NCLEX · 2026 TEST PLAN · HIGH-YIELD REVIEW

# Older Adult *Psych* & Mental Health

Geropsychiatric nursing essentials — the 3 D's, suicide risk, dementia care, Beers Criteria, and the priority calls that separate a pass from a fail.

GEROPSYCH | MENTAL HEALTH | PRIORITY · SAFETY · PHARM

## 1 Overview & Why It Matters

DEFINITION

- **Mental health issues in adults 65+.** Aging ≠ mental illness — most older adults stay cognitively intact.
- Most common presentations: **Depression, Dementia, Delirium (the 3 D's)**. They look alike and are frequently misdiagnosed.
- Older adults have the **highest completed suicide rate** of any age group in the U.S. — often missed because they present with *somatic* complaints instead of sadness.
- Polypharmacy + slower hepatic/renal clearance = **every psych drug hits harder and lasts longer.**

**#1**
SUICIDE RISK
WHITE MALES 75+

**3 D's**
DELIRIUM · DEMENTIA · DEPRESSION

**50%**
OLDER ADULTS TAKE 5+ MEDS

**Rx**
"START LOW · GO SLOW"

## 2 Pathophysiology — Simplified

MECHANISM

**Aging Brain**
Neuron loss, brain atrophy, ↓ processing speed

→

**↓ Neurotransmitters**
ACh ↓ · Serotonin ↓ · Dopamine ↓

→

**Polypharmacy**
Altered metabolism, drug-drug hits

→

**Psych Illness Emerges**
Depression · Cognitive disorders · Anxiety

**Big idea →** Losses stack up: spouse, independence, function, sensory input (hearing/vision), and chronic illness. Layer that on a vulnerable aging brain with altered pharmacokinetics, and **small triggers (UTI, new med, dehydration) can crash cognition almost overnight.**

# 3 Signs & Symptoms — The 3 D's

DIFFERENTIATE

| FEATURE | DELIRIUM | DEMENTIA | DEPRESSION |
|---|---|---|---|
| Onset | ACUTE (hours–days) | Insidious (months–years) | Weeks–months |
| Course | Fluctuates hourly — worse at night | Steady, progressive decline | Persistent; worse in AM |
| Duration | Hours to weeks | Years | Months to years |
| Consciousness | Altered / clouded | Clear until late stage | Clear |
| Attention | Severely impaired | Usually intact early | May be decreased |
| Memory | Recent & immediate impaired | Recent memory lost first | Selective / "I don't know" |
| Speech | Incoherent, rambling | Word-finding difficulty | Slow, monotone |
| Hallucinations | Common (often visual) | Possible, late stage | Rare (unless psychotic) |
| Reversible? | YES — medical emergency | NO (manage, don't cure) | YES — with treatment |
| Top causes | Infection (UTI!), meds, dehydration, hypoxia, pain | Alzheimer's, vascular, Lewy body, frontotemporal | Loss, illness, isolation, meds |

## RED FLAGS — Escalate Immediately

- **Sudden confusion** in a previously oriented older adult → *delirium until proven otherwise* (workup for UTI, hypoxia, new med, electrolytes).
- **Suicidal statements** — even vague ("I'm tired of being a burden"). Older adults give fewer warnings; *take every hint seriously.*
- **Sundowning** — agitation/confusion late afternoon–evening in dementia. Cue the environment, don't sedate first.
- **Weight loss, poor hygiene, unexplained bruises, cowering around a caregiver** → screen for *elder abuse / neglect.*
- **Hypoactive delirium** (quiet, withdrawn, "pleasantly confused") is the one NCLEX tests — it's *easily missed* and has higher mortality than hyperactive.

# 4 Priority Nursing Interventions

ABCS · SAFETY

**Priority order:** Airway/Breathing/Circulation → Safety → Reversible causes → Comfort & orientation → Family/education.

A B C

## 🩺 Acute Confusion / Delirium

- **Assess** $O_2$ sat, vitals, glucose, hydration FIRST.
- **Obtain** UA — UTI is the #1 reversible cause.
- **Review** med list for new anticholinergics, opioids, benzos.
- **Reorient** frequently; clock, calendar, windows with daylight.
- **Keep** glasses & hearing aids on — sensory deprivation worsens it.

## 🧠 Dementia Care

- Use **validation therapy**, not reality orientation (don't argue "your mom died in 1982").
- **Redirect** and **simplify** — one-step instructions, short sentences, face-to-face.
- Consistent routine & caregivers; limit choices ("blue or green shirt?").
- For **sundowning**: ↑ daytime light, reduce evening stimulation, calm music, avoid naps late.

