

Preface

Evidence-Based Geriatric Psychiatry



Stephen J. Bartels, MD, MS
Guest Editor

In 2003, the President's New Freedom Commission on Mental Health directed clinicians and systems to adopt evidence-based practices across the life span as one of the most important steps to fixing a mental health system judged to be "in shambles." Previous issues of the *Psychiatric Clinics of North America* have been dedicated to describing the practice of evidence-based psychiatry for children and adults. To date, however, the field of geriatric psychiatry has been neglected in initiatives aimed at identifying and implementing evidence-based practices (EBPs). Skeptics have suggested that evidence for effective geriatric mental health practices is sparse, and recommendations for an initiative to implement EBPs for older adults is premature. Like many opinions voiced by experts, this is a testable hypothesis that can be addressed by a critical appraisal of the empirical evidence. In this issue of the *Psychiatric Clinics of North America*, the contributing authors have asked and answered the question, "Is there a substantial evidence base supporting effective practices and programs for mental health disorders affecting older adults?"

This issue takes the first step toward improving mental health services for older adults by providing a critical overview of geriatric EBPs. We begin with a general overview that provides working definitions of evidence-based medicine and evidence-based practices and describes principles used in evaluating scientific evidence. We also justify the need for a treatment literature that is specific to older adults and provide an overview of the practice of evidence-based geriatric psychiatry. Next, systematic reviews evaluate the effectiveness of interventions for a variety of mental health disorders. First,

several reviews consider geriatric depression and the evidence base for prevention, psychosocial interventions, and pharmacologic treatments. These articles are followed by a series of systematic reviews appraising the evidence for treatments of geriatric bipolar disorder, geriatric anxiety disorder, late-life substance use disorders, schizophrenia in older adults, and psychosis associated with dementia and Parkinson's disease. The next set of articles considers evidence-based practices related to specific settings or models of care. This group of articles begins with an evidence-based review of treatments for psychiatric disorders in nursing homes, followed by a review of caregiver support interventions, home and community-based care, and integrated mental health services for older adults in primary care. The final article in this issue ties together the process of bridging science and services by describing a case history of developing, testing, and disseminating an evidence-based geriatric mental health intervention based on the IMPACT model of depression care management in primary care.

This issue is well-timed to respond to several major recent events. First, many mental health providers and consumers have become aware of the importance of evidence-based medicine in improving the quality of mental health care. Second, states and mental health organizations are engaged in strategic planning, in response to the Commission's directive to transform services by implementing evidence-based practices. For example, the State of Oregon has passed a statute requiring that 75% of state-supported mental health services consist of EBPs by the year 2009. Third, federal funding has been allocated to technical assistance to support dissemination of evidence-based practices for older adults with mental health and substance use disorders. Fourth, the White House Conference on Aging will convene this year to develop national policy recommendations aimed at addressing the needs of older Americans over the coming decade. Mental health and aging has been identified as a priority topic in a series of preconference forums.

Finally, the timing of this issue marks the end of an extraordinary era of accomplishment and leadership for aging research at the National Institute of Mental Health (NIMH). After almost three decades as Chief for Geriatric Research, Dr. Barry Lebowitz departed this year from the NIMH to return to academic life as Professor of Psychiatry at the University of California at San Diego. Much of the field of geriatric psychiatry and psychology owes a debt of gratitude for his tireless advocacy, enthusiasm, critical advice, and skillful mentoring. Many of the studies and content areas represented in this issue were developed, implemented, and completed under his watchful eye and sponsorship. As demonstrated by the articles in this issue, the field of geriatric psychiatry and mental health services has matured and flourished during his tenure. The senior authors requested that this collection of research reviews be introduced with an appreciation of Dr. Lebowitz's invaluable contributions to the field. In a fitting recognition of the legacy of the Lebowitz era, this issue delivers a clear response to the skeptic's

question, “Is there a substantial evidence-base supporting effective practices and programs for mental health disorders affecting older adults?”

Stephen J. Bartels, MD, MS
*New Hampshire Dartmouth Psychiatric Research Center
2 Whipple Place, Suite 202
Lebanon, NH 03766, USA*

E-mail address: sbartels@dartmouth.edu