


Behavioral Health in Aging Populations: Addressing Depression, Anxiety, and Cognitive Decline

Mark Naghsh LMSW CMC

UNDERSTANDING BEHAVIORAL HEALTH WITH AGING POPULATION.

Who am I

- ▶ Mark Naghsh is a Masters level licensed Social worker who is also a Certified Geriatric Care manager with over 25 years experience in health care. Specializing in complex chronic care, he is a passionate expert in all phases of the human management life-cycle.



September 2025

3

Learning Objectives

- ▶ Participants will be able to recognize the Signs and Symptoms and the unique presentations of depression, anxiety, and cognitive decline in aging populations.
- ▶ Participants will be provided with evidence-based strategies and techniques to address mental health concerns and improve quality of life for older adults.
- ▶ Participants can demonstrate interdisciplinary approaches to support aging populations, incorporating medical, mental health, and social service perspectives.

September 2025

4

Common Behavioral Health Challenges in Aging

- ▶ Depression & Mood Disorders
- ▶ Anxiety & Panic Disorders
- ▶ Cognitive Impairment & Dementia-Related Behaviors
- ▶ Substance Use & Medication Misuse
- ▶ Sleep Disorders & Behavioral Changes

September 2025

Depression, Anxiety, and Cognitive Decline in Aging Adults

SIGNS, SYMPTOMS, TREATMENT, AND CARE
STRATEGIES

Depression in Aging Adults

- ▶ - Symptoms: Fatigue, social withdrawal, physical pain, memory issues
- ▶ - Often mistaken for normal aging or dementia
- ▶ - Higher suicide risk in older men
- ▶ - Triggers: Health issues, loss of independence, bereavement

September 2025

6

7

Treatment for Depression

- ▶ - Therapy: CBT, Interpersonal Therapy, Reminiscence Therapy
- ▶ - Medications: SSRIs (sertraline, escitalopram), Mirtazapine
- ▶ - Lifestyle: Exercise, social engagement, structured routines
- ▶ - Medical Check: Rule out thyroid issues, B12 deficiency

September 2025

8

Anxiety in Aging Adults

- ▶ - Symptoms: Health-related worries, restlessness, muscle tension
- ▶ - Often mistaken for medical conditions
- ▶ - Triggers: Chronic illness, financial concerns, fear of dependence
- ▶ - Can worsen cognitive impairment

September 2025

9

Treatment for Anxiety

- ▶ - Therapy: CBT, Mindfulness-Based Stress Reduction
- ▶ - Medications: SSRIs (sertraline, escitalopram), Bupirone
- ▶ - Lifestyle: Reduce stimulants, structured activities, relaxation techniques
- ▶ - Avoid Benzodiazepines (risk of falls, confusion)

September 2025

10

Cognitive Decline in Aging Adults

- ▶ - Symptoms: Memory loss, poor judgment, difficulty problem-solving
- ▶ - Early dementia vs. mild cognitive impairment (MCI)
- ▶ - May be reversible if due to medications, depression, or deficiencies
- ▶ - Social withdrawal can accelerate decline

September 2025

Treatment for Cognitive Decline

11

- ▶ - Cognitive Stimulation Therapy (CST), brain training apps
- ▶ - Medications for dementia: Donepezil, Memantine
- ▶ - Lifestyle: Exercise, diet (Mediterranean, Omega-3), sleep hygiene
- ▶ - Home safety: Fall prevention, GPS trackers for wandering

September 2025

Depression, Anxiety, and Cognitive Decline: Aging vs. Younger Adults

KEY DIFFERENCES IN SYMPTOMS, CAUSES, AND
TREATMENT APPROACHES

Key Differences: Aging vs. Younger Adults

13

- ▶ - Symptoms may overlap but differ in cause and presentation
- ▶ - Cognitive decline is more common in aging, while stress-related issues affect younger adults
- ▶ - Older adults experience more physical symptoms with depression and anxiety
- ▶ - Medication response and treatment approaches vary by age

