

Challenges and a way ahead for geriatric mental health care: A new approach



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Abstract

Geriatrics, a vital branch of medicine, focuses on the physiological aspects of aging and the diagnosis and treatment of age-related conditions, particularly among individuals aged 65 and older. As India faces a significant demographic shift, with projections indicating a 326% increase in the population aged 60 and above and a staggering 700% increase in those aged 80 and above by 2050, the implications for geriatric mental health are profound. This article examines the rising prevalence of mental disorders in the elderly, with reported rates varying from 22.3% to 43.3%, highlighting depression and anxiety as the most common psychiatric issues. Challenges in geriatric mental healthcare include insufficient training among primary care providers, inadequate research funding, and a lack of culturally relevant diagnostic tools. Furthermore, the existing healthcare infrastructure is ill-equipped to address the unique needs of this population. To combat these issues, we propose a multi-faceted approach, including home-based care programs, increased awareness, establishment of geriatric day care centres, and enhanced educational opportunities in gerontology. By addressing these challenges, we can improve mental healthcare for India's elderly, ensuring they receive the attention and support they need to maintain their well-being and dignity.

Keywords : Geriatrics, Mental health, Challenges, Elderly, Care, Gerontology, Awareness, Training, Individuals.

1. Introduction

'Geriatrics' is a term often used in medical field which deals with physiologic characteristics of ageing as well as diagnosis of and treatment of affected individuals. Elderly, are those over the age of 65yrs. India is going through a demographic shift. According to the demographic profile, India's total population will rise by 55% between 2000 and 2050, while the population of people 60 years of age and older will expand by 326% and the population of people 80 years of age and older by 700%. As a result, there are now more elderly individuals overall, a phenomenon known as the "greying of population (1). Due to physical health issues, cerebral pathology, aging of the brain, and socioeconomic factors like social isolation, diminished economic independence, and broken family support networks, the burden of mental disorders' morbidities is rising among India's senior population (2).

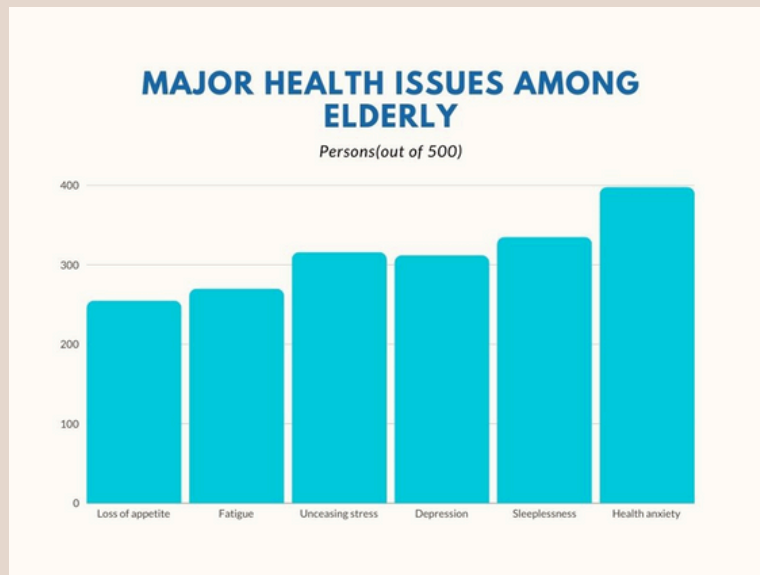


Figure 1. Major health issues among elderly population (3)

Some of the issues that our country faces include a shortage of qualified experts, dearth of funding for senior mental health, a restricted infrastructure for geriatric mental health care (4).

2. Prevalence of geriatric mental disorders

Significant morbidity in later life is a result of mental diseases. The prevalence of mental illnesses in the elderly to be 22.3% (3.3% schizophrenia, 2.4% manic depressive psychosis, 8.5% organic psychosis, 3.8% hysteria, other 4.3%) (5). While it was to be 33.3% (depression 24%, hysteria 3%, anxiety 5.5%) in rural India. In the geriatric group, depression was the most common psychiatric disorder (21.3%), with the next most common ones being anxiety (20.9%) and organic disorders (8.1%) (6).

3. Challenges for geriatric mental healthcare

3.1. The aging population of India

At the moment, the population's growth rate is three times higher for those 60 years of age and above (7). Significant cohorts are living longer due to the rapid advancements in nutrition, sanitation, public health, medicine, and nutrition (8).

