“What a Cute Little Old Lady!”
Ageism in Mental Healthcare

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Psychiatry in Primary Care: Meeting the Needs of Senior Patients
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Disclosures

I have no financial disclosures to report.

I have been known to say something that could be considered ageist.
Learning Objectives

• Discuss the prevalence and impact of negative attitudes about aging.

• Identify three ways that negative bias towards aging presents in society, in healthcare settings, and in medical education.

• Describe ways that negative attitudes about aging affect patient care.

• Discuss approaches to combating ageism.
Ageism in Society
Ageism Defined

- Coined by Robert N. Butler in 1969¹
  - Prejudicial attitudes towards older people, old age, and aging
  - Discriminatory practice against older people
  - Institutional practices and policies that perpetuate stereotypes about older people

¹Butler, *The Gerontologist*, 1969
In other words...

“Ageism reflects a deep-seated uneasiness on the part of the young and middle-aged...

...a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, ‘uselessness,’ and death.”

-Robert N. Butler, MD
“Benevolent” Ageism

• Stereotypes of older adults that may seem “positive”
  – Beloved grandparent
  – Kind, sweet
  – Innocent
  – Fragile, in need of help or protection

• Seeing older adults as warm but incompetent → paternalistic prejudice
  – Patronizing attitudes/behaviors may seem benign
  – Associated with negative health outcomes¹

¹Langer and Rodin, *Journal of Personality and Social Psychology*, 1976
“Benevolent” Ageism

• “Elderspeak”
  – Pet names
  – Slow speech, sing-song voice
  – Using collective pronouns

• Over-accommodation: patronizing speech and behaviors toward older adults
  – Associated with loss of self-esteem, motivation, confidence, and feelings of control¹

¹Cary LA et al., The Geronotologist, 2017
Prevalence of Ageism

• How common an experience is ageism?¹
  – 91% of older adults in Canada
  – 85% of older adults in the US

• What does the experience of ageism include?¹
  – Patronized (46%)
  – Ignored (43.5%)
  – Treated as though incompetent (35.5%)

¹Palmore EB, Journal of Cross-Cultural Gerontology, 2004
The Neglected “-ism”?

• Intolerance of sexism, racism, and discrimination on basis of religion, sexual orientation, gender identity

• 2015 Google Search¹
  – 87 million results for “racism”
  – 20 million results for “sexism”
  – 708,000 results for “ageism”

• Ageism may be perceived as “less severe” form of discrimination

¹Cary et al, The Gerontologist, 2017
A Unique “-ism”

• Ageism is unique
  – Directed at a group that the ageist will one day join
  – The ageist insults his/her own future self

• Per Baltimore Longitudinal Study of Aging:

  “Those holding more negative age stereotypes earlier in life had significantly steeper hippocampal volume loss and significantly greater accumulation of neurofibrillary tangles and amyloid plaques.”
Ageism Expressed in Society

- Jokes about “old fogeys”, “dirty old men,” “geezers”

- “GOMERs” and “LOLs”

- Plastic surgery
  - In 2016, Americans spent $16 million on plastic surgery\(^1\)
  - Majority are anti-aging procedures

\(^1\)Friend, *New Yorker*, 2017
Ageism Expressed in Society
Ageism Expressed in Society
A Changing Tide?
Ageism Expressed in Society

• Age discrimination in employment (AARP survey\textsuperscript{1})
  – Telephone poll of 1000 registered voters 50 and older
  – 1/3 reported that they or someone they know has experienced age discrimination in the last four years

• Tulane/UC Irvine study\textsuperscript{2}: 40,000 dummy applications
  – 47\% lower rate of callbacks for adults >64 compared to younger applicants
  – Older women fared worse than older men

\textsuperscript{1}Thayer C, \textit{AARP Research}, 2012

\textsuperscript{2}Neumark, Burn, and Button, \textit{National Bureau of Economic Research}, 2015
Why Ageism?