September 2025

Depression: Aging vs. Younger Adults

14

- ▶ - Older adults: More physical symptoms (fatigue, pain), higher suicide risk in men
- ▶ - Younger adults: More emotional symptoms (sadness, guilt, self-criticism)
- ▶ - Triggers in aging: Chronic illness, social isolation, loss of independence
- ▶ - Triggers in younger adults: Career stress, relationships, financial struggles
- ▶ - Treatment: Older adults need careful medication selection due to side effects

September 2025

Anxiety: Aging vs. Younger Adults

15

- ▶ - Older adults: Health-related fears, avoidance of new situations, muscle tension
- ▶ - Younger adults: Work, social, and performance-related anxiety
- ▶ - Aging concerns: Fear of falling, financial security, medical procedures
- ▶ - Younger adults often experience panic attacks or social anxiety
- ▶ - Treatment: Older adults require non-sedating medications, therapy for fear reduction

September 2025

Cognitive Decline: Aging vs. Younger Adults

16

- ▶ - Aging: Memory loss, confusion, difficulty with problem-solving
- ▶ - Younger adults: Temporary cognitive issues due to stress, anxiety, or burnout
- ▶ - Dementia risk increases with age, while younger adults typically experience cognitive fog from mental health issues
- ▶ - Reversibility: Aging-related decline may be permanent, while younger adults can recover with stress management
- ▶ - Treatment: Cognitive therapy, lifestyle interventions, and structured routines

September 2025

Treatment Differences by Age Group

17

- ▶ - Older adults: Focus on structured routines, low-risk medications, social support
- ▶ - Younger adults: Benefit from therapy, stress management, and lifestyle changes
- ▶ - Older adults require physical activity and cognitive stimulation to slow decline
- ▶ - Medication choices differ: Benzodiazepines and some antidepressants pose higher risks for older adults
- ▶ - Therapy approaches: Older adults may benefit more from reminiscence and structured problem-solving

September 2025

Reduced Sensory Input Leads to Cognitive Decline

18

The brain relies on sensory input (sight, sound, touch, taste, and smell) to process and store information.

When sensory signals are weakened or lost, the brain receives less stimulation, leading to neural atrophy (brain shrinkage).

Key brain areas affected: The hippocampus (responsible for memory storage) and the prefrontal cortex (responsible for decision-making).

- ▶ ♦ Example: A person with progressive vision and hearing loss may struggle to recognize familiar faces, remember recent conversations, or recall daily tasks.

September 2025

19

Hearing Loss

- ▶ – Strongly linked to social isolation, depression, and cognitive decline.
 - ▶ Struggling to hear increases stress and frustration.
 - ▶ Chronic stress raises cortisol, damaging memory-processing areas of the brain.
 - ▶ Example: Anxiety over missing information causes distraction, worsening recall
 - ▶ Research (e.g., Johns Hopkins studies) suggests **untreated hearing loss increases the risk of dementia by 30-40%**.

September 2025

20

Vision Loss

- ▶ Loss of Independence & Depression
- ▶ Feelings of helplessness contribute to depressive symptoms
- ▶ Social Withdrawal & Emotional Distress
- ▶ Loneliness and isolation contribute to mental health decline
- ▶ Increased stress about navigating unfamiliar environments
- ▶ Brain works harder to interpret blurry or incomplete visuals
- ▶ - Mental exhaustion leads to decreased memory and concentration

September 2025

21

How Loss of Taste Affects Behavioral Health loss of Taste

- ▶ - Loss of pleasure in eating → reduced quality of life
- ▶ - Increased risk of depression & anxiety
- ▶ - Changes in eating behavior → malnutrition or overeating
- ▶ - Social withdrawal & decreased engagement
- ▶ - Impact on memory & cognitive function
- ▶ - Psychological effects of taste-smell connection
- ▶ -Lack of nutritional intake

September 2025

22

Aging, Illness and behavior are intertwined

- ▶ Physical health conditions contribute to emotional dysregulation, cognitive decline, and social withdrawal.
- ▶ These conditions not only affect physical health but also have profound behavioral health implications, often creating a **biopsychosocial cycle** where physical symptoms worsen mental health and vice versa.

