

Tips for Meeting the Needs of Dually Eligible Older Adults with Schizophrenia

Older adults who are dually eligible for Medicare and Medicaid have higher rates of schizophrenia and other psychotic disorders than older adults with Medicare only.¹ In addition, older adults with schizophrenia are more likely to have co-occurring chronic physical health conditions, such as obesity, diabetes, and hyperlipidemia, compared to younger adults with schizophrenia.² Caring for older adults with schizophrenia requires special attention to how needs and corresponding treatments may change over time, as well as consideration of the impact that chronic physical health conditions, cognitive impairments, and changes to vision and hearing can have on older adults with schizophrenia.³ An individualized treatment approach is key to ensure that this population is supported across their full spectrum of needs.

“The most appropriate goals in managing the care of older adults with schizophrenia may not be in recovery or even remission, but in a more meaningful life that is more satisfying to the individual.”

-Tracy Beavers, BSN, RN, EMT-P,
Case Manager, CareSource Ohio

This document provides practical tips for meeting the needs of dually eligible older adults with schizophrenia. For more information, you can access an accompanying recorded webinar and supporting materials here:

https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Older_Adults_Schizophrenia.

Consider the Interrelationship of Schizophrenia and Aging

As older adults with schizophrenia age, their physical, medical, and behavioral health needs often change. It is important to understand the most common changes, which can help you to better tailor appropriate treatment. Included below are tips and promising practices to help identify and understand these changes.

- **Recognize how symptoms of schizophrenia may be affected by age:** Symptoms such as visual hallucinations or delusions often reduce in severity with age, while symptoms such as diminished emotional expression tend to intensify with age.⁴ Older adults with schizophrenia may be more susceptible to cognitive impairment and learning challenges (e.g., difficulty understanding instructions or expressing needs), as well as changes to vision and hearing; for this reason, they may require tailored support and communication that younger adults with schizophrenia may not need (e.g., reiterating important messages, speaking slowly, and providing written materials in larger text).
- **Ensure regular screenings for common comorbid conditions:** As older adults with schizophrenia age, they are more likely to have comorbid physical health conditions. It is important to conduct routine screenings for metabolic syndrome (co-occurring conditions, such as high blood pressure and high blood sugar, that together are associated with

¹ Medicaid and CHIP Payment and Access Commission. (2015). Chapter 4: Behavioral Health in the Medicaid Program – People, Use, and Expenditures.

² Desai, A. K. (2010). Schizophrenia in older adults. *Current Psychiatry*, 9(9), 23-A.

³ Ibid.

⁴ Schizophrenia and Older Adults. Carl I. Cohen. *Am J Geriatr Psychiatry* 8:1, Winter 2000

increased risk for heart disease, stroke, and diabetes), which may be an adverse effect of antipsychotic medications. Metabolic screening checklists (example in the [Additional Resources](#) section below) can assist with prompt identification of these conditions. Older adults with schizophrenia are also more likely to experience depression and substance use disorder than the general population.⁵ The Geriatric Depression Scale (GDS) can help to identify depression among older adults, and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach can be used to identify, reduce, and prevent problematic alcohol and drug use. For additional SUD screening tools for older adults, as well as information about prevalence, unique vulnerabilities, and treatment options for older adults with SUD, see this [article from Clinics in Geriatric Medicine](#).⁶

- **Watch for signs that additional testing for Alzheimer’s disease is needed:** The symptoms of schizophrenia in older adults may appear similar to those of other conditions such as Alzheimer’s disease (AD). One key difference is the course of change in cognitive function: AD is often associated with a more precipitous and progressive decline in cognitive function, particularly memory loss.^{7,8} Conversely, changes in cognitive functioning among older adults with schizophrenia tend to include psychosis and disorganized speech. Older adults with schizophrenia may also exhibit behavior that tends to manifest in early adulthood or middle age then becomes relatively stable. If precipitous memory loss and change in cognitive functioning occur, older adults should be referred to neuropsychological testing as early as possible to accurately diagnose AD.

