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Session Symposiums

Abstract: Person Centered Trauma Informed Care (PCTIC) is a form of care delivery that was developed over the last few decades to improve the ability of institutions and organization to provide sensitive care to survivors of trauma. Most of the research in the field of PCTIC and its implementation was conducted with young adults in the foster care and juvenile court system, with women survivors of sexual violence and in long term institutional settings for the chronically mentally ill. Very little attentions was paid to the needs of older adults until about 5 years ago, when several grants were funded to support the work of agencies providing services to ageing Holocaust Survivors with the aim to implement the delivery of care according to the PCTIC model. The Division of Geriatric Psychiatry at Montefiore Medical Center in the Bronx, NY has been involved in training staff on this model of care delivery and on the interface of trauma care and geriatric syndrome for several years. The current presentation focuses on the development of a series of curricula and lectures specifically aimed at increasing the overall level of competence of the general medical practitioners in the delivery of PCTIC to older adults. This was accomplished both by training the staff of a community mental health clinic and by developing ongoing curricula to deliver to medical students and residents.

HOW CAN GERIATRIC PSYCHIATRY PROFESSIONAL ORGANIZATIONS MAXIMIZE MULTIDISCIPLINARY PARTNERSHIPS TO ADVANCE CARE?

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Abstract: The best models for mental health care for the elderly have focused on the need for multidisciplinary teams to address the breadth of physical, social and psychological needs of aging individuals. Yet, a common professional organizational structure typically focuses on a single specialty profession that may limit the ability to grow collaborative teams and foster development of across professions. One barrier that may remain is the nomenclature referring to older persons and their mental health care needs. We also identify challenges to creating these partnerships globally and across generations.

Extensive survey across professions yielded responses from 332 individuals representing 20 professions and 7 major geographic regions. We identified important subgroups with understandably different views. For example, nonmembers demonstrated dissatisfaction with the term Psychogeriatrics; Non-physician members were less satisfied with the terms than physician members. While consumer sample was small, there was little opposition to the name and many reported that membership conferred expertise that was important to them both as patients and as family caregivers. Important geographic patterns emerged that indicated that in LAMC countries the terminology conferred expertise which was compelling to providers as well as consumers. Of note, LAMC had little infrastructure to support or assess non-physician providers. Reports from developed countries expressed the desire to move away from the term psychiatry/psychology and endorsed the term “mental health”. There was wide approval and acceptance of the mission to support for a multidisciplinary professional organization and acknowledgement that it serves aging patients through its strong commitment to supporting the autonomy, independence and human rights of older persons.

While the field of geriatric psychiatry is recognized for its effectiveness in serving mental health needs for older persons, consideration to supporting a nomenclature that encompasses the breadth of disciplines needed to provide comprehensive care may provide a new approach for multidisciplinary professional development.

ADDRESSING BEHAVIORAL HEALTH OF THE DIVERSE OLDER ADULTS IN THE VARIOUS HEALTH CARE SETTING DURING COVID PANDEMIC.

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Abstract: During COVID-19 pandemic being in a “golden age” group, having chronic health conditions make people more susceptible to the virus. The need to socially distance creates the sense of isolation, affects older adults routines, mass transportation, and some “non-essential” social services. Those factors in addition to the uncertainty and fear COVID-19 creates, and the potential for older adults to be more vulnerable to the virus and higher mortality rates among older adults may

exacerbate depression and anxiety for which effective and safe treatment interventions are required. Virtual partial hospitalization program offers affordable and convenient opportunity to address mental health needs of older adults.

There were a number of challenges with transitioning to and utilizing a telehealth platform for psychiatric evaluation in the long term care setting during the COVID 19 pandemic. First, staffing of facilities was stretched during the pandemic, making facilitation of Tele visits difficult. Without staff present through the entire visit to sort out technical difficulties, repeat questions and instructions for patients with hearing difficulties, and help patients complete questionnaires, evaluation was significantly limited. Additionally, the restrictions in place to mitigate viral transmission to residents and staff played unique roles in the psychiatric population. Isolation, lack of intellectual stimulation through group activities/dining, and halted family visits contributed to depression, anxiety, and agitation. Compounded with limited access to staff for therapy and medical management, we certainly observed a decline in motivation and functioning in our patients. In sum, while telehealth was successfully used in many settings during the COVID 19 pandemic, unique challenges in the geriatric psychiatry population residing in long term care facilities made implementation difficult. Lack of in-person visits and staffing shortages may have also contributed to escalation of psychiatric symptoms.

Offering tele-psychiatry to diverse VA older adult patient population appears to be a valuable option although especially in the rural areas may present some challenges including irregularities of the internet connection, limited equipment availability as well as limited proficiency of the patient's utilization of the various telehealth platforms. However with appropriate training and equipment supplies those challenges can be resolved.

ISTAART-AAGP COLLABORATIVE SYMPOSIUM: PERIOPERATIVE COGNITION AND NEUROPSYCHIATRIC SYMPTOMS

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Abstract: Professional Interest Areas (PIA) are an assembly of Alzheimer's association ISTAART (International Society to Alzheimer's research and treatment) members with common interests. We present the work of two professional interest areas, perioperative cognition and delirium PIA and neuropsychiatric syndrome PIA which we believe will be most interest to AAGP learners and audience as it shares common subject matter.

There is considerable clinical evidence that the process of anesthesia and surgery independently causes cognitive decline, known as Perioperative Neurocognitive Disorders (PND) (previously known as Postoperative Cognitive Dysfunction (POCD)). This includes postoperative delirium and postoperative neurocognitive disorder (postoperative NCD). We know that patients with even subtle impairment preoperatively are at increased risk of these disorders. There is also a large body of laboratory evidence demonstrating an association between anesthetic agents and Alzheimer's disease neuropathology. In this session we will discuss history and nomenclature of perioperative neurocognitive disorder and discuss the challenges in providing perioperative cognitive screening within a preoperative anesthesia center.

We will also discuss neuropsychiatric syndrome and its association with cognition and neuroimaging measures of amyloid, tau and neurodegeneration. Neuropsychiatric symptoms are being increasingly recognized as often being the first clinical symptom of cognitive impairment and thus important for understanding prognosis and directing new treatment paradigms.

NPS present prior to any cognitive decline (mild cognitive impairment/Alzheimer's disease) and this led to a concept of Mild behavioral impairment led by Zahinoor Ismail's work which we will discuss in this session. Finally, we will also discuss that some of the neuropsychiatric symptoms are associated with changes in tau and hippocampal volume.

HELPING VULNERABLE OLDER ADULTS IN NYS - DEVELOPING A NEW GERIATRIC FORENSIC PROGRAM

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Abstract: Part 1: Enhanced Multidisciplinary Teams (E-MDT) by Dr. Elizabeth J. Santos, MD, MPH

Part 2: The Geriatric Forensic Psychiatry Clinic by Dr. Brittany Mott MD