

TOLERABILITY OF LITHIUM: A NATURALISTIC DISCONTINUATION STUDY IN OLDER ADULTS (≥60 YEARS)

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Lithium is one of the most effective treatment options in both bipolar disorder and treatment-resistant depression. The use of lithium in older adults declined during the last decades, probably resulting in undertreatment of older adults. To investigate how well lithium is tolerated in old age, we aimed to determine the frequency, reasons and possible predictors of discontinuation due to adverse effects in a cohort of hospitalized adults aged 60 years or older who had started with lithium.

We performed a retrospective cohort study based on chart reviews. Participants were in treatment at Parnassia Group at The Hague, the Netherlands. After inclusion (between January 2010 and December 2016), participants were followed until April 2017, when we performed data extraction and analysis.

In our sample of 135 patients (median age 69 years, median follow-up duration 18 months), 49 (36.3%) participants discontinued lithium. Only a minority (11 (8.1%)) of the participants discontinued solely due to adverse effects. The majority discontinued lithium due to psychiatric (18,5%) reasons, (most commonly mentioned within this subgroup: lack of effectiveness and non-compliance) or a combination of reasons (7.4%). None of the factors we studied (age, gender, Charlson Comorbidity Index (CCI), polypharmacy, renal function and neurological history) were significantly associated with discontinuation due to adverse effects.

The frequency of lithium discontinuation in our cohort was in range with frequencies reported in younger patients. Older age itself should not be a reason to withhold lithium treatment.

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Caregiving and Well-Being

A CASE FOR TRAUMA-INFORMED DEMENTIA CARE: THE EMANCIPATORY POWER OF PSYCHOLOGICAL RESILIENCE AND TRAUMA FROM COVID-19

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The dominant nonpharmacological therapeutic approach in dementia care is “person-centered.” The racial disparities in disease and diagnosis affliction, represents an urge to incorporate trauma sensitivity. Antipsychotic use rates among this population being substantially higher than two years ago, as well as increasing evidence of ACE scores being a significant risk factor in dementia development, we need to consider the emancipatory power of

trauma-informed dementia care. Data were collected from 103 peer-reviewed journal articles. Person-centered care practices were analyzed for adherence to SAMHSA’s principles that guide a trauma-informed approach. Studies were rated on a Likert-scale in six areas: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and cultural, historical & gender issues. It was observed that of the 103 search returns, 38 met study criteria. Within these data, it was observed that the majority of studies scored low on incorporation and adherence to SAMSHA’s trauma-informed approach. While a few studies mentioned the magnifying effects of a current traumatic event on preexisting vulnerabilities, no study highlighted the growth or flourishing potential in triggering past trauma and the current traumatic event offering an opportunity of mind-somatic integration. This paper proposes trauma-informed dementia practices consider: 1) intake and assessment to include a screening of ACE score; 2) evaluation of (re)integrating current losses into current developmental and lifespan phase; and 3) offering therapeutic support of current traumatic event (COVID-19) to metabolize past traumatic events in the context of current developmental and lifespan phase.

ADULT SIBLING TENSION AND OLDER MOTHERS’ PSYCHOLOGICAL WELL-BEING: THE MODERATING ROLE OF CAREGIVING

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The life course perspective concept of “linked lives” suggests that the lives of adult children and older parents are interconnected and consequential for the well-being of members of both generations. In this work, we consider the association between tension among adult siblings and older mothers’ psychological well-being. We focus specifically on tension in the adult sibling relationship because research has shown that negative relationship quality is especially consequential for well-being. We consider this association in the context of caregiving because this is a time when offspring are often required to coordinate with each other to provide assistance. We utilized data from 304 older mothers (average age = 78) and 736 of their adult children (average age = 49) from the Within-Family Difference Study (WFDS) II. First, we examined the direct association between adult sibling tension and mothers’ reports of depressive symptoms. Second, we examined whether the association between sibling tension and mothers’ depressive symptoms was moderated by mothers’ need for care. Preliminary results indicated no direct effect of sibling tension on mothers’ depressive symptoms. However, moderation analysis revealed that sibling tension was associated with an increase in mothers’ depressive symptoms among mothers who reported needing assistance. These findings highlight the importance of understanding the interconnected nature of adult family relationships especially in the context of later-life family caregiving.