

## COMMITTEE MEETING MINUTES

**COMMITTEE:** Aging Issues Committee (AIC)

**DATE:** January 10, 2022

**LOCATION:** Zoom

### **COMMITTEE MEMBERS PRESENT:**

Drs. Kenneth Dellefield, Cynthia Cotter, Denee Lougeay, Andrea Karp, Bruce Sachs, Hugh Pates, Katherine Quinn, Diana Pickett, and Katherine DiFrancesca.

### **COMMITTEE MEMBERS ABSENT:**

Drs. Alanis, Coburn, Townes, Karst, DiCicco, Barry, Halliday, Frazao, Cosmetis, Manson and Stanger.

### **PROCEEDINGS:**

The minutes from the prior Board meeting dated 12/13/21 had been distributed prior to the meeting and a reading was dispensed with. A motion to approve the minutes was made and approved.

### **INTRODUCTION/ADMINISTRATION**

There were no new administrative issues to report.

### **NEW COMMITTEE ATTENDEES AND AGING INTERESTS**

Dr. DiFrancesca introduced herself. When asked why she was interested in participating in the AIC, she replied "Because I have aged!" Dr. DiFrancesca said she is not active currently in SDPA, however, she has a history of involvement (Past President, Fellow, Distinguished Contribution to Psychology Award – 2019). After retiring from her practice she was coaxed to return to supervise doctoral students at Veterans Village of San Diego and really enjoyed it. She is now fully retired.

Dr. Pickett introduced herself. Her comment when asked for her interest in aging was "This is real...aging!" She said she is now beginning to identify with her OA clients "Where my mind goes...my body no longer follows!" Over 25% of Dr. Pickett's clients are over the age of 70 and her oldest is over 100. Most of her referrals come from Psychology Today where she lists as taking Medicare.

## DID YOU KNOW?

Dr. Cotter made the DYK presentation expanding on the most recent AIC article in the SDPA Office E-News *How to Think About Cognitive Decline in an OA Client*. She discussed several examples in which misdiagnoses of cognitive behavior change might produce very poor results for the clients. One involves the situation where a client with dementia with Lewy bodies (DLB) is not correctly diagnosed and is then prescribed an atypical antipsychotic. Atypical antipsychotics can be lethal for individuals with DLB. Another example is where an individual with frontotemporal dementia, behavior variant (FTDbv) is misdiagnosed with late onset psychiatric disorder and is prescribed mood stabilizers or other psychiatric medications that is not helpful for these patients. Individuals with FTDbv experience serious decline in behavior that causes havoc for the family and requires a good deal of care in the home. Another example is when an OA client with a psychotic depression due to personal sudden losses is misdiagnosed as demented and is treated with antipsychotics that produce delirium causing the client to be improperly placed in a dementia locked ward. The emphasis of the presentation was on the importance of proper diagnosis of change in cognitive behavior in OAs.

## CASE PRESENTATION

Dr. Dellefield briefly presented the profiles of several of his OA clients who will need to be referred to other psychologists when he retires in June. He again articulated his wish to develop a list of psychologists with expertise/experience working with OAs.

Dr. Sachs presented the case of an 85 year-old woman with history of dysthymia, generalized anxiety and borderline personality disorder. He has been seeing her for around four years. In the past year, the client has suffered cognitive behavioral declines that became particularly bad in the past six months. As a result, she had a number of psychiatric hospitalizations. She currently displays periodic losses of orientation, memory and ability to perform common tasks. She complains that she does not know what to do and sometimes that she does not recognize familiar places like her home. She underwent brain scans that purportedly ruled out seizure or stroke. Dr. Sachs was very concerned that her case has not been managed by any particular professional. She is passed from one specialist to another and has been placed on multiple medications. She is now in a Board and Care awaiting neurological workup. An interesting discussion was had by Committee members about how hard it is to find a place today where OAs can be evaluated by a multi-disciplinary geriatric team that coordinates development of diagnosis and treatment.

## AIC PROGRAMS

The Committee discussed the following programs in progress.

SDPA Office E-News/Website

The Co-chairs continue to solicit volunteers to write articles for the SDPA Office E-News and to present DYKs and case presentations at meetings. Dr. Cotter presented a status report on the Age in Action project. She has been in conversation with Dave DiCicco who has agreed to be the editor of the publication. She is working to set up a website [ageinaction.org](http://ageinaction.org) using the software WordPress that had been recommended. The possibility of monetizing the website was discussed. Dr. Cotter mentioned that she had been in conversation with SDPA attorney David Leatherberry on this issue and she will report back to the Committee.

There being no further business to come before the meeting, the meeting was adjourned.

The next AIC Committee Meeting is scheduled for Monday, February 7, 2022 at 5:00 PM on Zoom. It was necessary to move the meeting up a week as the regular meeting date would have fallen on Valentine's Day and the subsequent week was President's Day.

Respectfully submitted,

Cynthia A. Cotter, Ph.D.  
AIC Co-Chair