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### Title

Poster Number: EI 9 Association between Mismatch Negativity and Psychopathology, Cognitive Impairment, and Health Status in Patients with Schizophrenia and Comparable Healthy Subjects

### Permalink

<https://escholarship.org/uc/item/9cx4w0q9>

### Journal

American Journal of Geriatric Psychiatry, 24(3)

### ISSN

1064-7481

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### Publication Date

2016-03-01

### DOI

10.1016/j.jagp.2016.01.074

Peer reviewed

along with personal relationships and physical health. Being sexually active at older age can be perceived as inappropriate and is likely to meet with disapproval by younger generations. Despite this social expectation, more than enough evidence shows that older adults continue to have sexual interest across the lifespan. However, with aging, older adults are at higher risk of experiencing a reduction in sexual function. Many of these dysfunctions are treatable if assessed in an unbiased way and managed appropriately. Thus, it is important for providers to become aware of this sensitive yet common issue. This project aimed to review sexual health evaluation in older adults and to provide recommendations for psychosexual assessment and systematic interventions to improve quality of care.

**Methods:** The literature search for this project spanned several databases including PubMed, PsycInfo, and Scopus. Search terms included age, aging, sexuality, sexual health, sexual problems, attitudes, healthcare providers, and other related terms.

**Results:** Review of articles showed several themes and obstacles to assessment of sexual health in older adults. Healthcare providers may not perceive sexuality as a legitimate topic for discussion in their clinical practice. Important barriers are an assumption that certain patients would be less likely to want to talk about their personal sexuality and the lack of training in this specific group of population. Unexpectedly, in the field of oncology, multiple models for psychosexual assessment have been studied, including PLISSIT, BETTER, and ALARM. These models were shown to be effective in identifying problems and allowing providers to approach patients systematically. Each one has different strengths and limitations, for example, the PLISSIT model focuses on psychosexual intervention, and the ALARM model focuses more on comprehensive assessment.

**Conclusions:** Although sexuality can mean different things to different people, an assumption that older adults should be “sexually retired” is inappropriate. It is vital for healthcare providers to appreciate this concept and provide care with respect. Given the time constraint of busy practices, every second is valuable and a sexual history is sometimes abandoned. The implementation of one of the psychosexual assessment models, especially in geriatric practice, may allow healthcare providers to be more comprehensive in their evaluation and may assist in addressing the sexual healthcare needs of older patients more effectively.

**This research was funded by:** The Muriel Harris Endowed Chair of Geriatric Psychiatry.

Poster Number: EI 9

### **Association between Mismatch Negativity and Psychopathology, Cognitive Impairment, and Health Status in Patients with Schizophrenia and Comparable Healthy Subjects**

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**Introduction:** There is growing recognition that sensory processing abnormalities contribute to widespread deficits in cognitive and psychosocial functioning in schizophrenia (SZ) patients. Mismatch Negativity (MMN) is an event-related potential component that is passively evoked in response to unattended changes in background stimulation. Previous studies have demonstrated that SZ patients have robust reductions in MMN that are correlated with their global clinical, cognitive, and functional status. To our knowledge, no studies have assessed the relationship of MMN to measures of psychopathology, cognitive impairment, and health status, and if these relationships vary between schizophrenia patients and healthy comparison subjects (HCS). The purpose of this study was to determine the association between MMN with these domains of health, and to examine differences in these associations between SZ patients and HCS.

**Methods:** SZ patients (n = 23) and HCS (n = 34) underwent testing via their participation in a study on accelerated aging in schizophrenia. Participants also completed a number of assessments related to psychopathology (i.e., Scale for the Assessment of Positive Symptoms [SAPS], Scale for the Assessment of Negative Symptoms [SANS], and 10-Item Center for Epidemiological Studies Depression Scale [CES-D]), cognitive impairment (i.e., Modified Telephone Interview for Cognitive Status [TICS-M] and Executive Functioning Scale), and health status (i.e., Short Form (36) Health Survey [SF-36] Physical and Mental Composite Score).

**Results:** As in previous studies, SZ patients exhibited significant MMN deficits ( $p < 0.001$ ). In the pooled sample, MMN was significantly associated with the psychopathology ratings (all  $p$ 's  $< 0.02$ ), cognitive functioning (all  $p$ 's  $< 0.001$ ), and the physical and mental composite scores of the SF-36 (all  $p$ 's  $< 0.04$ ). In the SZ patients, MMN values were positively correlated with the negative symptom severity ( $p = 0.016$ ) and executive functioning ( $p = 0.049$ ). No significant correlations were observed in the HCS.