Tips to Share with Caregivers

These tips were provided by a family caregiver with experience caring for an older adult with schizophrenia.

1) To help during times of distress, consider offering headphones to the older adult to play soothing music or sounds.

2) If frustration with daily tasks is an issue, consider creating step-by-step guides (e.g. for laundry, cell phone use) and posting reminders prominently with sticky notes.

Tailor Engagement and Support Strategies for the Older Adult

Older adults with schizophrenia may be more likely to experience paranoia and delusions, exacerbated by age-related challenges such as hearing or vision loss. As a result, identifying how to engage and support older adults with schizophrenia may require different approaches that take these factors into account.

- **Build trust—start slowly:**
 - While this is an important consideration in supporting any individual, it is particularly important to always follow through with commitments made to older adults with schizophrenia. For example, if you tell them that you will call them back later that same day, do not forget to call them back. They may be more likely to remember that you “promised” to call them back but did not, which can erode trust.

⁵ Treatment of the special patient with schizophrenia. Robert R. Conley, MD; Deanna L. Kelly, PharmD, BCPP.

⁶ Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in geriatric medicine*, 30(3), 629–654.

⁷ Six-year follow-up study of cognitive and functional status across the lifespan in schizophrenia: a comparison with Alzheimer’s disease and normal aging. Friedman JI, Harvey PD. *American Journal of Psychiatry* 2001 Sep;158(9):1441-8.

⁸ Schizophrenia in older adults. How to adjust treatment to address aging patients’ changing symptoms, comorbidities. Abhilash K. Desai, *Current Psychiatry* Vol. 9, No

- Utilize motivational interviewing techniques to build rapport and elicit older adults' desires to improve their own health and quality of life. Use open-ended questions, affirm and reflect on their responses, and provide a summary at the end of each interaction. Keep in mind that older adults with schizophrenia may not have answers that seem appropriate to your open ended questions, or your summary may not be an adequate representation of what they were trying to represent to you and this may become a source of frustration for the older adult. Be aware of the situation if this happens and modify your responses. For more guidance on motivational interviewing, see the [Additional Resources](#) below.
- **Meet individuals “where they are”:**
 - Meet with the older adult in whatever location works best: home, community location, skilled nursing facility, or provider office. Older adults with schizophrenia, especially those with paranoia, may be more likely to agree to meet if offered the flexibility to do so in their homes or other places of comfort.
 - Recognize that age-related challenges such as hearing loss, vision loss, and decreased mobility can intensify an abnormal perception of reality, especially among older adults with schizophrenia who may experience delusions or hallucinations. For example, older adults with schizophrenia who have hearing loss may require you to speak louder, but this could be interpreted as anger; thus, it is important to speak slowly, calmly, and use nonverbal cues (e.g., smiling) to communicate positive intent.
- **Utilize person-centered approaches:**
 - Tailor treatment plans to each individual based on what it is important to that person. For example, seeing a psychiatrist may not feel important to an older adult with schizophrenia who has never sought formal treatment before, but they may have other goals that help to provide stability and improve their wellness. Focus on the goals important to them first, and look for ways to relate their progress and interest to any additional goals the care team understands to be important for them.
 - Utilize person-centered language and ask questions to understand what is important to each individual. This is particularly important among older adults with schizophrenia, who may be more skeptical about taking advice from people with whom they are not as familiar. For instance:

Instead of: "You need to go to the doctor because your sugar numbers are high"

Try: "I'm concerned that your sugar numbers are higher than usual. Would you like me to help you contact your doctor?"

Instead of: "You need to go to the doctor because you are having trouble walking"

Try: "Being able to get around better would make it easier to go to the park"

- **Provide necessary support for appointments:**
 - Older adults with schizophrenia may need support to keep, attend, and get the most out of medical appointments. Afternoon appointment slots may increase the

Care for Caregivers

Caregivers often play a critical role in helping to meet the needs of older adults with schizophrenia. It is helpful to evaluate caregiver stress and offer connections to caregiver education, support groups, psychotherapy, respite care, and adult day care. For example, MyHealios offers resilience coaching for caregivers of individuals with schizophrenia.¹

likelihood that appointments are kept (as there is time to remind the individual the day before and again the morning of).

