

Diagnosis of Psychiatric Disorders in Older Versus Younger Patients

Valenstein M, Kales H, Mellow A, Dalack G, Figueroa S, Barry KL, Blow FC. Psychiatric diagnosis and intervention in older and younger patients in a primary care clinic: effect of a screening and diagnostic instrument. *J Am Geriatr Soc* 1998;46:1499-505.

Study Overview

Objective. To determine whether patient age is associated with psychiatric diagnosis or provider intervention in a primary care clinic and to determine whether using a validated screening and diagnostic instrument (PRIME-MD [1]) would modify any age-related differences. PRIME-MD was developed to identify mood, anxiety, somatoform, eating, and alcohol-related disorders in a primary care setting.

Design. Medical chart review.

Setting and participants. 952 patients younger than 65 years and 1135 patients older than 65 years receiving care at the general medicine clinic at the Ann Arbor Veterans Affairs Medical Center. Data from the patients' first or only visit during the study period were analyzed.

Main outcome measures. Rates of PRIME-MD use, overall psychiatric diagnosis, new psychiatric diagnosis, and provider intervention for psychiatric conditions.

Main results. No association was found between patient age and PRIME-MD use. Use of PRIME-MD increased rates of diagnosis and intervention but did not alter age-related disparities in diagnosis and treatment. Older patients were less likely to be diagnosed with a psychiatric disorder in analyses that adjusted for screening questionnaires with positive scores on 3 or more disorder categories (odds ratio [OR], 0.45; $P < 0.001$). Older patients were also less likely to receive an intervention for a psychiatric condition in analyses that adjusted for whether a psychiatric diagnosis (OR, 0.62; $P = 0.015$) or a new psychiatric diagnosis (OR, 0.36; $P < 0.001$) was made during the visit and study week.

Conclusion

Use of the PRIME-MD in primary care settings can assist in increasing the currently low rates of psychiatric diagnosis and intervention in elderly primary care patients, but it alone will not modify the disparity in psychiatric diagnosis and treatment rates between older and younger patients [2].

Commentary

Numerous studies have noted suboptimal management of elderly patients treated in primary care settings for physical health conditions such as chronic heart disease [3]. The current study suggests that perhaps a range of psychiatric disorders should be included in this story of underdiagnosis and undertreatment. Inasmuch as primary care physicians are the main providers of mental health care for the elderly, the results of this study are sobering. Subsequent studies should attempt to differentiate those disorders in which this age-related phenomenon is particularly worrisome.

This study was conducted in a Veterans Affairs facility, but its findings probably apply to most clinical settings. Studies conducted in other settings have identified barriers to the optimal identification and treatment of mental disorders in elderly patients [4].

Applications for Clinical Practice

This study underscores the fact that more effective diagnostic tools and treatments for psychiatric disorders must be developed and that their effectiveness must be evaluated and demonstrated across the spectrum of clinical cases. In particular, developers of new diagnostic and treatment modalities will have to evaluate their new technologies in the elderly more than they have done so in the past. The growing number of older Americans heightens the urgency of this issue.

References

1. Spitzer RL, Williams JB, Kroenke K, Linzer M, deGruy FV 3rd, Hahn SR, et al. Utility of a new procedure for diagnosing mental disorders in primary care. The PRIME-MD 1000 study. *JAMA* 1994;272:1749-56.
2. Katz IR. What should we do about undertreatment of late life psychiatric disorders in primary care? *J Am Geriatr Soc* 1998;46:1573-5.
3. Gurwitz JH. Suboptimal medication use in the elderly. The tip of the iceberg. *JAMA* 1994;272:316-7.
4. Rabins PV. Barriers to diagnosis and treatment of depression in elderly patients. *Am J Geriatr Psychiatry* 1996;4:S79-83.