

Aging Issues in Corrections

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“

You can't help getting older but you don't
have to get old

”

George Burns

“

I have reached an age when, if someone tells me to wear socks, I don't have to

”

Albert Einstein









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Lets start at the beginning...

- *Intake Center evaluations by Security, Nursing and Psychology
- *Admitted to acute unit if suicidal six months prior to admit (H 4 at ICIW, O Unit at IMCC)
- *Seen by Psychiatry ASAP
- *Subacute, IOP or general population placement
 - Serious Mental Illness seen every 30 days by Psychology, 90 days by Psychiatry
 - Core of therapy is Cognitive Behavioral model

Mental Health Staffing Issues

- Mental health treatment offered at all nine prisons (psychotherapy, medication management, group therapy)
- 28 psychologists at the institutions
- Nine full time psychiatrists, two psych ARNP, seven part time psychiatrists
- Just added a part time psychiatric ARNP to see CBC patients in work release and to assist with overflow work on the institution side
- Face to face psychiatry at six of the nine prisons. Telepsych at three

Mental Health in IDOC

- Approximately 60% incarcerated individuals are under mental health care
- 20% have Serious Mental Illness (SMI) including Major Depression, Bipolar Disorder, Schizophrenia and other psychotic disorders as well as Organic Mental Disorders such as Dementia
- 40 % have other illnesses such as substance abuse, anxiety, PTSD and drug induced mental disorders
- Making appropriate diagnosis is difficult due to such severe co morbid issues such as substance abuse, trauma, learning difficulties, and personality disorders. Current caseloads are not only large but very complex

Rising Costs of Aging

- Increased hospitalizations
- DOC pharmacy costs (chemo therapy, biologicals, blood products etc.) have risen 10% in seven years for 55 yo and older
- Home care
- Accidents
- Emotional “cost” to patient and loved ones

Medical Issues of Aging

- Cardiovascular: Hypertension, Stroke, Ischemia
- Pulmonary: Emphysema
- Endocrine: Diabetes, Thyroid
- Gastrointestinal: Cancer, Ulcers
- Psychiatric: Depression
- Neurological: Dementia
- Musculoskeletal: Chronic pain, fractures

Organic Mental Syndromes

- Abnormalities in brain structure or neurochemistry
- Primary brain disease
- Secondary to other systemic disease such as infection (urinary tract infection), endocrine illness or toxic process

Dementia Features

- Defects in orientation
- Short term memory loss
- Perceptual and reasoning issues
- Personality change
- Alert and attentive at times
- Aphasia (unable to speak)

Clinical Features

- Behavior and personality change
- Usually no psych history
- Sudden anger and sarcasm
- Labile and silly
- Poor hygiene
- Delusions about spouse and family

Dementia

- Loss of orientation, memory, intellectual functioning and judgement
- Impaired social and occupational functioning
- Psychiatric manifestations of anxiety, depression, irritability, paranoia, aggression and sexual impulsivity
- Physical deterioration

Causes of Dementia

- 65% Primary Dementia of Alzheimer's type
- 10% Multi Infarct Dementia
- Misc: Multiple Sclerosis , Parkinson's, Huntington's, Pick's
- Systemic Causes: B 12 loss, folate, HIV, Normal Pressure Hydrocephalus

Dementia Statistics

- 5% have significant features, unable to care for self after age 65
- 10% mild symptoms after age 65
- Five fold increase in 80s than 70s
- 20 billion in costs
- 60% of nursing home residents

Dementia Evaluation

- Physical and lab testing (CBC, metabolic profile, thyroid, syphilis, B12, folate, EKG, urinalysis)
- Hope is to find a reversible cause
- Neuroimaging of brain
- Neurological exam
- Possible EEG
- Memory testing: screening tests (MMSE, SLUMS) vs full neuropsych evaluation

Differential Diagnosis

- Delirium: Rapid, brief, visual hallucinations, transient delusions
- Depression (Pseudo dementia): Memory improves with mood treatment , accentuate memory loss
- Normal aging
- TRY TO FIND A REVERSIBLE CAUSE

Treatments for Dementia

- Acetylcholinesterase Inhibitors: Donepezil, Rivastigmine, Galantamine
- Memantine: Moderate to severe symptoms, effects Glutamine
- Treat underlying medical and psych issues
- Alternative treatments: Gingko
- Counseling

