Addictive disorders in older adults are underdiagnosed and undertreated. An important reason for this lack of recognition of a serious health problem is a paucity of clinical knowledge about how such disorders present in this population. The presentation for alcohol and substance use disorders in the elderly can be confusing, given the metabolic changes and concurrent conditions associated with aging, together with interactions between alcohol and prescribed psychoactive drugs. Further, screening instruments have not been validated for this population. Brief interventions may be effective but should take into account contextual needs such as medical conditions, cognitive decline, and mobility limitations. Treatment strategies, including detoxification regimens, need to be modified for older patients and - in the case of opioid dependence - must address the management of chronic pain in this population. Ironically, benzodiazepines are the most frequently prescribed psychoactive medication in the elderly, despite older individuals' greater sensitivity to side effects and toxicity. Older women are at particularly heightened vulnerability for iatrogenic dependence on sedatives and hypnotics. More clinical research data are needed to inform screening and referral strategies, behavioral therapies, and pharmacological treatment. At the same time, emerging technologies such as communication tools and monitoring devices offer important opportunities to advance addiction treatment and recovery management in older adults. Although research to date has been limited in this population, recent data suggest that treatment outcomes are equal or better to those seen in younger cohorts.

The Casebook of Clinical Geropsychology describes current best practice in managing complex cases involving common mental health issues in later life in the field of psychology concerned with the psychological, behavioral, biological, and social aspects of aging.
Depression, mild cognitive impairment (MCI) and dementia in the elderly can present with similar features such as cognitive complaints, loss of initiative, and difficulties with psychosocial functioning. These can be difficult to distinguish in the office setting, especially when mild in severity. The relationships between the three syndromes remains incompletely understood. Patients with MCI are at high risk for conversion to dementia. Depression may be either a risk factor for or early manifestation of MCI. Depression in late life is associated with Alzheimer’s disease (AD) and other dementias, but the causal relationship remains controversial. Depression may also increase the risk of conversion from MCI to dementia and be more strongly associated with conversion to Vascular dementia (VaD) than to AD. This book will provide guidance to clinicians in the diagnosis and management of these complex conditions in the office setting.
This resource comprehensively and definitively addresses geriatric psychiatry, focusing on depression, dementia, anxiety as well as managing the caregivers. Additional chapters cover psychotherapy, legal issues, alcohol and drug use, and chronic pain management.

**Late-Life Mood Disorders**
Helen Lavretsky, Martha Sajatovic, and Charles Reynolds (eds)

This resource contains a comprehensive review of the current research advances in late life mood disorders. This detailed review reflects the new understanding of neurobiology and psychosocial origins of geriatric mood disorders in the first decade of the 21st Century and is provided by the international group of leading experts in the field.

**Old Age Psychiatry (Oxford Specialist Handbooks in Psychiatry)**
Bart Sheehan, Salman Karim, and Alistair Burns

This title covers the scientific, clinical and service background for practitioners involved in the care of older people with psychiatric disorders.

**Oxford Textbook of Old Age Psychiatry**
Tom Dening and Alan Thomas (eds)

Taking a global approach by highlighting both the common burdens and the differences in management from country to country, The Oxford Textbook of Old Age Psychiatry, Second Edition includes information on all the latest improvements and changes in the field. New chapters are included to reflect the development of old age care; covering palliative care, the ethics of caring, and living and dying with dementia. Existing chapters have also been revised and updated throughout and additional information is included on brain stimulation therapies, memory clinics and services, and capacity, which now includes all mental capacity and decision making.