## 🛡️ Safety First

- **Fall precautions:** bed low, call light in reach, non-skid socks, clear pathway.
- **Wandering:** door alarms, ID bracelet, enclosed outdoor space — *not* restraints.
- **Suicidal pt:** 1:1 observation, remove means, contract for safety is NOT enough alone.
- Restraints = **last resort**, with order, documented q2h assessment.

## 💙 Depression & Suicide Screening

- Use the **Geriatric Depression Scale (GDS)** — validated for 65+.
- **Ask directly** about suicide: "Are you thinking of hurting yourself?" — asking doesn't plant the idea.
- Highest risk: *white male, 75+, widowed, chronic pain, alcohol, access to firearm.*
- Monitor first **2–4 weeks** of SSRI start — energy returns before mood lifts = danger window.
- **Report suspected elder abuse** (mandatory reporter — Adult Protective Services).

# 5 Pharmacology

START LOW · GO SLOW

## SSRIs

DEPRESSION · FIRST-LINE IN ELDERLY

*Sertraline · Escitalopram · Citalopram (max 20 mg in elderly — QT risk)*

**MECHANISM**
Blocks serotonin reuptake → ↑ synaptic serotonin.

**KEY SIDE EFFECTS**
GI upset, insomnia, **hyponatremia (SIADH)**, ↑ fall & bleed risk, sexual dysfunction.

**NURSING**
Takes **4–6 weeks** for full effect. Watch suicidal ideation weeks 1–4. Never stop abruptly.

## Cholinesterase Inhibitors

MILD–MODERATE ALZHEIMER'S

*Donepezil (Aricept) · Rivastigmine · Galantamine*

**MECHANISM**
Block acetylcholinesterase → ↑ ACh at synapse → slows cognitive decline.

**KEY SIDE EFFECTS**
N/V/D, weight loss, **bradycardia & syncope**, vivid dreams.

**NURSING**
Give with food. Monitor HR & weight. Does *not* cure — slows progression.

## Memantine

MODERATE–SEVERE ALZHEIMER'S

*Namenda · often combined with donepezil*

**MECHANISM**
NMDA receptor antagonist → blocks excess glutamate → protects neurons.

**KEY SIDE EFFECTS**
Dizziness, headache, confusion, constipation.

**NURSING**
Titrate slowly. Renal dose adjust. Safer in cardiac pts than donepezil.

## Antipsychotics (use cautiously)

SEVERE AGITATION / PSYCHOSIS IN DEMENTIA

*Risperidone · Quetiapine · Haloperidol (acute delirium only)*

**MECHANISM**
Dopamine $D_2$ blockade (± 5–$HT_2A$).

**KEY SIDE EFFECTS**
**BLACK BOX:** ↑ mortality & stroke in dementia pts. EPS, QT prolongation, sedation, falls.

**NURSING**
Use lowest effective dose, shortest time. *Never* routine for sundowning.

## ✕ Benzodiazepines

BEERS CRITERIA — AVOID

*Lorazepam · Alprazolam · Diazepam · Temazepam*

**WHY AVOID**
**Paradoxical agitation**, ↑ falls & fractures, confusion, dependence, accumulation (esp. long-acting).

**EXCEPTION**
Acute alcohol withdrawal, seizures, procedural sedation.

## ✕ Anticholinergics

BEERS CRITERIA — AVOID

*Diphenhydramine (Benadryl) · TCAs (amitriptyline) · Oxybutynin · Promethazine*

**WHY AVOID**
"Can't see, can't pee, can't spit, can't sh*t" → **confusion, urinary retention, constipation, dry mouth, falls, tachycardia.**

**TEACH**
No OTC sleep aids — most contain diphenhydramine. Use melatonin or sleep hygiene instead.

**BEERS CRITERIA →** Evidence-based list of meds potentially inappropriate in adults ≥65. Always cross-check psych meds against it.

## 6 NCLEX Test Traps

🟫 DON'T FALL FOR IT

⚠ **Sudden confusion ≠ dementia**
~~"Pt has Alzheimer's now"~~ → Delirium. Work up UTI, hypoxia, meds, glucose FIRST.

⚠ **Who is the highest suicide risk?**
Not the tearful young woman — it's the **quiet older white male who just lost his wife.** Older adults use more lethal means and give fewer warnings.

⚠ **Dementia pt says "I want my mother"**
~~"Your mother died 30 years ago"~~ → "Tell me about your mother." VALIDATE, then REDIRECT.