Specialized Units

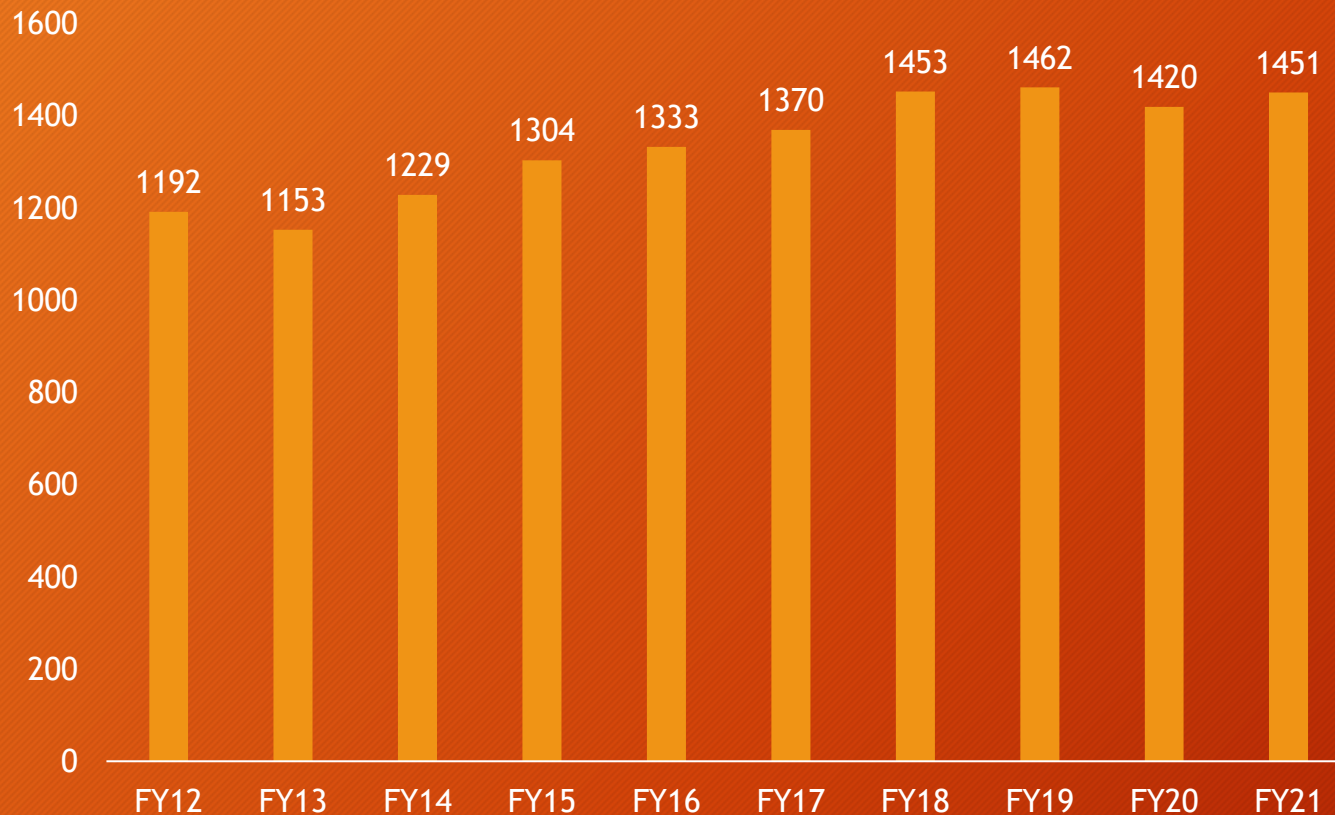
- Common in community
- Very structured daily routine
- Same staff caring for patients
- Soothing and quiet environment
- Frequent reminders and reorientation by staff
- May slow progression of illness and outbursts

Medical Units

- Anamosa State Penitentiary 16 beds
- Iowa State Penitentiary 28 beds
- Iowa Correctional Institution for Women 20 beds
- IMCC (Oakdale) Infirmary, Long Term Ambulatory, Short Term Ambulatory 84 beds
- All institutions have full time medical provider and mental health coverage. On call 24/7 medical and psychiatry
- Neurologist and neuro psychologist on staff as well

Iowa Department of Corrections Aging Population

Incarcerated Individuals Age 51+



- Over the course of the last 10-years, the number of those incarcerated has increased by 22%
 - +259 more individuals incarcerated today, than in FY12
- In FY12, individuals age 51+ represented 14% of the total prison population
- Today, FY21 figures suggest individuals age 51+ represent 19% of the total prison population

From here...

- 1. Form liaison with IDPH and the new Alzheimer and Dementia Program. Initial contact has occurred. CDC and BOLD act(Building Our Largest Dementia Infrastructure)
- 2. Education for medical and security staff
- 3. Continually examine current medical bed space to optimize efficiency and treatment options