

# ***Prevalence, 1-year incidence and symptom severity in the elderly: Relationship to functioning and service utilisation (MentDis\_ICF65+)***

Sylke Andreas for the **MentDis\_ICF65+** study group



Salud mental y exclusión social en personas mayores  
Madrid, 7 de mayo 2010



Buenos días!

Guten Tag!



Good morning



Buongior no!

Bonjour!

יום טוב!

## The MentDis\_ICF65+ study group

<b>Beneficiary no.</b>	<b>Beneficiary organisation name</b>	<b>Country</b>
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# Overview

1. Theoretical background and model of the ICF  
(International Classification of Functioning, Disability and Health)
2. Work packages
3. Work package I “Adaptation of instruments for the elderly”:
  1. Selection of instruments
  2. Adaptation with literature search and expert groups
  3. Pre-tests
4. Outlook

## Theoretical background

### *Prevalence of mental disorders in the elderly*

*(Riedel-Heller et al., 2006)*

- Dementia: 65-69 yrs= 0.6%-3.7%; 90+ yrs= 25.2-75%
- Anxiety disorders: 4 - 14%
- Somatoform Disorders: 0,3 - 13%
- Schizophrenia: up to 10%
- Depression: < 5% - 3 up to 10% (Wittchen & Jacobi, 2005)
- Substance abuse disorders (especially alcohol): 0,5 - 3,3%

# Theoretical background

## *Service utilisation: Predictors and barriers*

- ESEMed study (2004): only 26% of the persons with a 1-year prevalence of mental disorders use or are treated in specialist care and this may cause in higher costs in the health care system
- Predictors of service utilisation: symptom severity, quality of life, existence of a mental disorder, social support, age and gender (Hermann et al., 2002; Chisholm et al., 2003; McCracken et al., 2006)

# Theoretical background

## *Activities and participation in the elderly*

- Agahi and Parker (2005) long-term study over 10 years: those of younger age (late 70s, early 80s), higher education and body exercise were better integrated in society and more likely to be involved in leisure activities.
- The level of impairment (measured by the WHO Disability Schedule II, WHODAS II) is more associated with somatic health, depression and cognitive functioning than with sociodemographic factors (Kim et al., 2005)

