

# Age-Friendly Health Systems: The Medical and Mental Health Connection

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The age-friendly health systems movement<sup>1</sup> promotes 4 evidence-based geriatric care principles known as the “4Ms”: What Matters, Medications, Mobility, and Mentation.<sup>2</sup> These principles reflect the shift from problem-focused care to acknowledgment of the interaction of factors that contribute to quality of life and health outcomes for older adults. Mental health professionals, including psychiatrists, psychologists, psychiatric nurse practitioners, psychiatric clinical pharmacists, licensed professional counselors, and social workers, play a critical role in treating older adults who would benefit from age-friendly care. Our case example highlights the role of the mental health clinician in implementing each component of the 4Ms.

## Case Report

Mr A is an 82-year-old man who presented to a mental health outpatient clinic after his wife expressed concerns about low motivation and activity (which was surprising as Mr A was once very adventurous and piloted small aircraft) as well as disrupted sleep and frequent irritability. Mr A recently enrolled in the Veterans Health Administration due to increasing medical concerns including hypertension, hyperlipidemia, abdominal aortic aneurysm status postendoscopic repair, and benign prostatic hypertrophy. He was also recently diagnosed with subcortical vascular cognitive impairment; imaging revealed extensive nonspecific microvascular white matter disease bilaterally with symmetrical atrophy.

**Mentation.** Within the domain of mentation, the clinician aims to identify and treat mood-related and cognitive conditions including dementia, depression, and delirium (Table 1). In our case, components existed of both cognitive decline (dementia) associated with vascular changes as well as a mood presentation that can be conceptualized as “vascular depression.”<sup>19</sup> Evidence has shown that selective serotonin reuptake inhibitor (SSRI) treatment may be beneficial in delaying progression of cognitive changes for some individuals in addition to addressing mood concerns.<sup>20</sup> A low-dose SSRI was well-tolerated by Mr A, and he reported a significant improvement in his functioning, including his willingness to go on daily walks.

**Mobility.** The ability to engage in physical activity via adequate gait and balance while avoiding falls promotes vascular health as well as mood improvements (see Table 1). A multisite study<sup>21</sup> of nearly 800 older adults using accelerometry data demonstrated that a 10% increase in physical activity was associated with significantly improved mood symptoms. For Mr A, encouraging physical activity could help manage his subcortical vascular condition.

**Medications.** The nature of cognitive changes in the context of subcortical ischemic disease includes difficulties with executive function (planning and estimating consequences of actions) and motivation, which can influence medication management and health monitoring (see Table 1). In Mr A’s case, this includes medication management and refills as well as self-monitoring blood glucose and blood pressure. Furthermore, potential adverse effects of medications (both prescribed and over the counter) with older adults should be

monitored closely, including medications that may diminish cognitive functioning (see Table 1).<sup>12</sup>

**What Matters.** Individuals with vascular-related cognitive decline face barriers in establishing feasible and safe priorities in health care and lifestyle management. Clinicians should identify what matters most to their patients and connect these values to specific and appropriate actions that impact well-being (see Table 1). A clinician could discuss values that underly Mr A’s love of aviation (adventure, freedom, and mastery) and identify feasible activities that reflect these qualities (eg, taking a cruise and watching planes come and go at a local airport). Considering patient preferences and values can also lead to discussions around advance care planning.

## Conclusion

The age-friendly health systems movement is redesigning health care in all settings—from outpatient to inpatient to long-term services—to proactively care for older adults and align health care service delivery with personal wellness goals and values.<sup>2</sup> Thus, it is imperative that mental health clinicians not only incorporate the 4Ms into their care but also consider their role as change agents within their clinics and health care settings in spreading these practices.

