

Psychological Problem In Geriatric Age Group

Abstract

The proper definition of geriatrics is not easy to define. It can be said it is the health care / medical care provided to the elderly age group people of the society. Old/elderly is also preferred over the geriatric term but is not that precise, sixty-five years is said to be the age group coming into the geriatric group, but some of the people do not need any medical care until the age of seventy- seventy years . Biological or physiological impairment, as well as socioeconomic circumstances, can affect functional status. Their functional ability determines the elderly's capacity to stay at home. Doctors should reasonably expect to care for an increasing number of elderly people with complex medical and psychosocial issues. As a result of these challenges and issues, difficult ethical dilemmas may arise. As a result, practitioners should be aware of ethical difficulties that arise frequently when caring for older patients. Poor patient-clinician communication can lead to ethical difficulties; as a result, we present practical guidelines for better communication. People were more likely to develop physical disabilities, despair, and cognitive impairment as they got older, especially those in the 80-89 age bracket. Current data for India's old provide a foreshadowing of a new challenges if programme managers and policymakers do not take prompt action in this area. There is a need to raise awareness of the medical and socioeconomic difficulties that India's elderly confronts and initiatives for improving their quality of life.

Keywords: Geriatric, Depression, Medicine, Emergency Department, Quality of Life

INTRODUCTION:

As the world ages, there is an increasing interest in varied patterns of morbidity among the elderly. The goal of this study is to discover the physical and psychological problems that elderly individuals face, as well as the variables that contribute to these issues (1).

The doctors are also very much concerned about the mental health of their patients because to apply an effective treatment to the patient, and the success to be achieved by the treatment is most of the time very much dependent on the emotional/ mental state of the patient t so it can never be neglected irrespective of the primary health condition for which patient is receiving the treatment (2).

As a result, its critical that doctors know a proper method to solve the problem in a way to provide aid in the treatment to the patient and improvement in primary care maintenance to a comprehensive health facility made accessible to the elderly (2).

Geriatric psychology is a discipline of psychology that focuses on the mental, emotional and physical issues that older people encounter. This frequently entails investigating and understanding various issues that may arise as a person approaches the end of their life. We are ageing as an entire planet not simply as just ourself. Ageing will be a bigger problem for developing countries than for developed countries as they would have less time to adapt. The shortage of resources would be more severe than the developed countries.

Aging is a natural part of the human experience. With the growth of medical research and technology in the twenty-first century, the mortality rate is decreasing, life expectancies are increasing, and fertility is lowering. There is an increase in the population ageing trend. Every individual who is born, whether for seven seconds or seventy years, aged to some extent both are like two side of a coin that is life and death. The majority of people, on the other hand, live to a ripe old age which may differ on the basis of development in the residing nation. This may be both a benefit and a burden in many ways. They may, for example, reach the age when they may pursue occupations, raise children, and enjoy the company of their grandkids. Unfortunately, old age brings with it its own set of issues. A person's body begins to wind down for its ultimate repose at this period of life. Many medical ailments and familial and societal challenges can have an impact on a person's thinking as they approach the end of their lives.

In most cases, a man's life is classified into five stages: childhood, adolescence, adulthood, and old age. An individual finds himself in diverse settings and faces different issues at each of these stages. Old age is regarded as an unavoidable, unwelcome, and troublesome stage of life. After the age of 65, ageing problems are more common.

These issues can be classified into five categories:

- (1) Physiological
- (2) Psychological
- (3) Emotional
- (4) Financial
- (5) Social

Deteriorating mental and physical health are two of the most typical ageing issues. Arthritis, heart disease, anxiety, and depression, for example, are more prevalent in the elderly than in the general population. Medical and mental health specialists can treat or cure a variety of geriatric issues, however degenerative illnesses like Alzheimer's disease cannot be treated.

