomipramine augmentation and antipsychotic or pindolol, SRI mega doses.

- **Cognitive behavioral therapy**

40 to 50% of OCD patients does not respond to SRIs

- **Additional strategies**

(IV clomipramine, Oral morphine, "heroic drug strategies", deep brain stimulation and functional neurosurgery)

Expert Opin Pharmacother. 2007 April; Fotenelle, LF, Nasciment Al, et al.

Pharmacological TX of OCD in the Elderly

- **Evidence supports the efficacy of antipsychotic addition to SRI in patients with treatment-refractory OCD**
- **The mechanism may involve serotonin and/or dopamine neuro- transmission**
- **For instance, Quetiapine addition to SRI has not major effects on cognitive functioning in OCD patients**

Int Clinical Psychopharmacol, 2007 Mar; De Geus F, Denys D, Westerberg HG.

Pharmacological TX of OCD

- Review of all available double blind, placebo-controlled quetiapine addition trials for OCD
- Treatment outcome assessed in a sample of 102 patient from baseline to end point on the Yale-Brown OC scale (Y-BOCDS)

Results:

- Quetiapine addition was superior with mean Y-BOCS decrease 6.8+/-6.7 compared with placebo decrease of 3.9+/-6.5 points
- Pts taking lower dosage of SSRI showed the largest decrease on the Y-BOCS compared with patients taking median and highest dose
- Best response achieved with Clomipramine, Fluoxetine, Fluvoxamine and lowest SRI doses.

Biolog Psychiatry, 2007 Feb; Denys D, Feneberg N, Carey PD, Stein DJ.

Pharmacological TX of OCD in the Elderly

- **Antipsychotic augmentation in SRI-refractory OCD indicated after 3 months of maximal-tolerated therapy of an SRI**
- **Haloperidol and risperidone can be used also with efficacy**
- **Patients with comorbid tics are likely to have a differential benefit to antipsychotic augmentation**

  Mol Psychiatry, 2006 Jul; Bloch MH, Landeros-Weisenberger A., et al

- **Aripiprazole and Olanzapine as monotherapy or add on hold promise for treating OCD**

Pharmacological TX of OCD in the Elderly

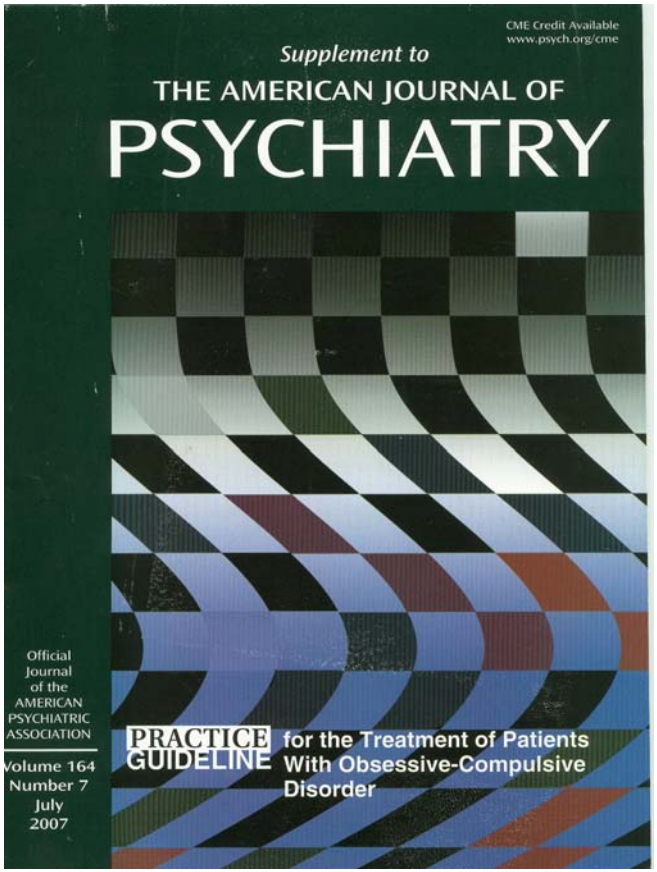
What if antipsychotic is discontinued ***?***

Antipsychotic augmentation has to be maintained for patients who respond this strategy

The vast majority of subjects who discontinue the antipsychotic relapse within 2 months

Int Clin Psychoharmacol. 2003 Jan; Maina G, Albert U, Bogetto F.

OCD in the Elderly



No criteria nor guidelines included treating the Elderly with OCD

Pharmacological TX of OCD in the Elderly

Use of Antipsychotic for OCD in the Elderly

- **No control studies available**
- **Physician clinical judgment prevails treating OCD in the elderly**
- **Antipsychotic hold FDA warning for use in the elderly with dementia**
- ***Off label*** **administration of antipsychotic to the elderly requires patient's consent and or approval of legal guardian appointed for the patient with dementia**

Pharmacological TX of OCD in the Elderly

Provisional Criteria

Before recommending use of Antipsychotics for OCD in the elderly

- **Define diagnosis of OCD**
- **Consider clinical predictors of response administering antipsychotic**
- **Evaluate comorbid conditions (delirium, psychosis, mood disorder, combative and aggressive behavior, other medical comorbidities, drug interactions)**
- **Discuss such a intervention and talk to patient's family for consent. Educate staff**
- **Assess severity of symptoms, (intense preoccupation and absorption, secondary impact: anxiety, fear, refusal to eat, weight loss, physical fatigue, sexual obsessions) etc**

Pharmacological TX of OCD in the Elderly

Provisional Criteria

Predictors:

- **Premorbid diagnosis of OCD or OC personality features**
- **First onset of OCD**
- **Lack of insight particularly in a elderly with dementia**
- **Non-SRI response or poor response**
- **Intolerance to SRI or Non-SRI**
- **Targeting specific ritual and compulsive behavior**
- **Don't surprise self: Suppression of one symptom may bring another one later**
- **It seems that monotherapy with antipsychotic is more effective in De Novo cases of OCD in the elderly that cause severe symptoms**

ALMOST DONE

Q U E S T I O N S ?

END OF TODAY'S CONFERENCE