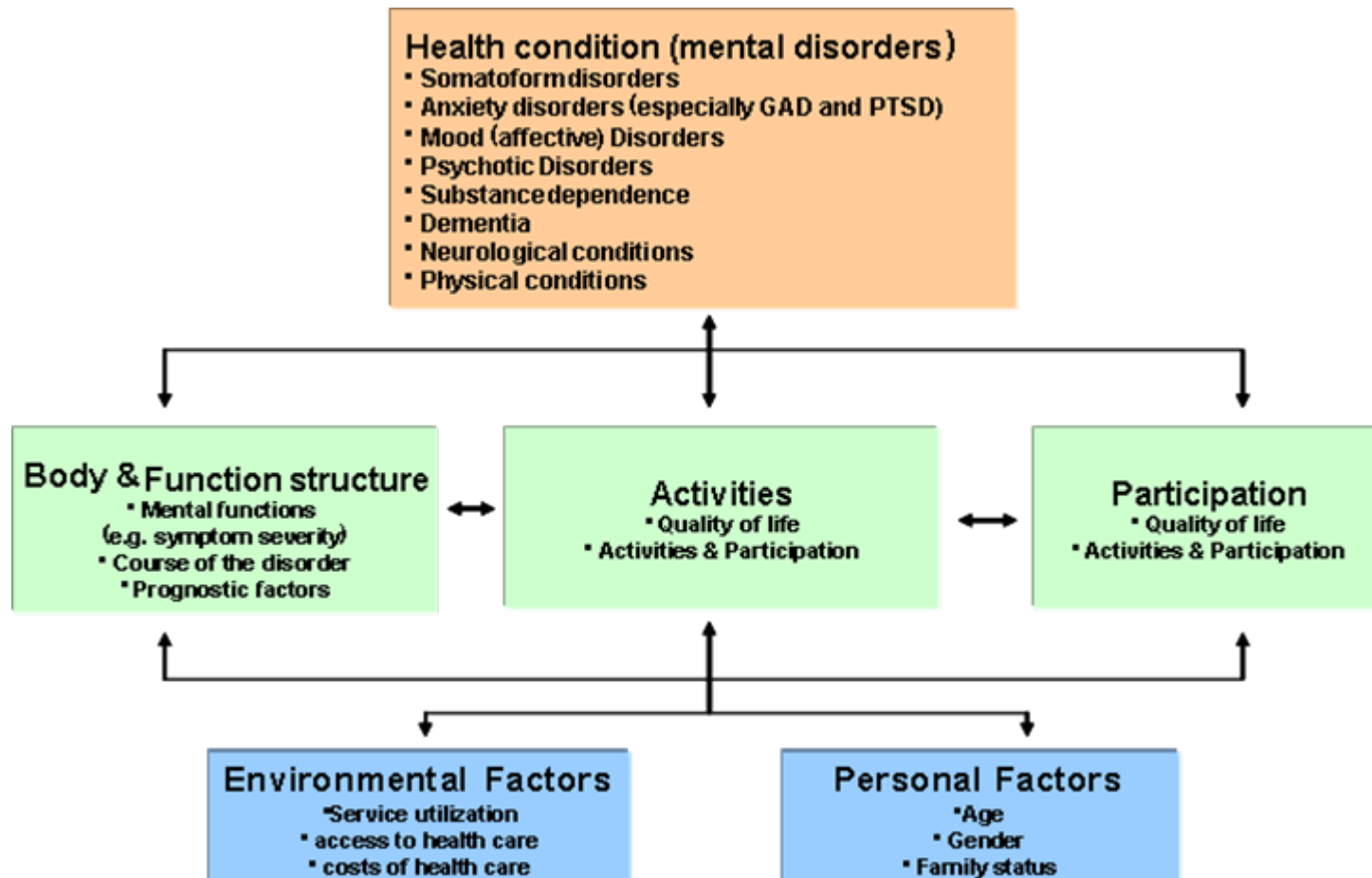
# Theoretical background

## *Non-fatal physical illness*

- EURODEP Studie (Braam et al., 2005): linear association between different physical illness (e.g. diabetes mellitus or cancer) as well as disability and depression, whereby disability showed a stronger association with depression than physical illness



# International Classification of Functioning, Disability and Health (ICF)





# International Classification of Functioning, Disability and Health (ICF)

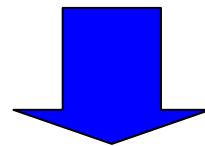
- classification of health and health-related domains
- officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22nd May 2001
- ICD and ICF are complementary classification systems (ICF classifies functioning and disability associated with health conditions)
- if we use a medical classification of diagnoses alone we will not have the information we need for health planning and management purposes

## Summary

- **No reliable data** on the prevalence and incidence of the spectrum of mental disorders in older people exists
- Causes: lack of appropriate **diagnostic instruments** for the elderly and extremely variable **study designs** and **methods**
- Therefore data on the incidence and patterns of the natural course and prognosis of mental and physical disorders in people above 65+ years are **still scarce**

## Summary

- **No cross-national studies** investigating the interaction of mental disorders and the utilisation of treatment under consideration of the severity and the impairment of activities and participation based on the ICF-categories (International Classification of Functioning, Disability and Health, WHO 2001)



**Need for research**

## Aims of the MentDis\_ICF65+ project

- (1) to **develop** and **adapt**, respectively, existing **instruments** for the use in the elderly and to establish their reliability
- (2) to examine the **prevalence** and **1-year incidence** of core mental disorders in adults older than 65 yrs. using standardized assessment in different European countries and associated states
- (3) to assess the **demand for specialist treatment** with particular emphasis on the **severity** of disorders and to assess the **utilisation of specialist treatment**
- (4) to investigate the involvement in family and society (**activities and participation**) of people aged above 65+

