health to be stigmatizing (Averill, 2012; Brenes et al., 2015; Stewart et al., 2015). Recent models that draw upon standardized treatments (Gellis & Bruce, 2010), telehealth technologies (Dautovich et al., 2014), or utilize paraprofessionals to address provider shortages (Arbore, 2019) have begun to expand access to mental health care for homebound and rural older adults but confront issues of lower technology access in rural areas.

GUIDELINE 7

Psychologists strive to be familiar with current information about biological and health-related aspects of aging.

Rationale

In working with older adults, psychologists are encouraged to be informed about the normal biological changes that accompany aging. Although there are considerable individual differences in these changes, with advancing age, the older adult almost inevitably experiences changes in sensory acuity, physical appearance, body composition, hormone levels, peak performance capacity of most body organ systems, immunological responses and increased susceptibility to illness (Saxon et al., 2022). Disease accelerates age-related decline in sensory, motor, and cognitive functioning, while lifestyle and psychosocial factors may either mitigate or exacerbate the effects of aging on functioning (Aldwin et al., 2018). Such biological aging processes may have significant hereditary or genetic components (Khan et al., 2017; Sierra, 2016) about which older adults and their families may have concerns. Adjusting to age-related physical change is a core task of normal psychological aging process (Saxon, et al., 2022). Fortunately, lifestyle changes, psychological interventions, the use of assistive devices, and addressing social determinants of health can lessen the burden of some of these changes.

Application

Psychologists strive to be able to distinguish normative patterns of change from non-normative changes, and to determine the extent to which an older adult's presenting problems are symptoms of physical illness or represent the adverse consequences of medication. This information aids in devising appropriate interventions. The psychologist may help the older adult cope with physical changes, acute health crises, and chronic medical conditions (Niknejad et al., 2018; Zis et al., 2017). Most older adults have multiple chronic health conditions (Federal Interagency Forum on Aging-Related Statistics [FIFAS], 2020), each requiring medication and/or management. The most common chronic health conditions of late life include arthritis, hypertension, diabetes, cancer, chronic kidney disease, and heart disease (FIFAS, 2020; National Center for Chronic Disease Control and Health Promotion, 2022). Other common medical illnesses include osteoporosis, vascular diseases, neurological diseases (including stroke), and respiratory diseases (including asthma and COPD).

Many of these physical conditions are associated with mental health and/or cognitive disorders (Dening, 2019; Feinkohl et al., 2018; Ohrnberger et al., 2017), either through direct physiological contributions (e.g., post-stroke depression; vascular cognitive impairment) or in reaction to disability, pain, or prognosis (Khan et al., 2016; Portacolone et al., 2018).

Psychologists strive to be knowledgeable about common pharmacological interventions for mental and physical disorders in later life. Older adults frequently take medications for health problems, and polypharmacy is common in older adults. Knowledge of medications would include, for example, familiarity with prescription terminology (e.g., "prn" means "as needed"), brand and generic names of commonly used medications, common side effects of these medications, classes of medications (e.g., anticholinergic medications), common drug interactions, and age-related differences in the pharmacodynamics and pharmacokinetics of these medications (Arnold, 2015). It is also important for psychologists to be aware of high-risk medications for older adults included in the Beers Criteria (By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel, 2023). Many older adults with mental disorders who are seen for assessment or treatment by psychologists are prescribed psychotropic medications (Arnold, 2015; Ćurković et al., 2016). Although pharmacological treatment of older adults with mental disorders is a common and often effective treatment for depression (Lavretsky et al., 2020), anxiety (Wolitzky-Taylor et al., 2010), and psychosis (Chan et al., 2011), adverse side effects of these medications are common and potentially harmful. Adverse effects are particularly common for older adults with neurocognitive disorders. The Food and Drug Administration (FDA) issued a black box warning against prescribing select antipsychotics to older adults with major neurocognitive disorders because they face increased risk of stroke and transient ischemic events with atypical antipsychotic use, and death with both atypical and conventional antipsychotic medications, but regulations to limit these medications have had mixed results in improving outcomes (Jin, et al., 2013; Rubino et al. 2020).

Multi-morbidity and polypharmacy are common in older adults, and result in increased complexity of care (Dahal & Bista, 2022). Thus, increased awareness and interventions aimed at reducing exposure and minimizing the risks associated with medications and their interactions in older adults are important in the community and especially in long-term care settings (Abrahamson et al., 2017; Bergman-Evans, 2020; Dahal & Bista, 2022; Halli-Tierney et al., 2019). Psychologists can play critical roles in identifying side effects and