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## Research on Late-Life Depression and Dementia Care: Across Disciplines, Across Settings

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The purpose of this special issue is to highlight advances in multidisciplinary and interdisciplinary care for older adults suffering from depression and/or dementia from the perspective of AAGP (American Association for Geriatric Psychiatry) members. The AAGP term “members” (formerly known as “affiliate members”) refers to nonpsychiatrists in contrast with “psychiatrist members” (formerly known as “full members”). The rationale for this issue emerged from a discussion at the 2008 AAGP annual convention in Orlando, FL among the (then) affiliate members of the organization regarding the importance of cross-disciplinary work and our role as participants in an organization composed primarily of one discipline, i.e. geriatric psychiatry. Members uniformly agreed that we contributed meaningfully to geriatric psychiatry (as evidenced by the number of cross-disciplinary symposia presented), and that we similarly benefited considerably from being members of a psychiatric organization. AAGP’s 1990 original decision to allow nonpsychiatrists to become affiliate members and the most recent influential decision to allow them to participate fully as members of the organization are instrumental steps toward moving the geriatric mental health field in a cross-disciplinary direction.

The 2008 discussion then turned to the growing recognition by all disciplines of the importance of cross-disciplinary research collaboration in geriatric mental health. In particular, two approaches to cross-disciplinary collaboration are highlighted: *multidisciplinary* research, in which scholars from different disciplines work, independently or sequentially, in a shared project but retain the methods and concepts of their field,<sup>1,2</sup> and *interdisciplinary* research in which scholars work, interactively or jointly, toward a common aim integrating their divergent perspectives.<sup>1,2</sup> Thus, psychiatrists, psychologists, nurses, social workers, pharmacists, primary care providers, neurologists, sociologists, and others are working together to understand the etiology of late-life psychiatric disorders, to modify systems of care and improve access to treatment, and create methods for reconceptualizing late-life mental illness to inform the development of better prevention strategies and treatments. It was the consensus of the group in 2008 to highlight these achievements, particularly by AAGP members, in a special issue in the primary journal of the organization.

The authors of the invited articles and commentary come from ten disciplines (education, epidemiology, health economy, internal medicine, nursing, public health, occupational

therapy, psychiatry, psychology, and social work). To select potential authors, we initially identified 134 nonpsychiatrists investigators whose grants focused on unipolar late-life depression and dementia care and were funded between 2003 and 2008 by NIH Institutes (Aging, Mental Health, Drug Abuse, Neurological Disorders and Stroke, Nursing Research, and Environmental Health Science), the National Center on Minority Health and Health Disparities, the Hartford Foundation, the National Alliance for Research on Depression and Schizophrenia, and/or the Robert Wood Johnson Foundation. Only studies reflecting the values of multidisciplinary or interdisciplinary collaboration were selected. Databased papers from 25 selected authors were invited and 10 peer-reviewed manuscripts were ultimately accepted; six are authored by current AAGP members.

The articles in this issue offer an amalgam of cross-disciplinary collaborations in geriatric mental health. As different disciplines are intertwined, professionals go beyond the comfort of their discipline, apply their field's theories in nontraditional settings, and create innovative care models that build on interdisciplinary methods and concepts. Sirey et al.<sup>3</sup> present a psychosocial perspective on primary care to improve adherence with antidepressant medication among older adults. Gum et al.<sup>4</sup> integrate psychological and social work theories to identify treatment preferences, facilitators, and barriers to the use of mental health services in older adults served by home-based agencies. Ell et al.<sup>5</sup> demonstrate that an interdisciplinary treatment team embedded in primary care and oncology settings may decrease depression in older patients. Conner et al.<sup>6</sup> and an interdisciplinary collaboration among clinical psychologists, social workers, and psychiatrists provide evidence—collected through telephone-based surveys—that internalized stigma may mediate the relationship of race and treatment-seeking attitudes. Brown et al.<sup>7</sup> offer a promising intervention to enhance interdisciplinary communication between nurses and primary care physicians to improve depression care treatment in home healthcare agencies. Finally, Gitlin et al.<sup>8</sup> used health economics approaches to evaluate the cost-effectiveness of a home-delivered occupational therapy program for demented patients and their caregiver.

As life expectancy increases, the number of elders with advanced cognitive impairment and disability will proportionately increase. These older adults will likely have difficulty accessing traditional psychiatric and medical treatment centers. Therefore, as Callahan and Hendrie<sup>9</sup> eloquently point out in their commentary, it is important to establish interdisciplinary collaborations and partnerships and offer services in additional nontraditional settings, including assisted living facilities, nursing homes and home-care. The invited articles highlight the need for pursuing innovative research in these settings. Teri et al.,<sup>10</sup> after evaluating treatment fidelity, provide evidence for the translation and dissemination of STAR (Staff Training in Assisted-living Residences), an innovative program to train direct care staff with diverse backgrounds to improve dementia care in assisted living facilities. Becker et al.<sup>11</sup> demonstrate that dementia and major depressive disorder increase the risk of nursing home hospitalizations for preventable medical conditions by 44% and 79%, respectively. Therefore, interdisciplinary interventions targeting depression and dementia care in nursing homes may prevent these hospitalizations. Hasche et al.<sup>12</sup> underline the need for interventions to reduce depression and improve quality of life in functionally disabled and low-income older adults who receive community long-term care services (such as meal delivery, personal care, and nursing care). Finally, Gellis

and Bruce<sup>13</sup> and home-care social workers demonstrate that a depression treatment may be adapted to successfully treat medically ill elders in home care.

As our 20th anniversary as AAGP members approaches, it is vital to highlight some of the work resulting from the move toward interdisciplinary care. The articles in this issue represent a small fraction of cross-disciplinary research in geriatric mental health and even though we made a concerted effort to include a wide range of disciplines, some disciplines were undoubtedly overlooked. Despite the limitations, we hope that these articles encourage additional investigators to think “outside their own box” and create interdisciplinary collaborations to improve geriatric mental health.

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