3.2. Insufficient knowledge about geriatric mental health services in primary care

Primary care physicians are not trained to identify and manage psychological illnesses in the elderly, such as depression or dementia, which affect around 40%-50% of the population (9). Despite increased specialist geriatric training in internal medicine, general practice, and psychiatry, education in the detection and treatment of elderly mental diseases is still uncommon in training (10).

3.3. Lack of research in geriatric psychiatry

The Pradhan Mantri Vaya Vandana Yojana (PNVVY) was introduced in 2017 and is only available to individuals who are 60 years of age or older. Currently, the Indian government spends less than 0.1 percent of its GDP on research and care related to elderly health (11). Due to the lack of sponsorship, there are extremely little national statistics available on the prevalence of mental illnesses, their epidemiology, and their effects on different religious, socioeconomic, regional, cultural, and ethnic groups. Secondly, conducting research on the elderly, age-related physiological changes make it difficult to conduct clinical treatment trials that include pharmaceutical interventions. The relationship between age and drug dynamics is not well understood, although it is frequently considered that geriatrics are more prone to drug-related adverse effects than younger individuals because of the prevalence of comorbidities and concurrent medicines (12).

3.4. Lack of diagnostic tools in India

It can be challenging to diagnose mental problems in geriatric psychiatry. This is mainly because existing diagnostic criteria are not specifically designed to check the mental health condition of older people, resulting in either a misdiagnosis of one's ailment or no diagnosis at all, leaving the disorder untreated. Indian standards for psychiatric diagnosis must take into account cultural characteristics (13,14).

A large autopsy investigation found that older persons with milder Lewy body pathology satisfied the diagnostic criteria for dementia with Lewy bodies (DLB). The study found that younger persons with DLB had scattered Lewy bodies in their neocortex, while older adults with cognitive impairment had restricted Lewy bodies in their brainstem. No older patients with Lewy body disease in the brainstem met the pathological criteria for Alzheimer's dementia. The study found that dementia in older persons is caused by a distinct DLB phenotype compared to younger adults (15).

4. A way ahead

Despite the growing demand for mental health treatments for the elderly, there remains a huge unmet need. Policymakers often overlook the older population due to their lack of active participation in the productive workforce. In addition to their agricultural labour, they also make contributions to society through volunteering, raising grandkids, taking care of the sick, mediating disputes, offering advice, and conveying their life experiences, cultural heritage, and religious beliefs. The development of suitable and efficient health care for this group is desperately needed.

By following ways, we can improve the current situation.

4.1. Home based care programmes

To address the time and resource constraints of training health professionals, countries such as India might focus on developing training programs for family members who serve the elderly. In underdeveloped nations, providing assistance, guidance, and training to family caregivers can be an economical approach, involving merely 10% of the costs associated with residential care. A Goa-based home-based care program's randomized controlled experiment yielded good outcomes (16).

4.2. Increasing awareness

Creating a conducive environment is crucial for enhancing care for the elderly. Raising awareness about mental health issues, the unique needs of the elderly, and available assistance is crucial. The current paradigm promotes constructive engagement among physicians, researchers, caregivers, and older individuals with mental illness.

4.3. Geriatric day cares

Diagnostic services, including short-term and long-term treatment for patients with organic or functional disorders, and family support should be provided by day care centres. Community-based programs target individuals with dependency on several daily tasks, lack of family assistance, dementia, multiple long-term illnesses, and frequent hospitalizations (17).

4.4. Improving Indian gerontology

Postgraduate studies in psychiatric mental health nursing, including a specialist course in geriatric mental health, are pursued by clinical experts in gerontology and geriatric nurse practitioners. Seek out gerontology and psychiatric nurses for geropsychiatric nursing graduate programs. These nurses specialize in both psychiatric and gerontological nursing, with additional training in geriatric mental conditions (18).

4.5. Residential care and nursing care

Residential care offers several living options, including independent and sheltered housing plans. Caregivers in residential facilities can meet the requirements of the elderly with little training. Nursing care is typically provided by skilled nurses for persons with complex medical conditions. The ability of the residents to function can be improved by training the nurses and aides (19).

5. Conclusion

Mental health issues are often overlooked by healthcare professionals and elderly individuals, and the stigma associated with mental illness might discourage people from seeking help. The lack of awareness, inadequate training opportunities, unequal distribution of health resources, and the almost total absence of chronic care illness models are the challenges facing geriatric psychiatry in India in the future. The government has programs in place to provide social benefits to the elderly, but coverage is inadequate. Raising awareness, building capacity, bolstering training and research, developing community-based rehabilitation programs, and putting in place an all-encompassing primary health-care system are all critical in addressing senior mental health issues. To address the unmet needs of senior mental health, it's important to promote awareness among experts, generate suitable resources, and strengthen intersectorial teamwork. National policies, initiatives, and laws must prioritize geriatric mental health, while also fostering advocacy and empowerment. Small changes can significantly improve senior mental health in India.