Depression is a serious issue among the elderly. While many people believe that persistent melancholy, pessimism, and a loss of interest in regular activities are natural parts of ageing, research has shown that these symptoms are more commonly caused by depression. When ageing persons begin to show indications of sadness, such as unexpected weight loss, a decline in grooming practices, and an inability to experience joy or pleasure, studies on geriatric health care emphasize the necessity for mental health treatment.

Individuals, families, and societies around the world are concerned about dementia and other forms of cognitive impairment that affect many older adults. Recent advances in the science of aging have shown that brain changes typically begin years—if not decades—before people show symptoms, which suggests that a window of opportunity exists to prevent or delay the onset of these conditions. Furthermore, new data indicating the incidence and prevalence of dementia is

decreasing in high-income nations gives reason to believe that public health initiatives might help prevent cognitive decline and dementia. Despite the many promises of success made in popular media and advertising, the data base on how to prevent or postpone these disorders has been minimal at best, a significant corpus of preventative research is emerging (3).

The situation today is becoming more and more serious for the elderly patient of the world and we need to over counter this situation and so to do it we also need to adapt to new solutions that even include new social and cultural programs for the old generation as the trend toward geriatric treatment facilities rises, the availability of better specialization of treatment would arise at Medical, mental, social, and residential care will be provided at these facilities. Aging brings both problems and opportunities.

Types of disorders that comes under geriatric psychological disorders and Signs and symptoms

[1] Senile Dementia (Senile Dementia) is a kind of dementia that affect elderly

Signs and symptoms: Lack/loss of memory, not being able to tolerate themselves to change in environment, not being able to maintain orientation, unable to sleep, lack of judgement, sudden episodes of delusions and elusions, tiredness and high grade of depression, clouding in the mind causing restlessness, combative, resistive, and incoherent, and severe mental clouding in which the individual becomes restless, eager to fight, illogical arguments. In severe situations, he/she becomes bedridden, and his will to fight the illness is reduced, reducing life expectancy.

[2] Cerebral Arteriosclerosis-related psychosis:

Physiological symptoms include severe dyspepsia, unsteadiness in walking, and tiny strokes that result in cumulative brain damage and eventual behavioral changes. Seizures that are conclusive are rather common.

Signs and Symptoms

Include weakness, tiredness, dizziness, headache, sadness, memory loss, bouts of disorientation, decreased job efficiency, increased irritability, and a propensity to be suspicious about little topics. One of the most common psychological issues associated with ageing is forgetfulness. In old age, general intellect and autonomous creative thinking are frequently harmed .

[3] Geriatric depression:

Depression and anxiety are common geriatric disorders that affect a person's balance, movement, and speech. Other geriatric issues, such as loss of taste, hearing, or smell, can be problematic, especially for senior citizens who live alone. Deterioration in these vital senses makes older people more prone to accidents and other injuries Depression is one of the major risk factors of cardiovascular disease, and it has been related to higher morbidity and mortality rates. In addition, successful care of main problem, efforts should be undertaken to improve patients' psychological and social function, more efforts should be put into the improvement of in problems related to mental and the emotional state of the person, and relation to the society function

Signs And Symptoms:

1. Sadness, anxiety, or sorrow that persists
2. Undiagnosed aches and pains that do not respond to medicine
3. Sudden weight loss or lack of appetite
4. Insufficient motivation or energy
5. Finding it difficult to fall asleep or remain awake
6. Suicide thoughts or past attempts Memory issues, forgetfulness, or trouble forming decisions

[4] **Parkinson:** Parkinson's disease is an extrapyramidal motor disorder which has the characteristic features of inability to bend or to be forced out of shape, rhythmic shaky movements in a single or multiple body parts and are unable to be uncontrolled by one, and also slowed or reduced muscle movements, with also other secondary features that is defects in then gait and posture and dementia could also accompany.

Signs and symptoms:

- A. Tremor.
- B. Slowed movement (bradykinesia)
- C. Rigid muscles.
- D. Impaired posture and balance.
- E. Loss of automatic movements
- F. Change in communication skill
- G. Change in handwriting.