- Older adults seen as irrelevant
- Dependent, burdensome
- Consuming all of society’s resources
- Representing everything we fear
  - Disability/illness
  - Loss
  - Death

Gullette, Ending Ageism, or How Not to Shoot Old People, 2017
Is Ageism a Western Phenomenon?

- Many nonindustrial societies demonstrate ageism
  - The Marind Anim of New Guinea
  - The Chukchee of Siberia
  - The Niue of Polynesia

- Meta-analysis of papers sampling 23 countries
  - Eastern societies actually have more negative attitudes toward the elderly
  - Global ageism attributed not to modernization or capitalism but to the growth of the older population

Ageism in Healthcare
Impact of Ageism

- Healthcare Providers
- Patients
- Families
- Systems of Healthcare
Impact of Ageism on Healthcare Providers

• Potential for under-treatment
  – Pain, cognitive impairment, depression
  – 43% older adults reported that HCP “assumed my ailments were caused by my age”
  – One study suggested that 14% of PCPs agreed that depression was a normal part of aging

Palmore E. *The Gerontologist*, 2001
Impact of Ageism on Healthcare Providers

• Misconceptions about aging and sexuality

• Older adults reporting sexual activity with at least one partner in the past year\(^1\)
  – 53% of 65 to 74-year-olds
  – 26% of 75 to 85-year-olds

• Sexual problems are common but often not addressed with a healthcare provider\(^1\)
  – >50% of sexually active M/W have a sexual problem
  – 38% men/22% of women addressed it with their physician

\(^1\)Lindau et al, *NEJM*, 2007
Impact of Ageism on Healthcare Providers

• Potential for over-treatment
  – Overuse of meds, tests, procedures
  – Intensive care at end of life

• 2012 ABIM identified tests/procedures that lack solid evidence of benefit and may cause harm

Berwick DM and Hackbarth AD, *JAMA*, 2012
Impact of Ageism on Patients

- Older adults with ageist attitudes
  - Less likely to seek healthcare → at risk of under treatment
  - Less likely to engage in preventive behaviors

- Older adults with positive perceptions of aging
  - More likely to engage in preventive health behaviors
  - Better functional health
  - Improved recovery from disability
  - Live 7.5 years longer

Sarkisian et al. *JAGS*, 2002
Levy BR and Myers LM. *Preventive Medicine*, 2004
Impact of Ageism on Families

- Family/caregiver present in ~1/2 of geriatric pt visits
  - Pros
  - Cons

- What happens when someone answers for us?
  - ? Accurate history
  - ? Cognitive impairment
  - ? Depression
  - ? Elder abuse

Adelman RD, Greene MG, and OryMG, *Clinical Geriatric Medicine*, 2000
Impact of Ageism on Healthcare System

- Shortage of geriatric specialists
  - Demand >> Supply

- Shortage of doctors accepting Medicare

- Inadequate treatment guidelines
  - Complicated elders often excluded from RCTs
  - Guidelines often fail to account for comorbidities

Boyd CM, et al. *JAMA*, 2005
Cox L et al. *Canadian Family Physician*, 2011
Ageism in Medical Education
Hidden Curriculum

“There is a fundamental difference between what students are taught and what they learn.”

- Hidden Curriculum is the transmission of attitudes, beliefs and norms through unplanned instruction and socialization

- Four areas:
  - institutional policies
  - evaluation activities
  - resource-allocation
  - institutional “slang.”