Care managers and others supporting older adults with schizophrenia may find it helpful to provide tools to support recall of important information during appointments, such as appointment planning sheets, medication lists, and a sheet to record recent issues or questions. With the individual's permission, it may be helpful to attend some appointments with them.

Older adults with schizophrenia may benefit from medication treatments, non-medication treatments, and many times a combination of both. It is important to tailor treatments based on the older adult's needs and preferences.

■ **Treatment with antipsychotic medications:**

- Older adults are at greater risk for the side effects of antipsychotic medications, including metabolic syndrome and movement disorders.⁹ For this reason, it's important to ensure older adults are properly using their medications (e.g., at prescribed dosages and frequency), monitor for symptoms that may suggest the presence of more serious side effects (e.g., blurred vision, weight gain, increased thirst, restlessness, limb stiffness, etc.) and raise any issues with the older adult and the care team so that the prescribing provider can make adjustments as needed.

■ **Non-medication treatment options:**

- Refer older adults to evidence-based psychosocial interventions to improve medication adherence, everyday living skills, and quality of life.¹⁰ For example (links provided under "Additional Resources" below):
 - Cognitive Behavioral Social Skills Training (CBSST) for Schizophrenia: This is a bundled, 36-week intervention combining cognitive behavioral therapy and social skills training.
 - Functional Adaptation Skills Training (FAST): This is an intervention for individuals aged 40+ with schizophrenia or schizoaffective disorder who are living in board-and-care facilities.
- Utilize informal social skills training (e.g., role-playing exercises) that focus on social and self-management skills such as making conversation, coping with stress, and managing medication.¹¹ Older adults with schizophrenia often live in community-based settings but may have challenges with socialization. These trainings can help to integrate older adults into the community and provide them with additional sources of support and enjoyment in their daily activities.

⁹ Treating Older Adults With Schizophrenia: Challenges and Opportunities Schizophrenia Bulletin vol. 39 no. 5 pp. 966–968, 2013

¹⁰ Psychosocial Rehabilitation and Quality of Life for Older Adults with Serious Mental Illness: Recent Findings and Future Research Directions. Curr Opin Psychiatry. 2009 July ; 22(4): 381–385

¹¹ Randomized controlled trial of cognitive behavioral social skills training for older consumers with schizophrenia: Defeatist performance attitudes and functional outcome. Eric Granholm. Am J Geriatr Psychiatry. 2013 March ; 21(3):

Additional Resources

These resources provide links to screenings, checklists, and trainings focused on meeting the needs of older adults with schizophrenia and their caregivers.

- **Assessment Checklist for Older Adults with Schizophrenia:**
https://www.mdedge.com/sites/default/files/Document/September-2017/0909CP_Article2.pdf
- **Checklist for Metabolic Syndrome:**
http://www.academia.edu/26287527/Screening_for_metabolic_syndrome_in_long-term_psychiatric_illness_Audit_of_patients_receiving_depot_antipsychotic_medication_at_a_psychiatry_clinic
- **Cognitive Behavioral Social Skills Training (CBSST) for Schizophrenia** (cost associated)
<https://www.guilford.com/books/Cognitive-Behavioral-Social-Skills-Training-for-Schizophrenia/Granholm-McQuaid-Holden/9781462524716>
- **Functional Adaptation Skills Training (FAST) Outline:**
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.608.1382&rep=rep1&type=pdf>
- **Motivational Interviewing Resources:**
<https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>
- **MyHealios Resilience Coaching for Caregivers:**
<https://myhealios.com/how-we-help/schizophrenia/>
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT):**
<https://www.samhsa.gov/sbirt>
- **VA Social Skills Training Program:**
https://www.mirecc.va.gov/visn5/training/social_skills.asp

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This resource guide is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>.