Age. The most common age group to be affected is old age group that is around 60 years, young adults can also be taken into consideration but have less frequency than the old age group, and it is a disease that is progressive in nature and would increase with the increase in age.

[4] **Huntington chorea:** A condition that leads to progressive degeneration of nerve cells in the brain that affects movement, cognitive functions, and emotions.

Signs and symptoms:

irritation, loneliness, basic movements, unable to coordinate, and unable to grasp new data or to take decision on his/her own.

a large amount of population with Huntington starts to have involuntary short sudden movement or convulsive movements which is said to be chorea

[5] **Alzheimer's:** Memory, thinking, and behavior issues are all symptoms of this type of brain dysfunction. This is a condition that worsens with time.

Signs and symptoms:

The early signs and symptoms of Alzheimer's is frequently misjudged and is not properly diagnosed as they are just taken to be due to the old age and tension that they have to suffer. the clinical criteria for the disease take up to the time period of eight long years, detailed neuro-physical testing might indicate moderate impairments. The starting or the early signals can also have a negative impact on the daily activities of the person that is to forget his/her own address, hard to remember their own name these examples are the most common features that is the

person has a memory loss for a short term, which manifests as difficulties recalling previously acquired data and unable to remember new things that is loss of potential to learn new data (4).

Etiology and risk factors:

1. GERIATRIC age is major etiological factor that we can consider
2. histories of previous depression
3. having a family history of the associated disease
4. lack of social support
5. lack of family support to the old person as they are mostly neglected and have to spend most of their time alone
6. sometimes feeling as a burden to the family
7. any other co morbidity associated to other various psychological problem
8. feeling ashamed of sometimes not able to perform daily activities like going to the washroom, or not able to remember their name
9. Financial crisis at an age where person does not have an individual income and mostly depends on the money from their children can be depressing for someone who was independent all his/her life
10. Overthinking
11. Financial instability in the family can affect mentally the old generation of the family and they may hide their conditions just to prevent the medical expense of the family
12. Not able to spend more time with their grandchildren
13. Old age home where most of the old age people live alone they become depressed with lack of family touch
14. When the family shifts to a new place for eg moving from a rural to urban area, and completely changed the environment around them.

As a person is suffering from geriatric psychological issues certain conditions should be regularly taken in check: -

Geriatric people with genitourinary malignancies experience psychological e

Physical and psychological sensitivity associated with age as a risk factor for problem gambling in older persons

Dental care for the elderly

Psychological and emotional factors for geriatric patients during dental treatment

usage of alcohol by senior citizens

In the elderly, there are social emergencies.

Geriatric loneliness is a serious health issue that's a particularly negative impact on health when it occurs in conjunction with a chronic medical condition Depression is commonly associated with hypertension, coronary heart disease, and diabetes, and it might impact therapy and prognosis which makes the treatment more difficult and less effective so not only depression is itself a serious issue to deal with but also enhances other co-morbidities (5).

For elderly cancer patients, a comprehensive geriatric examination is required. When the brain ages with time, issues connected with health, brain pathology, and society and financial variables as the dissolution of support by the family structures and a loss in self income, elderly persons are particularly vulnerable to mental morbidity. Dementia and mood disorders are two mental illnesses that are regularly seen. mental and physical disorders, addiction such as Tabacco and alcohol misuse, delusion, and mental psychosis are among the other problems (6).

Geriatric scale of depression:

The Geriatric scale of measuring depression is a report measure of depression in older adults. It was the 1st used by the medium of thirty units of instrument. Since it was an old method and needed update because it used to consume more and more time and there had been delay in the measurement and things had to be practiced in a fast way and also the patients used to feel difficult for completion by this method, a fifteen-unit update was developed. new update was small geriatric scale of measuring which is comprised of fifteen units chosen from the older method that was named as a large geriatric scale of measurement. 15 on the chart is of separate values to each other ten on the scale was concluded in depression when the answer was in a positive sense and 5 used to be treated in depression when there was a negative sense (7).