September 2025

Examples of the biopsychosocial cycle

23

- ▶ Hypertension (High Blood Pressure)
- **Behavioral Impact:** Chronic stress and anxiety can contribute to hypertension, while the condition itself can lead to increased irritability, anxiety, or depression due to worries about health risks (stroke, heart attack).
- **Cycle Effect:** Stress leads to higher blood pressure → Fear of health consequences increases anxiety → Poor self-care habits (like emotional eating, lack of exercise) worsen hypertension.

September 2025

Depression (as both a cause and consequence)

24

- **Behavioral Impact:** Depression exacerbates chronic diseases by reducing motivation for self-care, medication adherence, and social engagement.
- **Cycle Effect:** Depression → Poor self-care and increased inflammation → Worsened physical health → Further depression.

September 2025

How to stop the biopsychosocial cycle effect

25

- ▶ Comprehensive Geriatric Assessments to monitor physical and mental health interactions.
- ▶ Pain management strategies that minimize opioid dependence.
- ▶ Social engagement programs (senior centers, volunteer work, virtual meetups).
- ▶ Cognitive therapy & counseling for anxiety and grief-related depression.
- ▶ Medication reviews to reduce polypharmacy-induced mental health decline.
- ▶ Physical activity programs (light yoga, tai chi) to improve mood and mobility.

September 2025

Co-morbidities that significantly exacerbate Behavioral health

26

Dementia & Depression/Anxiety

- ▶ Alzheimer's disease, vascular dementia, and Lewy body dementia often lead to depression, apathy, agitation, and paranoia.
- ▶ The loss of cognitive function creates frustration, fear, and withdrawal, worsening isolation and loneliness.
- ▶ Sundowning syndrome (increased confusion and agitation in the evening) can heighten anxiety.

September 2025

Chronic Pain & Mental Health Decline

27

- ▶ Arthritis, osteoporosis, and neuropathy cause persistent pain, leading to sleep disturbances, mood changes, and social withdrawal.
- ▶ Pain medications (opioids, gabapentin) can contribute to cognitive decline and depression
- ▶ Elderly patients with untreated pain have a higher risk of suicidal ideation.

September 2025

Cardiovascular Disease & Depression

28

- ▶ Heart attacks, congestive heart failure (CHF), and strokes can trigger post-stroke depression or severe anxiety.
- ▶ Patients with atrial fibrillation may experience panic attacks due to irregular heart rhythms.
- ▶ Hypertension can be both a cause and consequence of chronic stress and anxiety.

September 2025

29

COPD & Panic Disorders

- ▶ Chronic obstructive pulmonary disease (COPD) causes breathlessness, which can induce panic attacks and depressive symptoms.
- ▶ Oxygen deprivation over time can lead to cognitive decline and confusion.
- ▶ Many elderly with severe COPD isolate themselves, increasing the risk of depression.

September 2025

30

Diabetes & Cognitive Impairment

- ▶ Fluctuating blood sugar levels can cause brain fog, mood swings, and even psychotic symptoms in extreme cases.
- ▶ Diabetic neuropathy (nerve damage) causes chronic pain, which contributes to depression and anxiety. Lack of mobility
- ▶ Hypoglycemia (low blood sugar) can mimic dementia symptoms, causing confusion and emotional distress. Brain Fog, sluggish thoughts

September 2025

Parkinson's Disease & Depression/Psychosis

31

- ▶ Parkinson's Disease & Depression/Psychosis
- ▶ Parkinson's disease (PD) affects dopamine production, leading to clinical depression, anxiety, and even hallucinations.
- ▶ Medications like Levodopa can trigger impulsivity, paranoia, and mood swings.
- ▶ Many Parkinson's patients experience social withdrawal due to tremors and mobility issues.

September 2025

Thyroid Disorders & Cognitive/Mood Changes

32

- ▶ Hypothyroidism in the elderly often leads to depression, sluggish thinking, and memory problems that mimic dementia.
- ▶ Hyperthyroidism can cause restlessness, anxiety, and even psychotic symptoms.