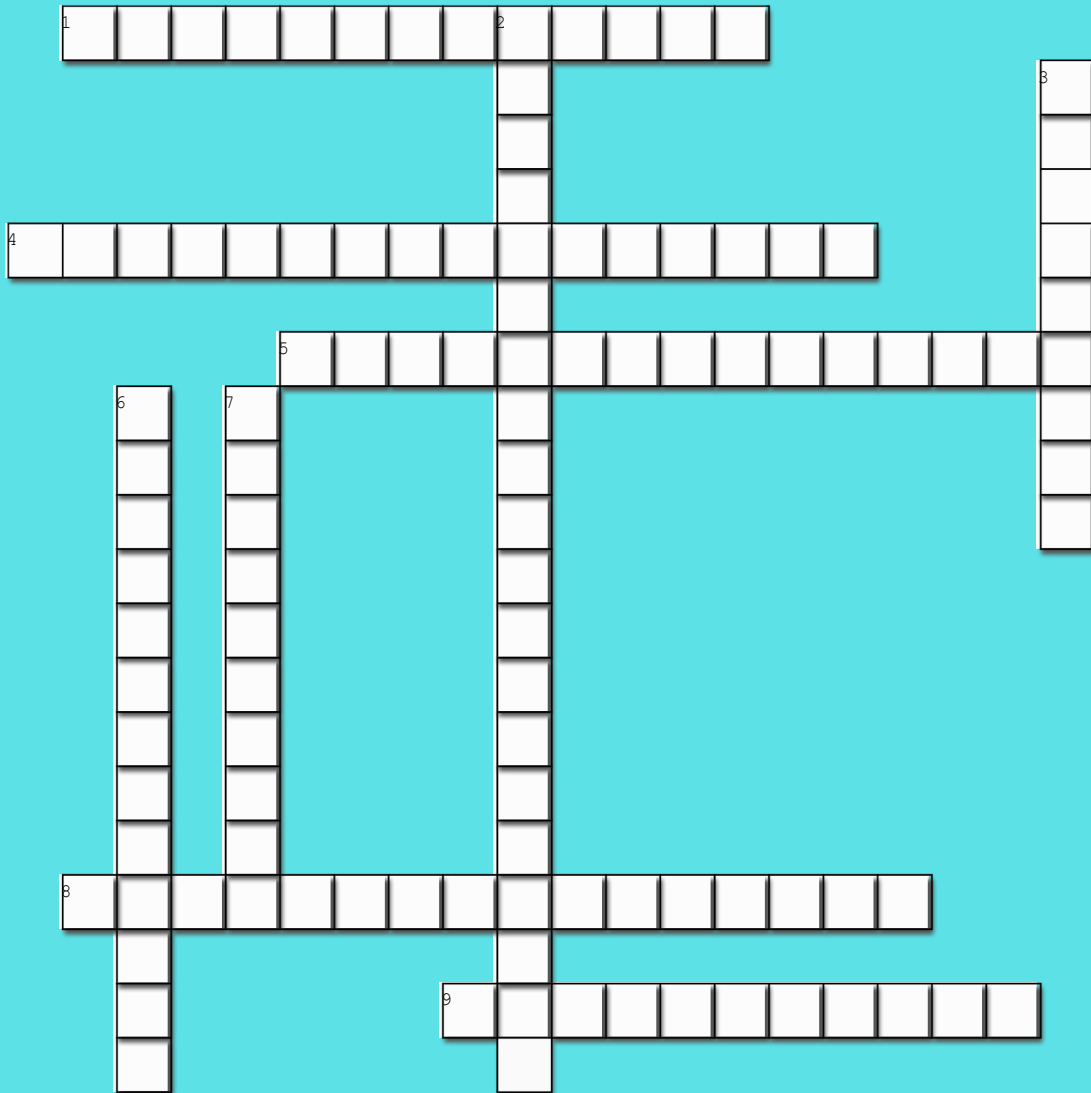
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Challenges in geriatric drug delivery

Complete the crossword puzzle below



Created using the Crossword Maker on TheTeachersCorner.net

Across

1. Impaired nutrient absorption
4. Decreased mental sharpness
5. Decreased stomach acid secretion
8. Fatty liver disease
9. Having two or more diseases at the same time

Down

2. Age related changes in sinusoidal endothelium
3. Difficulty swallowing
6. Delayed gastric emptying
7. Dry mouth

Answers are on page 192