METHODOLOGY:

This review essay was written after reading several publications on psychological problems in the senior population. The globally recognized medical databases were used as the search approach (mainly PubMed database). We looked at publications from a variety of journals that were of high quality. The study's referenced sources were examined, and inaccuracies were corrected as needed. The data was sorted, and genuine literature was included as part of the review.

Discussion

Experts in gerontology, geriatric medicine, psychiatry, nursing, and social work, Through the notion of a continuum of care, these facilities will provide medical, mental, social, and residential care. advocate changes in the medical and social service delivery systems. If recognized by observing the typical signs, geriatric depression can be easily avoided from becoming problematic. Care must be made to handle the problem holistically, using both pharmaceutical and non-pharmaceutical approaches. Avoid open-ended questions, especially if the older person has dementia or Alzheimer's disease. Give them your undivided attention and patience if they can't communicate at a faster rate. Interrupt them as little as possible since they like to talk openly and from their hearts. Also, avoid moving from one topic to another throughout the chat, since this may cause them to become confused. The emergency department would also increase the care take of older people by implementation of these ideas and would all together be able to provide a better healthcare facility for older people as a whole federation(8-16).

Mental illnesses are frequently related with advanced age. Psychotic depressions are more common in the elderly. Senile dementia (associated with cerebral atrophy and degeneration) and psychosis with cerebral arteriosclerosis are the two most common psychotic illnesses in elderly adults (associated with either blocking or ruptures in the cerebral arteries). It has been estimated that these two illnesses account for almost 80% of psychotic disorders among the elderly in industrialized nations (17-21).

Conclusion

Psychological problem in geriatric age group although not a severe disease, but if no proper precautions taken may lead to severe complication. The symptoms are usually hard to detect. The common symptoms include trouble in sleeping, loss of appetite, Sudden weight loss, less motivation to work on daily activities, hard to remain awake, emotional breakdown, being lonely and not want to communicate with other people around them. Primary care physicians, are mostly of the time the only people who have treated or are able to treat the older population group and because of this reason are able to cut short many problems that lay ahead in life of those group of population later on. This article provides important informative tools for the modern-day clinicians to be used in order to provide psychiatry treatment

References:

1. Archana B, Sarala J. Lived experiences of health problems of elderly residing in urban areas, Kathmandu: A pilot study. IJMRHS. 2015;4(4):789. 1
2. Manashvini S Patil, Sanjayagouda B Patil Department of Oral and Maxillofacial Pathology, Mahatma Gandhi Dental College and Hospital, RIICO Institutional area, Rajasthan, India. sbpatilmanu@gmail.com
3. Bateman, R. J., C. Xiong, T. L. Benzinger, A. M. Fagan, A. Goate, N. C. Fox, D. S. Marcus, N. J. Cairns, X. Xie, T. M. Blazey, D. M. Holtzman, A. Santacruz, V. Buckles, A. Oliver, K. Moulder, P. S. Aisen, B. Ghetti, W. E. Klunk, E. McDade, R. N. Martins, C. L. Masters, R. Mayeux, J. M. Ringman, M. N. Rossor, P. R. Schofield, R. A. Sperling, S. Salloway, and J. C. Morris. 2012. Clinical and biomarker changes in dominantly inherited Alzheimer's disease. New England Journal of Medicine 367(9):795-804.
4. Waldemar G, Dubois B, Emre M, Georges J, McKeith IG, Rossor M, Scheltens P, Tariska P, Winblad B (January 2007). "Recommendations for the diagnosis and management of Alzheimer's disease and other disorders associated with dementia: EFNS guideline". European Journal of Neurology. 14 (1): e1–26. doi:10.1111/j.1468-1331.2006.01605.x. PMID 17222085. S2CID 2725064.
5. Khandelwal SK. Mental health of older people. In: Dey AB, editor. Ageing in India. Situational analysis and planning for the future. New Delhi: Rakmo Press; 2003.
6. H. Lee Moffitt Cancer Center, University of South Florida, Tampa, FL 33612, USA. externmann@moffitt.usf.edu
7. Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontologist, 5, 165-173.
8. Problems faced by elderly [Internet]. GradesFixer. 2019 Jan 15 [cited 2021 Nov 18]