September 2025

Cancer & Mental Health Decline

33

- ▶ A cancer diagnosis can trigger severe depression, PTSD, and existential distress.
- ▶ Chemotherapy side effects (chemo brain) can mimic early dementia.
- ▶ Chronic pain and fatigue worsen mood disorders.

September 2025

Autoimmune Diseases & Cognitive/Psychiatric Effects

34

- ▶ Lupus, rheumatoid arthritis, and multiple sclerosis (MS) in the elderly can cause brain fog, mood instability, and paranoia.
- ▶ Corticosteroids (like prednisone), often used to manage these conditions, can cause anxiety, depression, and even psychosis.

September 2025

Polypharmacy (Multiple Medications) & Mental Health

35

- ▶ Many elderly individuals take 10+ medications, increasing the risk of medication-induced depression, anxiety, and confusion.
- ▶ Benzodiazepines (Ativan, Valium), anticholinergics, and opioids can cause delirium, memory loss, and mood disturbances.

September 2025

Compounding Social Factors in the Aging Adult

36

- ▶ Isolation & Loneliness: Reduced social engagement exacerbates depression and cognitive decline.
- ▶ Loss of Independence: Losing driving ability or needing assistance with daily tasks increases helplessness and anxiety.
- ▶ Grief & Bereavement: Losing a spouse or peers can trigger prolonged grief disorder and depressive symptoms.

September 2025

37

Physiological impact on Mental health

- ▶ Dementia (Alzheimer's, Lewy Body, Vascular Dementia) Can Lead to depression, anxiety, and agitation.
- ▶ Parkinson's Disease – Associated with depression, anxiety, and cognitive changes.
- ▶ Stroke – Can result in post-stroke depression (PSD), mood instability, and personality changes.
- ▶ Epilepsy – Increased risk of mood disorders and cognitive impairment.

September 2025

38

Physiological impact on Mental health

- ▶ Heart Disease – Reduces blood flow to the brain, leading to depression and anxiety.
- ▶ Hypertension – Increases the risk of dementia and depression.
- ▶ Peripheral Artery Disease (PAD) – Chronic pain and limited mobility contribute to depression.

September 2025

39

Physiological impact on Mental health

- ▶ Diabetes – Blood sugar fluctuations lead to mood swings, depression, and anxiety.
 - People with diabetes are **2-3 times more likely** to develop depression.
 - Depression, in turn, makes diabetes management harder, leading to a vicious cycle.
- ▶ Thyroid Disorders – Can cause depression, anxiety, and cognitive changes.
 - Thyroid dysfunction alters key brain chemicals: **Serotonin** (mood regulation) → Linked to depression.
 - **Dopamine** (motivation, pleasure) → Linked to apathy and fatigue.
 - **GABA** (calming neurotransmitter) → Imbalance can lead to anxiety and sleep problems.
- ▶ Vitamin Deficiencies (B12, Folate, Vitamin D) – May result in memory loss and mood disturbances.

September 2025

40

Physiological impact on Mental health

- ▶ COPD – Linked to anxiety and depression due to breathing difficulties.
- ▶ Sleep Apnea – Disrupted sleep can cause cognitive decline and irritability.

September 2025

41

Physiological impact on Mental health

- ▶ Arthritis – Pain and reduced mobility can lead to depression and social withdrawal.
- ▶ Fibromyalgia – Commonly co-occurs with depression and sleep disturbances.
- ▶ Chronic Back Pain – Contributes to mood disorders and decreased quality of life.

September 2025

42

Physiological impact on Mental health

- ▶ Lupus – Can cause depression, anxiety, and cognitive issues.
 - Between 15 and 60 percent of people with a chronic illness will experience clinical depression.
 - Some of the medicines to treat lupus—especially corticosteroids such as prednisone (and at higher doses of 20 mg or more)—play a role in causing clinical depression.
- ▶ Multiple Sclerosis – Often linked to depression, cognitive impairment, and mood changes.

September 2025

Substance Use & Polypharmacy

43

- ▶ Alcohol or Medication Misuse – Can cause depression, anxiety, and cognitive decline.
- ▶ Polypharmacy – Drug interactions can result in confusion, mood swings, and depression.