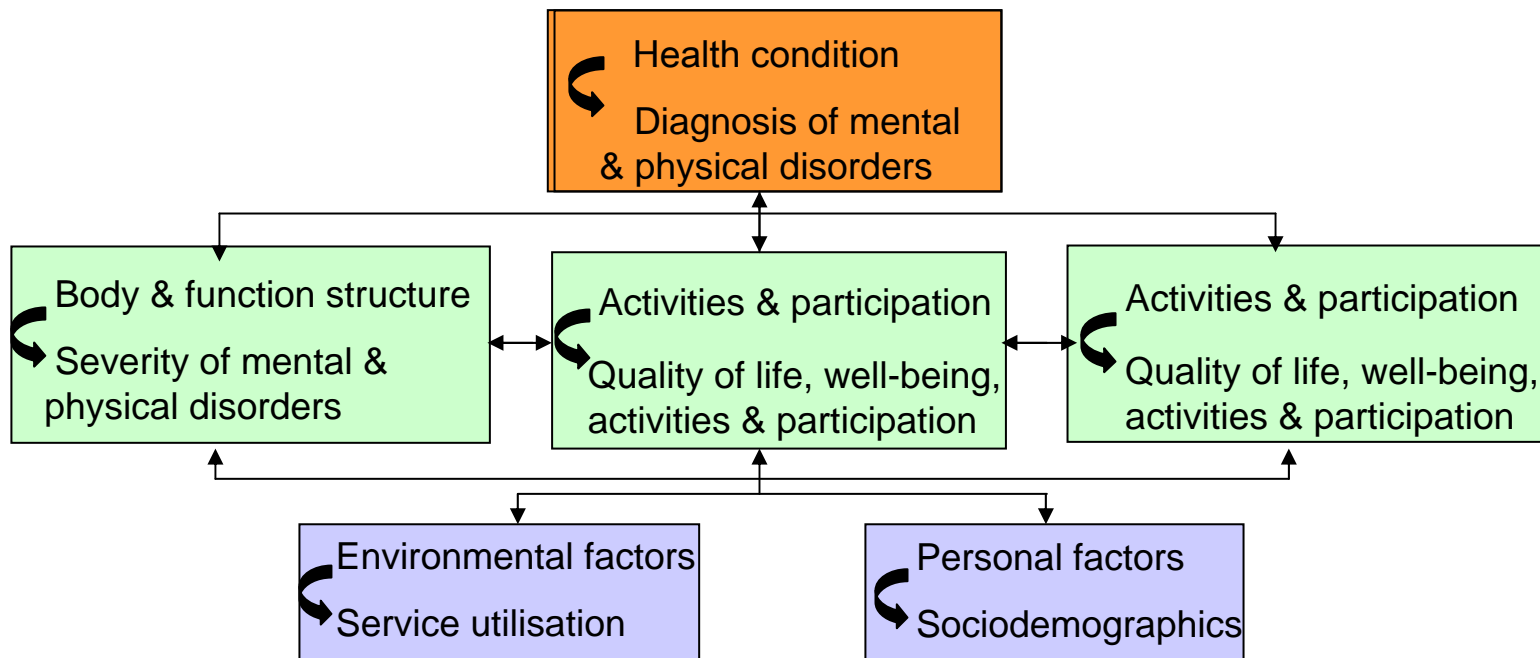
## Work packages

- WP 1. **Adaptation of instruments for elderly people with mental disorders**
- WP 2. Pilot tests on the adapted instruments
- WP 3. Cross-sectional study for elderly in different European countries and associated states
- WP 4. Longitudinal study on the identification of predictors of the course and outcome of older people with mental disorders
- WP 5. Dissemination and exploitation
- WP 6. Coordination and management

# Selection of instruments

## *Conceptual background*

Domains to be covered by instruments (based on ICF model)





# Selection of instruments

## **Composite International Diagnostic Interview (CIDI; Wittchen, 1994)**

Cambridge Examination for Mental Disorders of the Elderly (CAMDEX; Roth et al., 1999)  
Geriatric Mental State Schedule- History and Aetiology (GMS; Copeland et al., 1976)  
Questionnaire on physical and neurological disorders

Diagnosis

## **The Health of the Nation Outcome Scales for elderly people (HoNOS65+; Burns et al., 1999)**

Brief Symptom Inventory (BSI-18; Derogatis, 2000)

## **Hospital Depression and Anxiety Scale (HADS; Zigmond & Snaith, 1983)**

Cumulative Illness Rating Scale- for Geriatrics (CIRS(G); Miller et al., 1992)

Severity

Short-Form-8 (SF-8; Ware et al., 2000)

## **World Health Organisation Quality of Life- BREF (WHOQoL-BREF; WHO, 2004)**

## **World Health Organisation Disability Assessment Schedule II (WHODAS II; WHO, 2000)**

QoL, Activities &  
Participation

Client Service Receipt Inventory (CSRI; Knapp & Beecham, 1993)

Service utilisation



# Selection of instruments

## Proposal of additional domains to be covered:

### **(1) Personality Assessment**

Big Five Inventory-10 (BFI-10; Rammstedt & John, 2007)