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Table 1.  
Overview of 4Ms: Mentation, Medications, Mobility, and What Matters

Domain	Purpose	Assessment measures and description	Suggested interventions and plan
<b>Mentation (cognition)</b>	<ul style="list-style-type: none"><li>Evaluate and address cognitive concerns including mild cognitive impairment, Alzheimer disease and related dementias, and delirium</li></ul>	<p>Use brief cognitive assessments:</p> <ul style="list-style-type: none"><li>Montreal Cognitive Assessment<sup>1</sup></li><li>Saint Louis University Mental Status Examination<sup>5</sup></li><li>Mini-Cog<sup>6</sup></li><li>Montreal Cognitive Assessment–blind/telephone<sup>7</sup></li><li>Blessed-Orientation-Memory-Concentration<sup>8</sup></li></ul> <p>Review available laboratory test results and head imaging</p>	<ul style="list-style-type: none"><li>Interpret findings from brief cognitive assessment and consider need to request further cognitive testing from a neuropsychologist</li><li>Order laboratory tests to rule out potential reversible causes of impairment and imaging</li><li>Provide lifestyle recommendations to reduce risk of progression of vascular disease</li></ul>
<b>Mentation (mood)</b>	<ul style="list-style-type: none"><li>Assess and intervene for depression and other mood disorders</li><li>Look for potential interactions between cognitive and mood domains (eg, cognitive decline interfering with daily functioning, perpetuating isolation and depression)</li><li>Respond to potential increased suicide risk following a new dementia diagnosis with assessment and safety interventions, especially for early-onset cases and patients with an existing psychiatric condition<sup>3</sup></li></ul>	<p>Use mood assessments validated in older adult samples:</p> <ul style="list-style-type: none"><li>Geriatric Depression Scale<sup>9</sup> 30-item and 15-item versions</li><li>Consider patients with cognitive impairment may have difficulty completing the 9-item Patient Health Questionnaire or other measures often used in clinical settings due to multiple choice response scale<sup>10</sup></li><li>Use suicide assessment tools such as the Columbia Suicide Severity Rating Scale<sup>11</sup></li></ul>	<ul style="list-style-type: none"><li>Use antidepressants in conjunction with psychotherapy</li><li>Emphasize opportunities to improve day-to-day function</li><li>Refer for psychotherapy, including problem adaptation therapy<sup>15</sup> (also see what matters)</li></ul>
<b>Medications</b>	<ul style="list-style-type: none"><li>Consider how the medications a patient uses, including side effects and interactions, can impact cognition, functioning, and overall quality of life</li></ul>	<ul style="list-style-type: none"><li>Conduct a medication review and identify medications with potential adverse effects, including worsened cognition (eg, American Geriatrics Society Beers' criteria for potentially inappropriate medication use in older adults<sup>12</sup>)</li></ul>	<ul style="list-style-type: none"><li>Recommend medication changes and collaborate with medication prescriber to consider deprescribing or dose changes</li><li>Encourage home-based medication management support (eg, caregiver assistance, pill boxes, medication reminder systems, and home health services)</li></ul>
<b>Mobility</b>	<ul style="list-style-type: none"><li>Support patients in navigating their world so they can participate in meaningful routines and activities</li><li>Empower patients to maintain safe and sustainable physical activity</li></ul>	<ul style="list-style-type: none"><li>Use brief assessments such as the timed Get-Up-and-Go<sup>13</sup> test</li><li>Ask about current physical activity and any recent falls</li><li>Referral for evaluation (physical therapy)</li></ul>	<ul style="list-style-type: none"><li>Referrals to target mobility or balance problems or encouragement of increasing ambulation using a pedometer</li><li>Consider programs such as Silver Sneakers where physical activity is combined with social engagement</li><li>Recommend tai chi or yoga classes per observed positive effects of tai chi on cognitive performance<sup>16</sup></li></ul>
<b>What matters</b>	<ul style="list-style-type: none"><li>Explore the values, worldviews, and sources of meaning that matter most to each individual and influence their choices</li><li>Promote patient autonomy while also considering factors that may influence insight (eg, cognitive changes, alexithymia)</li><li>Support patients in making informed, values-based decisions about advance care planning</li></ul>	<ul style="list-style-type: none"><li>Converse about core themes within an individual's life story</li><li>Ask about what activities give them fulfillment</li><li>Use the what matters most structured tool<sup>14</sup></li><li>Use questions from the Patient Priorities Care initiative (<a href="https://patientprioritiescare.org">https://patientprioritiescare.org</a>)</li></ul>	<ul style="list-style-type: none"><li>Incorporate what matters into the treatment plan</li><li>Discuss advance care preferences with patients and family members, including medical directives, do-not-resuscitate orders, and medical power of attorney</li><li>Refer to values-based psychotherapy and behavioral approaches such as acceptance and commitment therapy<sup>17</sup> or behavioral activation<sup>18</sup></li></ul>

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