9. Thakare, Seema H. "Assessment Of Role Of Diet, Life Style & Stress In The Etiopathogenesis Of Constipation In Geriatric Patients." *International Journal Of Modern Agriculture* 9, No. 3 (2020): 137–41.
10. Bele AW, Qureshi MI. Impact of Electrotherapy or Muscle Training on Quality of Life in Urinary Incontinence of Male Geriatric Population-A Protocol. *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH*. 2021 Mar;15(3).
11. Patel D, Gandhi Z, Desai R, Raina J, Itare V, Haque FA, et al. Impact of alcohol use disorder on stroke risk in geriatric patients with prediabetes: A nationwide analysis. *INTERNATIONAL JOURNAL OF CLINICAL PRACTICE*.
12. Chamat A, Nagrale N, Bankar N. COVID 19 in Geriatric Patients in Vidharbha Region. *JOURNAL OF PHARMACEUTICAL RESEARCH INTERNATIONAL*. 2021;33(38A):245–9.
13. Bansal, Aishwarya, Shravani Deolia, Summaiya Shakir Ali, Aditya Gupta, Amit Reche, and Gargi Nimbalkar. "Assessment of Association Between Tooth Morphology and Psychology." *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH* 14, no. 2 (February 2020). <https://doi.org/10.7860/JCDR/2020/42560.13504>.
14. Deolia, Shravani, Surbhi Agarwal, Kumar Gaurav Chhabra, Gunjan Daphle, Sourav Sen, and Ashish Jaiswal. "Physical and Psychological Dependence of Smokeless and Smoked Tobacco." *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH* 12, no. 3 (March 2018): ZC01–4. <https://doi.org/10.7860/JCDR/2018/28583.11233>.
15. Ransing, Ramdas Sarjerao, Suvarna Patil, Krishna Pevekar, Kshirod Mishra, and Bharat Patil. "Unrecognized Prevalence of Macrocytosis among the Patients with First Episode of Psychosis and Depression." *INDIAN JOURNAL OF PSYCHOLOGICAL MEDICINE* 40, no. 1 (February 2018): 68–73. https://doi.org/10.4103/IJPSYM.IJPSYM_139_17.
16. Spoorthy MS, Singh LK, Tikka SK, Hara SH. Exploratory Factor Analysis of Young's Internet Addiction Test Among Professionals from India: An Online Survey. *INDIAN JOURNAL OF PSYCHOLOGICAL MEDICINE*. 2021 Jan;43(1):65–9.
17. Radhakrishnan S, Nayeem A. Prevalence of depression among geriatric population in a rural area in Tamilnadu. *International journal of nutrition, pharmacology, neurological diseases*. 2013 Jul 1;3(3):309.
18. Seby K, Chaudhury S, Chakraborty R. Prevalence of psychiatric and physical morbidity in an urban geriatric population. *Indian journal of psychiatry*. 2011 Apr;53(2):121.
19. Nair SS, Raghunath P, Nair SS. Prevalence of psychiatric disorders among the rural geriatric population: a pilot study in Karnataka, India. *Central Asian journal of global health*. 2015;4(1).
20. Ganguli M, Dube S, Johnston JM, Pandav R, Chandra V, Dodge HH. Depressive symptoms, cognitive impairment and functional impairment in a rural elderly population in India: a Hindi version of the geriatric depression scale (GDS-H). *International Journal of Geriatric Psychiatry*. 1999 Oct;14(10):807-20.
21. Jain RK, Aras RY. Depression in geriatric population in urban slums of Mumbai. *Indian JPublic Health*. 2007 Apr;51(2).