### **(2) Meaning in Life**

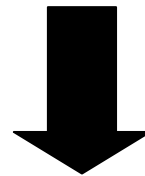
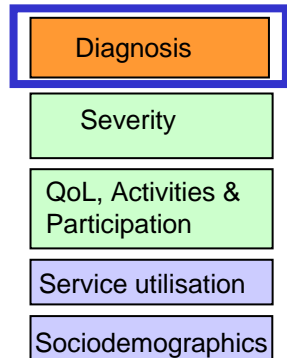
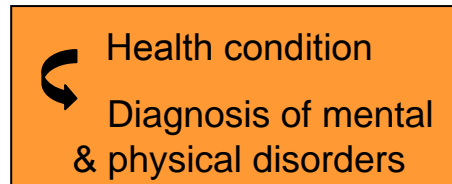
Schedule for Meaning in Life Evaluation (SMiLE, Fegg et al., 2006)

### **(3) Demoralisation**

Demoralisation Scale (Kissane et al., 2004)

# Selection of instruments

## Conceptual background



## Instruments

- (1) Composite International Diagnostic Interview  
(CIDI; Wittchen, 1994)
- (2) Cambridge Examination for Mental Disorders of the Elderly  
(CAMDEX; Roth et al., 1999)
- (3) Geriatric Mental State Schedule- History and Aetiology  
(GMS; Copeland et al., 1976)
- (4) Questionnaire on physical and neurological disorders

# Selection of instruments

## Description of instruments

### Instrument

Composite International Diagnostic Interview  
(CIDI; Wittchen, 1994)

**Areas:** diagnosis according to ICD-10, DSM-III-R, DSMIV

**Structure:** screening module + 40 sections, including sociodemographic info

**Evaluation:** no evaluation as instrument is fixed

Diagnosis

Severity

QoL, Activities &  
Participation

Service utilisation

Sociodemographics

# Selection of instruments

## ICF dimension of instrument

### Instrument

Composite International Diagnostic Interview  
(CIDI; Wittchen, 1994)

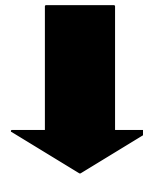
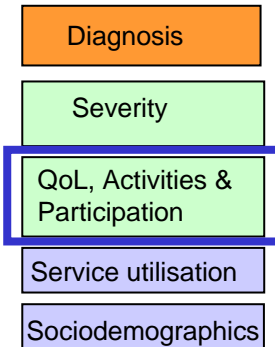
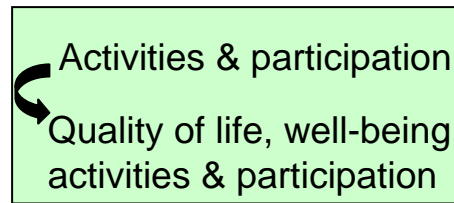
- Diagnosis
- Severity
- QoL, Activities & Participation
- Service utilisation
- Sociodemographics

e.g. depression, anxiety disorders,  
substance use, etc.  
ICF Chpt. 1, Mental functions

Instrument	ICF category			
	Activities and Participation	Body Functions	Body Structures	Environmental Factors
Assessment of mental and physical disorders in the elderly				
CIDI	no	yes	no	yes

# Selection of instruments

## Conceptual background



## Instruments

- (1) World Health Organisation Disability Assessment Schedule II  
(WHODAS II; WHO, 2000)

# Selection of instruments

## Description & ICF dimensions of instruments

### Instruments

World Health Organisation Disability Assessment Schedule II  
(WHODAS II; WHO, 2000)

- Diagnosis
- Severity
- QoL, Activities & Participation**
- Service utilisation
- Sociodemographics

**Areas:** understanding & communication, getting around, self-care, getting along with others, household & work activities, participation in society

**Structure:** profile of functioning across six activity domains, and a general disability score

**Evaluation:** no evaluation as instrument is fixed

Item D2.1: Standing for long periods such as 30 minutes  
ICF Chpt 4, Changing and maintaining body position, d410-d429

Item D1.1: Concentrating on doing something for 10 minutes  
ICF Chpt 1, Mental Functions

Instrument	ICF category	Activities and Participation	Body Functions	Body Structures	Environmental Factors
Assessment of activities and participation, based on ICF categories					
WHODAS 2: 36 items	yes	yes	no	yes	
WHODAS 2: 12 items	yes	yes	no	no	

## Literature search and expert group: Depression

lowering of mood, reduced capacity for enjoyment and interest, reduction of energy and activity

avoid reporting/ showing that their mood level is lowered (Gottfries, 1998; Lehrbuch der Gerontopsychiatrie und -psychotherapie, H. Förstl, 2003)

core symptoms are less prominent (Bergener, Hampel, Möller, Zaudig, Gerontopsychiatrie, 2005; Gallo et al., 1994)

