

Mental Health in Old Age

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Older adults are at higher risk of developing mental disorders or substance use problems. Older people face particular physical and psychological health challenges which need to be recognised. Increasing burden of Geriatric Mental Health in India is approaching as a Silent Epidemic. Focused epidemiological studies for mental health in older people in India are being carried out, and morbidity data for our country is emerging. Most of these studies are part of general population studies or hospital based or primary care geriatric patients' studies while few are community-based.¹ The average prevalence of mental health problems both in rural and urban communities indicates that 20.5% of the older adults are suffering from one or the other problems (Urban-17.3%, Rural-23.6%).^{2, 3, 4} The mental disorders frequently encountered in the Indian elderly include dementia and mood disorders, depression in particular. Other disorders include anxiety disorders, drug and alcohol abuse, delirium and psychosis. Female sex, low education, being a widow/widower/divorcee, medical co-morbidities, poor socioeconomic status and disability are all well-established factors playing significant roles in psychiatric illnesses among the elderly. Shah et al. in their study have reported that 34.5% elderly medical outpatients had psychiatric co-morbidity and the most common diagnosis was depression (20%) followed by substance-related disorders (4.9%), sleep related disorders (3.9%), adjustment disorders (3.2%) and neurocognitive disorders (1.9%).⁵

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. In addition to the typical life stressors common to all individuals, many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, and require some form of long-term care. Also, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.⁶

Mental health and physical health influence each other. High prevalence of psychiatric morbidity in geriatric medically ill patients requires regular screening for common psychiatric co morbidity like depression in them. Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help.

Older adults and their families usually deny the existence of mental health problems. As a result, elderly patients may seek medical care for non-specific somatic complaints such as a headache, insomnia, dizziness or other vague physical symptoms instead of seeking psychiatric care. Thus, the mental health need of older people is significantly underestimated despite the very high prevalence of psychiatric illnesses.⁷

During medical practice, it is essential for us to look for the mental health status of the individual since this affects the presentation, course and response to therapy. Depression can cause great suffering and leads to impaired functioning in daily life. Older adults with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of medical services and health care costs. There are significant social and economic issues regarding the direct costs of medical, social and informal care associated with dementia. Moreover, physical, emotional and financial pressures can cause great stress to families.

With increasing behavioural problems the primary care physician has the responsibility to detect and manage them. Primary care physician will have to master the skill for efficient behavioural assessment. Behavioural disorders are among the most prevalent and treatment-responsive problems encountered in

primary care. The most comprehensive and accurate information is obtained when the examination begins with open-ended questions and active listening followed by a structured inquiry about specific symptoms and events. The clinician's listening attitude helps to establish trust and a collaborative, problem-solving partnership between patient and clinician.

Health care, social, legal and financial support system will have to be ready to tackle the significant problem of mental health in old age. Looking to the gravity of the issue WHO has adopted "Depression: Let's talk" as its slogan for World Health Day 2017. WHO supports governments in the goal of strengthening and promoting mental health in older adults and to integrate effective strategies into policies and plans.⁶

REFERENCES

1. Srivastava RK, editor. Multi-centric study to establish epidemiological data on health problems in elderly. WHO-Govt. of India Report. 2007
2. Prakash, O. & Kukreti, P. State of Geriatric Mental Health in India *Curr Tran Geriatr Gerontol Rep* (2013) 2: 1 doi:10.1007/s13670-012-0034-1
3. Tiwari SC, Kar AM, Singh R, Kohli VK, Agarwal GG. An epidemiological study of prevalence of neuro-psychiatric disorders with special reference to cognitive disorders, amongst (urban) elderly- Lucknow study. New Delhi: ICMR Report; 2009.
4. Tiwari SC, Kar AM, Singh R, Kohli VK, Agarwal GG. An epidemiological study of prevalence of neuro-psychiatric disorders with special reference to cognitive disorders, amongst (urban) elderly- Lucknow study. New Delhi: ICMR Report; 2010.
5. Shah SN, Desai ND, Sharma ER, Chvavda PD, Shah SH. Psychiatric Co-morbidity in Geriatric Medical Outpatients of Tertiary Care Hospital. *Journal of The Indian Academy of Geriatrics*, 2017; 13:5-9
6. <http://www.who.int/mediacentre/factsheets/fs381/en/>
7. Shaji KS, Kishore NR Arun, Lal K Praveen, Pinto C, Trivedi JK. Better mental health care for older people in India. *Indian J Psychiatry*. 2004; 46:367-72.