September 2025

Evaluating Depression in Older Adults

44

- ▶ - Symptoms: Sadness, withdrawal, fatigue, sleep disturbances.
- **Sadness:** - Persistent feelings of sadness or hopelessness are hallmark symptoms of depression.
- **Withdrawal:** Older adults may withdraw from social activities and lose interest in hobbies they once enjoyed.
- **Fatigue:** Chronic fatigue or a decrease in energy levels is commonly reported.
- **Sleep Disturbances:** This can manifest as insomnia, oversleeping, or disrupted sleep patterns.
- ▶ - Risk Factors: Chronic illness, loss, social isolation.
- ▶ - Screening Tools: Geriatric Depression Scale (GDS), PHQ-9.

September 2025

Screening Tools:

- ▶ **Geriatric Depression Scale (GDS):** Specifically designed for older adults, the GDS is a validated screening tool that helps identify depressive symptoms in this population. [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)
- ▶ **Patient Health Questionnaire-9 (PHQ-9):** A widely used instrument that assesses the severity of depression and is applicable across various age groups, including the elderly. [aafp.org](https://www.aafp.org)

September 2025

GDS

Geriatric Depression Scale (short form)

Instructions: Circle the answer that best describes how you felt over the past week.

- | | | |
|---|-----|----|
| 1. Are you basically satisfied with your life? | yes | no |
| 2. Have you dropped many of your activities and interests? | yes | no |
| 3. Do you feel that your life is empty? | yes | no |
| 4. Do you often get bored? | yes | no |
| 5. Are you in good spirits most of the time? | yes | no |
| 6. Are you afraid that something bad is going to happen to you? | yes | no |
| 7. Do you feel happy most of the time? | yes | no |
| 8. Do you often feel helpless? | yes | no |
| 9. Do you prefer to stay at home, rather than going out and doing things? | yes | no |
| 10. Do you feel that you have more problems with memory than most? | yes | no |
| 11. Do you think it is wonderful to be alive now? | yes | no |
| 12. Do you feel worthless the way you are now? | yes | no |
| 13. Do you feel full of energy? | yes | no |
| 14. Do you feel that your situation is hopeless? | yes | no |
| 15. Do you think that most people are better off than you are? | yes | no |

Total Score _____

September 2025

PHQ-9

47

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office copies: 0 _____ + _____ + _____ = Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

September 2025

Evaluating Anxiety in Aging Adults

48

- ▶ Symptoms: Not the same as younger adults. Common Excessive worry, restlessness, irritability. It could also be Headaches, Fatigue
- ▶ Risk Factors: Declining health, medication side effects.
- ▶ Screening Tools: GAD-7, Beck Anxiety Inventory (BAI).

September 2025

49

GAD-7

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	+
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Scoring

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%) and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

September 2025

50

Cognitive Decline in Aging

- ▶ Spectrum: Normal Aging, Mild Cognitive Impairment (MCI), Dementia.
- ▶ Early Signs: Memory loss, confusion, difficulty problem-solving.
- ▶ Screening Tools: MMSE, MoCA.

September 2025

51

Evidence-Based Interventions

- ▶ 1. Psychotherapy: CBT, Reminiscence Therapy.
- ▶ 2. Pharmacological Interventions: SSRIs, anxiolytics.
- ▶ 3. Lifestyle Modifications: Exercise, social engagement, stress management.
- ▶ 4. Caregiver Support: Education, respite care.

September 2025

52

Collaborative Care Models

- ▶ Interdisciplinary Team Approach: Physicians, therapists, social workers.
- ▶ Family Involvement: Caregiver education, respite care.
- ▶ Community-Based Resources: Senior centers, transportation assistance.
- ▶ Every point of contact is important: Postal worker, caregiver, neighbors, clergy, etc.
- ▶ Communication is key