*weighting of the symptomatology changes*

*the restriction of abilities --> stronger perception of physical handicaps*

*differentiation from somatic illness & perception of it is important*

In the last 2 years have you felt sad, blue, depressed or without interest in anything most of the time (more than 50% of the day)? (E1)

...were you often in tears? (E2), did you frequently feel hopeless? (E3)

- *Did you lack energy or felt tired all the time, even when you had not been working very hard or had not been physically ill? (E12) --> less relevance due to retirement*

- *Use of GAF-scale for self-assessment "What age do you feel?"*

ICD-10

65+ Literature & Experts

CIDI+

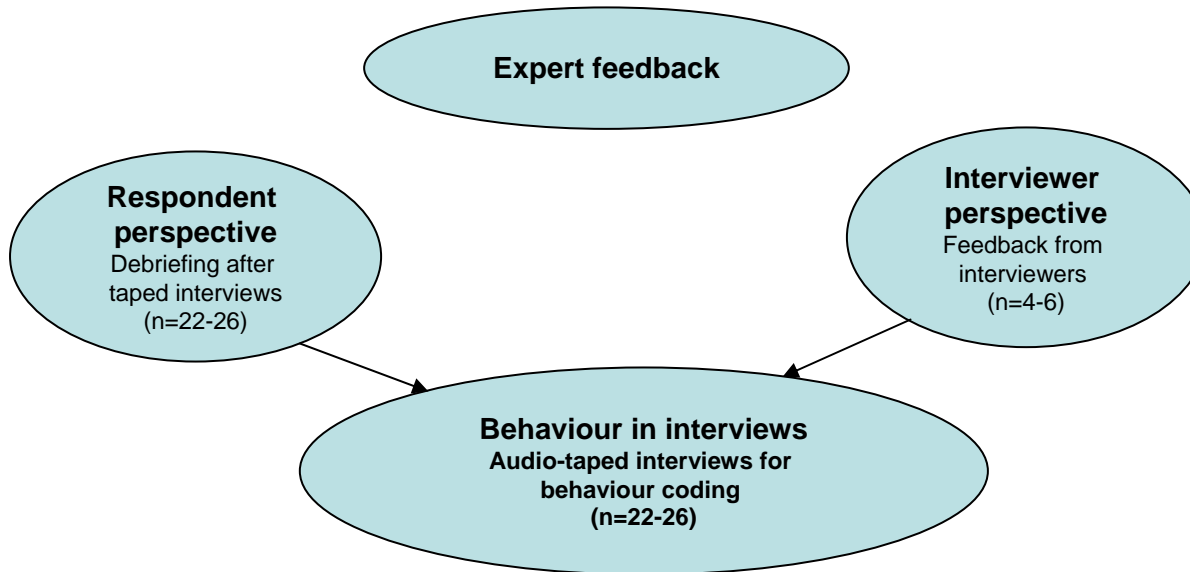
changes

# Qualitative Evaluation (Pre-Testing) of CIDI-Elderly Version 2.0

## Aim

- to assess the clarity, comprehensiveness and acceptability of the questions to be tested.
- There is an art and science to designing instruments that are both valid and reliable *and* acceptable and meaningful to the target population (Quirk, 2009).
- Effective qualitative work at this stage is likely to improve how the instrument performs in the subsequent pilot testing, where the instrument's psychometric properties are evaluated.

# Triangulation of pre-testing methods



3 methods:

1. Behaviour coding
2. Respondent debriefing
3. Simple testing (interviewer feedback)

# Pre-testing methods

## 1) Behaviour coding

- Audiotape interviews, transcription using transcription symbols for conversation analysis to identify problems (Ten Have, 1999)

## 2) Respondent debriefing

- use follow-up questions at the end of the interview to assess how respondents interpreted the questions and whether they experienced any difficulties.

## 3) Simple testing (interviewer feedback)

- A few experienced interviewers conduct a small number of interviews and report their experiences.

## Pre-testing: Sampling and first results

- 2 study centers are conducting the pre-tests (London and Hamburg)
- total: N = 20 persons with and without mental disorders or physical disorders
- preliminary result: the interview takes to much time (approx. 2,5 hours) and should be shortened

# Outlook

- Next step: all centers are conducting pilot tests with the adapted instrument (sample: N = 50 patients with mental disorders) to analyse the psychometric properties of the adaptation
- A cross-sectional study will follow: a **population representative investigation** on the prevalence of physical and mental disorders in the elderly in different European countries
- A longitudinal study (after 1 year): the identification of predictors of the **course and outcome** of older people with mental disorders, e.g. regarding the course of impairment of activities and participation



**Thank you for your attention**