

# UC San Diego

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## IMPORTANCE OF SLEEP IN GERIATRIC MENTAL HEALTH: SLEEP RESEARCH IN SCHIZOPHRENIA, COGNITIVE DISORDERS, AND AFFECTIVE DISORDERS

### Session 412

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**Abstract:** Sleep disturbances are central to many psychiatric disorders and have clear implications for cognition, brain health and aging; though the neurobiological mechanisms connecting sleep and psychopathology are not well understood. Older adults have different sleep architecture as well as increased incidence of insomnia and other sleep disorders, compared to younger adults. Sleep is an important and potentially modifiable risk factor for psychosis, depression, cognitive health, and other important health-related outcomes. Ellen Lee, M.D. will review the literature on sleep abnormalities in older patients with schizophrenia and present data on the links between sleep disturbances, inflammatory biomarkers and other clinical outcomes in adults aged 41-70 years with schizophrenia. Marie Anne Gebara, M.D. will present new data on the relationships between sleep disturbances, fall risk, and depression in older adults. Ruth O'Hara, Ph.D. will present on Slow Wave Sleep and its relationship to affect and cognition. Dilip Jeste, MD, will moderate and lead a discussion of sleep research in the aging population.

#### Faculty Disclosures

Ruth O'Hara

Nothing to disclose

Marie Anne Gebara

Nothing to disclose

Ellen Lee

Nothing to disclose

Dilip Jeste

Nothing to disclose

## SUSTAINING REMISSION OF PSYCHOTIC DEPRESSION: THE STOP-PD II STUDY TREATMENT RISKS AND BENEFITS IN LATE LIFE

### Session 413

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**Abstract:** Psychotic depression (PD) is a severe disorder that may be more common among the older vs. younger adults. The significant morbidity and disability associated with acute episodes of PD can be especially prominent in the elderly. Treatment guidelines recommend either electroconvulsive therapy or the combination of antidepressant and antipsychotic medications for the acute treatment of PD. However, little is known about the risks and benefits of antipsychotic medication during continuation and maintenance treatment. Premature discontinuation of antipsychotic medication carries the potential risk of early relapse of a severe and potentially lethal disorder. Conversely, the continuation of antipsychotic medication can expose a patient to known adverse effects, such as weight gain and metabolic disturbance, extrapyramidal symptoms and potential impact on brain structure and connectivity. For this symposium, we will first review the epidemiology of PD, its clinical presentation, diagnostic challenges, as well as controversies in treatment with special emphasis on the difference between older vs. younger patients. Then, we will report the results of a NIMH-funded, multicenter randomized placebo-controlled trial (STOP-PD II) that assessed the risks and benefits of continuing antipsychotic medication in 126 adults with PD once the episode of depression had responded to treatment with an antidepressant (sertraline) and an antipsychotic (olanzapine). Notably, 42.9% (n=54) of study participants were aged 60+ years. Finally, we will present the findings of a separate NIMH-funded study that examined the