September 2025

Behavioral Health Case: Mr. John Thompson

ASSESSMENT & INTERVENTION PLAN FOR AN 82-
YEAR-OLD WITH MEMORY LOSS, ANXIETY, AND
SOCIAL WITHDRAWAL

54

Case Overview

- ▶ - Name: Mr. John Thompson, Age: 82
- ▶ - Concerns: Memory loss, social withdrawal, increased worry
- ▶ - Medical History: Hypertension, mild diabetes, osteoarthritis
- ▶ - Social History: Lives alone, limited support, history of grief after spouse's passing
- ▶ - No formal diagnosis of dementia, mild cognitive impairment suspected

September 2025

55

Assessment Plan

- ▶ Geriatric Depression Scale (GDS): Score = 8/15 (Mild-Moderate Depression)
- ▶ Montreal Cognitive Assessment (MoCA): Score = 22/30 (Mild Cognitive Impairment)

Risk Factor Evaluation:

- ▶ Medical: Chronic conditions, possible medication interactions
- ▶ Psychosocial: Isolation, grief, lack of structured activities
- ▶ Environmental: Lives alone, potential safety risks

September 2025

56

Psychosocial & Behavioral Interventions

- ▶ - Therapy: Cognitive Behavioral Therapy (CBT) for anxiety
- ▶ - Social Engagement: Encouragement to attend senior center, structured routine
- ▶ - Cognitive Stimulation: Memory exercises, technology-assisted brain training
- ▶ - Family Involvement: Increased son visits, support group participation

September 2025

Medical & Pharmacological Considerations

57

- ▶ - Comprehensive geriatric assessment to rule out reversible causes
- ▶ - Medication Review: Monitor for drug interactions and side effects
- ▶ - Possible Pharmacological Interventions:
 - ▶ - Low-dose SSRI (e.g., Sertraline 25-50mg) for anxiety if needed
 - ▶ - Cholinesterase inhibitor (e.g., Donepezil 5mg) if cognitive decline progresses

September 2025

Environmental & Safety Modifications

58

- ▶ - Home Safety Adjustments: Fall prevention, improved lighting, medication reminders
- ▶ - Emergency Alert System: Wearable device for safety
- ▶ - Caregiver Education: Family training on MCI & behavioral management

September 2025

Expected Outcomes & Monitoring Plan 59

Short-Term (1-3 Months):

- ▶ - Increased participation in structured activities
- ▶ - Reduction in anxiety through therapy

Medium-Term (3-6 Months):

- ▶ - Improved cognitive engagement, fewer signs of isolation
- ▶ - Stabilized mood with or without pharmacological intervention

Long-Term (6+ Months):

- ▶ - Delayed progression of cognitive impairment
- ▶ - Improved overall quality of life and emotional resilience

September 2025

Conclusion: A Holistic Approach to Elderly Behavioral Health 60

- ▶ - Addressing mental, emotional, physical, and social well-being is key
- ▶ - Structured routines, social connections, and non-medication interventions** are essential
- ▶ - Proactive monitoring improves quality of life and long-term outcomes

September 2025

61

Resources for Practitioners

- ▶ Organizations: NIA, Alzheimer's Association, Geriatric Mental Health Alliance.
- ▶ -Screening Tools: GDS, PHQ-9, GAD-7, MMSE, MoCA.

September 2025

62

Conclusion

- ▶ Behavioral health issues in older adults often stem from multiple co-morbidities.
- ▶ Early screening and intervention can improve quality of life.
- ▶ Healthcare providers should integrate behavioral health assessments with chronic disease management.

September 2025

63

Final Takeaways

- ▶ - Early recognition and intervention are key.
- ▶ - Collaborative care enhances overall well-being.
 - ▶ Make sure you have a comprehensive assessment via different disciplines and discussion on impact
- ▶ - Utilize available tools and resources for effective care.
 - ▶ Screening tools for cognition
 - ▶ Anecdotal information from primary care givers and clients
 - ▶ Screening tools for biomarkers and medical testing

September 2025

64

Q&A

- ▶ How to get your certificate:
- ▶ Put your e-mail in the chat
- ▶ Or send e-mail to Mark@affinialcare.com


September 2025

65

Thank you!

Mark Naghsh LMSW
President: Affinialcare
Board President CMSA NYC Chapter

Mark@affinialcare.com
917 359 9352



September 2025