**Conclusions:** This study demonstrates that MMN deficits are robustly related to measures of clinical, cognitive, and health status. While SZ patients had smaller MMN values relative to HCS, the correlations between these values and most measures

of psychopathology, cognitive impairment, and health status did not appear to depend on schizophrenia status. Findings highlight the utility of MMN as a measure of sensory perception related to important domains of clinical, cognitive, and health functioning in clinical practice.

**This research was funded by:** This research was funded by the National Institute of Mental Health at the National Institutes of Health (Grant #s: R01MH094151 and T32MH019934) and the Brain and Behavior Research Foundation. Dr. Light has served as a consultant to Boehringer-Ingelheim, Astellas, and Neuroverse.

Poster Number: EI 10

### Utilizing a Direct Assessment to Identify Functional Impairments in Homeless Adults

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**Introduction:** Traditionally, assessments of instrumental activities of daily living in the elderly have been based on self-reports, but concerns about underestimating impairment have led to studies of directly observed function (Diehl et al., 1995). The Health Care for Homeless Veterans (HCHV) program at the Connecticut VA aims to provide housing assistance to patients who are homeless or at risk of homelessness. Several studies have reported a high prevalence of both cognitive and functional impairment among homeless adults, even at as young as age 50 (Depp et al., 2015). This population often lacks collateral sources of information to confirm functional status. Therefore, we aim to utilize a directly observed assessment of function in a geriatric syndrome screening clinic that was established in collaboration with the HCHV at VA Connecticut.

**Methods:** As part of a collaborative quality improvement project, patients presenting to the homeless clinic at VA Connecticut were seen in the Screening Program to Identify Needs due to Geriatric Syndromes (SPRING) clinic. Patients were 18 years old or older, eligible for VA benefits, and homeless or at risk for homelessness. Patients received either a full or a partial screening as part of this project. The full screening included a revised form of the Direct Assessment of Functional Status (DAFS-R; McDougall et al., 2010) to assess skills in the domains of communication, finance, shopping, and medication management. In addition, subjective measures of functional status [Modified Katz Activities of Daily Living Scale, Brief Instrumental Functional Scale (BIFS)], depression screening (Patient Health Questionnaire 9), and cognitive assessments [Montreal Cognitive Assessment (MoCA), Trail Making Test Part B (Trails B)] are performed. The DAFS-R contains 55 items that assess the skills required for communication (using a phone and mailing a letter), financial affairs (counting currency and balancing checkbooks), shopping (recalling a shopping list and choosing the shopping list items from a shelf), and medication management (identifying information on a prescription bottle, using a telephone for prescription refills, and managing medications in a pillbox.) Partial screening includes the subjective measures of functional status, depression screening, and the cognitive assessments. After assessments, clinicians reviewed the results of the full screenings and engaged patients in a planning conversation regarding further evaluation and treatment. The ultimate goal of this project is to identify and address functional impairment as a means of improving housing and health outcomes. Here we report the results of directly observed functional testing, as well as the associations with subjective measures of function and cognitive screening.

**Results:** A total of 17 patients received a full assessment including directly observed assessment of function. Average age was  $55.8 \pm 10.2$  years and 93.4% were male. Patients reported an average education level of  $12.7 \pm 1.3$  years. Based on chart diagnoses, 50.0% had a mood disorder, 37.5% an anxiety disorder, 12.5% a psychotic disorder, 43.8% an alcohol use disorder, 6.3% an opioid use disorder, and 18.8% a stimulant use disorder. Four patients (25%) had a chart diagnosis of MCI or dementia. None of the patients had a diagnosis of traumatic brain injury or stroke recorded in the chart. One patient (6.3%) had a seizure disorder. On direct assessment of functional status (DAFS-R), the mean score was  $45.6 \pm 8.2$  (max score possible of 57). DAFS-R score was significantly correlated with MoCA score ( $r^2 = 0.2399$ ,  $p < 0.05$ , Spearman correlation, Figure 1), but not with Trails B alone. Patients that had cognitive impairment (MoCA < 26 represented by horizontal red dotted line in Figure 1, or Trails B < -1.5 standard deviations below age and education adjusted norms) scored significantly lower on the DAFS-R than those without cognitive impairment ( $p < 0.05$ , Wilcoxon rank sum test, Figure 2). Importantly, subjective assessments of function completed by asking a patient about their needs using the BIFS had no correlation with the DAFS-R, MoCA, or Trails B.

**Conclusions:** This study demonstrates the need for directly observed assessments of function in homeless patients. Impairments are both prevalent and under-recognized by assessments based only on subjective interview. Identification and support of functional impairment may be an important intervention for patients with unstable housing whose impairment may