⚠ **Agitation in elderly — first action?**
~~Lorazepam PRN~~ → Assess for pain, full bladder, hunger, infection, environment FIRST.

⚠ **Depression hiding as dementia**
**"Pseudodementia"** — elderly with depression answer "I don't know." Complain of memory loss. **Treating depression restores cognition.**

⚠ **SSRI + elderly = watch sodium**
New confusion or seizure 1–2 weeks after starting an SSRI? → **Check $Na^+$ (SIADH / hyponatremia).**

⚠ **"Pleasantly confused" is still delirium**
**Hypoactive delirium** (quiet, withdrawn, sleepy) has the **highest mortality** and is the one NCLEX hides in stems.

⚠ **Benadryl for sleep in a 78-yo**
~~Safe OTC choice~~ → Anticholinergic → confusion + fall. **Teach sleep hygiene, melatonin, consult provider.**

## 7 Patient & Family Education

🟦 TEACH BACK

### 👨‍👩‍👧 Family of Dementia Patient

- Dementia is **progressive**; plan for safety needs (stove locks, GPS tracker, door alarms).
- Communicate **face-to-face**, one idea at a time. Lower pitch (not volume) if hearing loss.
- Keep a **consistent routine**; familiar objects & photos soothe.
- Validate feelings; don't quiz ("who am I?") — it causes distress.
- **Respite care & caregiver support groups** prevent burnout.
- Know how to report elder abuse: local **Adult Protective Services (APS)**.

### 💊 Patient — Medication & Lifestyle

- **One pharmacy** — catches interactions. Bring a **brown-bag** med review to every visit.
- Use a weekly pill organizer; never borrow meds from others.
- **Never stop antidepressants abruptly** — discontinuation syndrome (flu-like, dizzy, "brain zaps").
- Rise slowly (orthostatic hypotension); stay hydrated.
- Stay socially engaged — **isolation worsens depression and cognition**. Senior centers, phone check-ins, faith community, volunteer work.
- Advance directives & POA while cognitively intact.

# 8 Memory Boosters

MNEMONICS

## I WATCH DEATH
CAUSES OF DELIRIUM

- **I** Infection (UTI, pneumonia, sepsis)
- **W** Withdrawal (alcohol, benzos)
- **A** Acute metabolic ($Na^+$, glucose)
- **T** Trauma / head injury
- **C** CNS pathology (stroke, tumor)
- **H** Hypoxia
- **D** Deficiencies (B12, thiamine)
- **E** Endocrine (thyroid, adrenal)
- **A** Acute vascular
- **T** Toxins / drugs (anticholinergics!)
- **H** Heavy metals

## SAD PERSONS
SUICIDE RISK ASSESSMENT

- **S** Sex (male ↑ risk)
- **A** Age (elderly ↑ risk)
- **D** Depression
- **P** Previous attempt
- **E** Ethanol / substance abuse
- **R** Rational thought loss
- **S** Social support lacking
- **O** Organized plan
- **N** No spouse (widowed/divorced)
- **S** Sickness (chronic/terminal)

## SIG E CAPS
DEPRESSION SYMPTOMS (DSM)

- **S** Sleep ↑/↓
- **I** Interest loss (anhedonia)
- **G** Guilt / worthlessness
- **E** Energy ↓ (fatigue)
- **C** Concentration ↓
- **A** Appetite ↑/↓
- **P** Psychomotor ↑/↓
- **S** Suicidal ideation

QUICK-RECOGNIZE

***"Delirium is a DEADLINE."***

**Delirium** = acute, reversible, *medical emergency*. Find the cause NOW.

***"Dementia is a DECADE."***

**Dementia** = slow, chronic, progressive. Manage, don't cure.

***"Depression is a DISGUISE."***

**Depression** in elderly hides as somatic complaints & "I don't know" answers — *pseudodementia*.

PHARM PATTERN

***"Start Low, Go Slow."***

All psych meds in elderly: begin at half the adult dose, titrate slowly. Slower liver + slower kidneys = higher levels.

***"Can't see, pee, spit, sh*t."***

Anticholinergic toxicity — one of the easiest NCLEX picks. Add **"and can't think"** for elderly.

COMMUNICATION RULE

***"Validate, don't correlate."***

With dementia patients, **validate the feeling**, redirect the behavior. Never argue the timeline or quiz recognition.

***"Ask the hard question."***

Directly asking about suicide **does NOT** plant the idea — it opens the door and saves lives.