

**The Role of Geriatric Psychiatry  
in Medical Education**

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The citizens of Hawaii currently enjoy an average life span of about 79 years, about 3 years longer than the mainland counterpart. In 1990, 11.2% of the state population was elderly. This percentage is expected to increase to 18.5% by the year 2020. Individuals over 85 years are the fastest growing cohort with a projected tripling of current numbers by the year 2020.<sup>1</sup> Many elderly have mental health problems. It has been estimated that 15-25% of the elderly have psychiatric disorders with the proportion increasing to 40-50% for hospitalized elderly.<sup>2</sup> Unfortunately, despite the ever increasing geriatric population and need for services, relatively few psychiatrists in Hawaii have been interested in working with this population. Nationally there has been a shortage of psychiatrists with geriatric expertise. Prior to 1978 there was only one training program in geriatric psychiatry. By 1995 there were 40 Accreditation Council for Graduate Medical Education (ACGME)-approved residencies. Psychiatrists are eligible for geriatric training after completion of a four-year general adult psychiatric residency. The first examination for added qualifications in geriatric psychiatry was given by the American Board of Psychiatry and Neurology (ABPN) in 1991. By 1996 there were 1200 psychiatrists who had passed this examination.<sup>3</sup> However, in Hawaii, there were only seven psychiatrists as of 1996 who had attained a certificate for added qualifications in geriatric psychiatry.<sup>4</sup> Since most of these psychiatrists practiced in a university or federal system, there was a great need for geriatric services in the community. As a result, a geriatric psychiatry training program was created which would fulfill this critical shortage area for Hawaii and the Pacific Basin.

The John A. Burns School of Medicine (JABSOM) geriatric psychiatry residency involves one year of sub-specialty training. It is a part of the Department of Psychiatry which includes adult, child and adolescent psychiatry. The supervisors are JABSOM geriatric psychiatrists who see patients with the residents at a number of sites including Hawaii State Hospital, Queen's Medical Center, Geriatric and Family Consultation Service (GFCS) and Hale Pulama Mau at Kuakini Medical Center, Veter-

ans Administration (VA) Clinics, PACE-Maluhia (an adult day hospital), community agencies and various nursing homes in Hawaii. The Department of Health (DOH) and the VA provide funding for the training positions. The JABSOM geriatric psychiatry training program started in July of 1996 with two graduates from the JABSOM psychiatry residency.

Compared with younger patients, older individuals have a significantly higher percentage of cognitive disorders such as Alzheimer and vascular dementia. Such cognitive disorders can directly or indirectly lead to treatable psychiatric syndromes. Depressive disorders which are also common typically respond well to various therapies. Unfortunately, many health care providers do not recognize such psychiatric disorders, a problem which is aggravated by the overlap and co-morbidity with medical illness. In fact, in the elderly the dichotomy of physical versus mental illness is an artificial and impractical boundary for many conditions such as dementia and delirium. Other clinicians may recognize the psychiatric symptoms but falsely claim that it is the "natural course" of aging or that the patient is "understandably depressed" and not treat a treatable illness. It is especially important for a primary care physician to be aware of psychiatric illness in the elderly because most mentally ill elderly first present to a primary care physician rather than a psychiatrist. Thus, geriatric psychiatry has an important role in addressing the mental health needs of the elderly through recognition and appropriate treatment of illness.

Issues in geriatric psychiatry often overlap with geriatric medicine, neurology, adult psychiatry and neuropsychology. The geriatric psychiatry residency was designed to maximize the interface with geriatric medicine and related disciplines. There has been a particularly close and collaborative relationship with the geriatric medicine training program headed by Dr. Patricia Blanchette. The geriatric psychiatry training program works together with geriatric medicine faculty and trainees at Hawaii State Hospital, Kuakini Medical Center, VA, Queen's Medical Center and PACE-Maluhia. For example at Queen's Medical Center, both geriatric medicine and geriatric psychiatry are involved in providing consultation to the medical/surgical units. Liaison meetings are held weekly to discuss cases as well as mutually interesting topics. In addition to geriatric medicine, there is also extensive teaching, consultation and liaison work with general psychiatry, neurology and neuropsychology.

The geriatric psychiatry faculty also teach various physicians and other health care providers in the medical school and the commu-

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nity. An example is the Geriatric Education Series at Kuakini Medical Center. Residents in family practice and internal medicine have had some elective time in geriatric psychiatry. An elective in geriatric psychiatry is available for medical students. There has even been some training to law students at the University of Hawaii William S. Richardson School of Law regarding advanced directives and assessment of decisional capacity of health care needs. The geriatric psychiatry trainees themselves are involved in both formal and informal teaching of geriatric psychiatry in various settings to residents, medical students and other health care personnel. The didactics for the course involves selected topics in geriatric medi-

cine, geriatric psychiatry, neuropsychology, community psychiatry, and neurology taught by JABSOM faculty and community gerontologists.

Although research is not a specific requirement of the training program, the residents are given protected time for research and encouraged to pursue interests. The faculty are involved in some collaborative research projects with geriatric medicine and neuropsychology. Already, the faculty have presented at national meetings including the American Psychiatric Association (APA) and the American Association for Geriatric Psychiatry (AAGP). With the clinical and teaching base established at this point, it is hoped that research will gain further importance in geriatric psychiatry.

The geriatric medicine program started in 1986 and by 1995 had graduated 18 new geriatricians.<sup>5</sup> In June of 1997 the first two geriatric psychiatry residents graduated from the program. Hopefully, this new geriatric psychiatry training program will be able to provide sufficient numbers of future clinicians, teachers and researchers for the state of Hawaii and the Pacific Basin.

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