Hafferty FW, Acad Med, 1998
Consequences of Ageism in Med Ed

- Paucity of geriatrics education in the medical curriculum

- Not preparing trainees to adequately care for older patients
  - Curriculum focuses on single illnesses vs complex care
  - Older adults often require complex care

- Ageist attitudes diminish compassion
  - Ageist individuals have lower levels of compassion, greater need to distance themselves

Samra et al, 2015
Bergman and Bodner, 2015
Results of current approaches in medical education are sobering

- Educational interventions to improve trainee attitudes vary in effectiveness

- Short term improvement in knowledge and attitudes, but not lasting effects

- Few longitudinal studies of educational interventions, but findings show longer exposure and interventions with less ill elders yield more positive impact on attitudes towards aging

Ross et al, 2017; Koh et al JAGS 2015
### Geriatric Psychiatry Fellowship Stats

- **# of US Fellowship Programs**
  - 2013: 55
  - 2014: 56
  - 2015: 55
  - 2016: 56
  - 2017: 59

- **# of Graduating Fellows**
  - 2013: 67
  - 2014: 65
  - 2015: 58
  - 2016: 58
  - 2017: 56

<table>
<thead>
<tr>
<th>Fellowship</th>
<th>% Change in # of Graduates 2013-2017</th>
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<tbody>
<tr>
<td>Geriatric Psychiatry</td>
<td>-16.4%</td>
</tr>
<tr>
<td>Child Psychiatry</td>
<td>-1.8%</td>
</tr>
<tr>
<td>Forensic Psychiatry</td>
<td>-10%</td>
</tr>
<tr>
<td>Addiction Psychiatry</td>
<td>+14.9%</td>
</tr>
<tr>
<td>Psychosomatic Medicine</td>
<td>+50.9%</td>
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*ACGME Data Resource Book AY 2016-2017*
• We are all embedded in social networks
• Traits and behaviors can spread from person to person as a contagion
• Our values/ideas are influenced by friends of our friends of our friends
Social networks amplified in medical training

- Pyramid structure of responsibility and graded autonomy
- Modeling of behavior develops physician persona and skill set
- Values, attitudes shaped by senior trainees and attendings
Ageism: Where Do We Go From Here?
Ageism is...

- **Pervasive** in society
- **Pernicious** in its deleterious consequences to patients
- **Present** in medical education and training settings

**Changing ageist attitudes:**

**how can we do it??**
Promoting Positive Aging Attitudes

• **Use known best practices in education**
  – Longer duration
  
  – Less ill patients, for initial exposure
  
  – Elders not in acute hospital setting

  – Consider that interventions to experience negative aspects of aging can increase empathy, but also may increase negative attitudes towards aging

  Ross et al, 2017
Promoting Positive Aging Attitudes

• Anticipate and address discomfort/mixed feelings
  – Reflect on and discuss past exposure and experience to older adults
  – Acknowledge the anxiety, frustration, sadness in working with older patients with losses and complex needs
Promoting Positive Aging Attitudes

• **Address ageism as (another) example of implicit bias**
  – Like racial bias, there may be implicit, unconscious aging bias
  – We know bias is decreased when people see themselves as similar to “the other”
  – Find opportunities for connection that emphasize similarity
Promoting Positive Aging Attitudes

• Discuss the negative consequences of ageism with trainees, colleagues
  – Belittling talk, disrespectfulness to patients
  – Missed diagnosis, jumping to wrong conclusions
  – Wrong diagnosis
  – Overtreatment, undertreatment, increased medical morbidity
  – Increased medical costs
  – Poorer quality of life for patients
Promoting Positive Aging Attitudes

• Persuade trainees to take on ageism as a cause to change culture
  – Recognize bias in clinical setting
  – Reframe need to change behavior as aspect of cultural competence
  – Recruit trainees to see this as issue of social justice, which can lead to significant health disparities
Promoting Positive Aging Attitudes

- **Focus on changing behavior...attitudes will follow**
  - Teaching best practices for communicating with older patients
  - Igniting curiosity and interest in learning to manage and prioritize complex problems
  - Reviewing medication lists to reduce polypharmacy
  - Modeling inter-professional, team-based approaches that include family
Homework - Points to ponder:

• What is the “hidden curriculum” like in your context?

• Is there one thing can you do to help combat ageism?

• Could you implement the above when you return to work?
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