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Review Article

Gerontopsychiatry

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Abstract

Depression in old adults, and panic anxiety disorder, are the main characteristics of gerontopsychiatry. Interactions between dementia, panic hallucinations and delusions, psychotic disorders, drugs, insomnia, suicide and dementia, define the psychiatric aspects of old patients. Bipolar troubles, and mental disorders are typical for psychiatry of old patients. Starting at 65 years and/or older, interactions between drugs, polymerization, and schizophrenia provide substantial evidences of psychic disorders. Dementia, neuropsychiatric complications, suicidal thinking, medical psychiatric disorders characterize psychiatric conclusive evidence in the elderly. Drugs, such as anticholinergics, antiparkinson, steroids and beta-blockers, as well as alcohol and benzodiazepine withdrawal, may produce mental health disorders. Psychiatric alterations have consequences that include social deprivation, poor quality of life, cognitive decline, disability, increased risks for somatic disorders, suicide, and increased non-suicidal mortality. Geriatric psychiatrics aiming to investigate the causes of neurologic effects, are symptoms that should be treated by an alienist.

Keywords: Gerontopsychiatry, Polymedication, Suicidal thinking, Dementia, Schizophrenia, Bipolar trouble, Depression, Elderly patients

GERONTOPSYCHIATRY

In the elderly, psychiatric disorders include depression, anxiety disorders, and psychosis. In the aged patients they are related to diseases. Psychiatric disorders involve, suicidal thinking, and increased non-suicidal mortality [1].

In the last 60 years, the number of adults over 65 has grown extensively. Hence, the needs for geriatric psychiatry have considerably increased. Depression occurs when old patients are stopping work, have less money and more health problems. They are affected by the death of partners or friends. They lose interest in life, feel tired, loose appetite and weight, find had to relax, want to avoid people, feel irritable, and that cannot concentrate properly, and loose sexual feelings.

Gerontopsychiatry involves

- Depression persistence and mood alterations are occurring nearly every day. Persistent ideas of suicide, planning and suicide attempts are significantly high.
- Anxiety: Obsessive compulsive disorders, panic attacks and post-traumatic stress disorder are forms of anxiety disorders, but are less common among older adults.
- Substance use and abuse: Sometimes apathy is due to inadequate nutrition, dehydration or medication, and sometimes to a progressive cognitive decline. Sometimes poor self-care is associated to a physical condition and sometimes it is due to paralyzing anxiety.

Gerontopsychiatry starting at 65 years or beginning earlier: it implicates schizophrenia and/or bipolar troubles.

For older patients (more than 65 years), they display forms of schizophrenia or/and depression.

For hospitalized patients, 1 to 4% aged persons are depressed or bipolar. They display severe symptoms and risks of suicide.

Medications favor depressed symptoms: especially psychotrops (e.g. benzodiazepins).

There is a lack of convergence between psychiatric diagnostic and psychotropic treatment.

For older patients, hospitalized for more than 3 months, there is a risk of interaction between drugs, polymedication and schizophrenic troubles. Some patients are bipolar, displaying phobic troubles and they need to be treated by an alienist.

- Bipolar trouble: Alternatively, patients are either hyperactivity and subjected to deep depression, irritability, and hyper-action. They display a need for sleep, talk a lot, moving from here to there. and telling jokes.

Low energy, sadness, loss of interest for diverse activities and social handicaps, professionals and affective disturbances. Bipolar troubles may be responsible for suicide. It is the second pathology leading to suicide after mental anorexia.

Insomnia of the patients, with a lake of being tired. Bipolar troubles are energetic, with an enhanced libido.

Ionogramme: reveals kaliemia, calcemia, urea, creatinine.

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NFS, platelets, CRP, TSH.

Urines analysis indicate the use of cannabis, cocaine, opium, and amphetamines.

Scanner or IRM, and ECG support this assumption.

Drugs treatments: lithium, valpronate, antipsychotic of the 2d generation (Olanzapine, Risperidone, QueDiseases tiapine, Aripiprazole and selective inhibitors of recapture of serotonin (ISRS).

Some antidepressants have side effects: such as dry mouth, and/or interference with other medicines.

Gerontopsychiatry implicates oral and mental troubles, and constitutes the framework of psychic alterations **(Table 1)**.

Table 1. Gerontopsychiatry.

Dementia
• Mild cognitive impairment
• Alzheimer's disease
• Vascular dementia
• Dementia with Lewy bodies
• Parkinson's disease
Neuropsychiatric complications
Psychiatric disorders
• Depression
• Melancholic depression
• Anxiety disorders
• Bipolar disorder
• Schizophrenia
Personality disorders, eating disorders
Medical-Psychiatric Disorders
• Delirium

Anxiety disorders, somatic symptom disorders (hypochondrostasis), confused thinking is frequent in old patients. They display reduced ability to concentrate, sadness, tiredness, low energy, sleeping problems. The sick patients display hallucinations. They overuse drugs. They display excessive anger. Hostility, and violence are frequent. Suicidal thinking is the most frequent aspect of the pathology of old patients.

- Neurodevelopmental disorders: the many psychiatric disorders usually begin in infancy or childhood, often before a child starts school.
- Depressive disorders include disorders characterized by feelings of extreme sadness and worthlessness, along with reduced interest in previously enjoyable activities. Disorders and premenstrual dysphoric disorders.
- Obsessive-compulsive and related disorders: repeated unwanted disorders display urges, thoughts, or images (obsessions) and feel driven to taking repeated actions in response to them (compulsions).
- Trauma-and stress-or related disorders and acute stress disorders.
- Dissociative identity disorders, and dissociative amnesia.
- Including illness anxiety disorder, somatic symptom, and factitious disorders
- Feeding and eating disorders. These disorders are disturbances related to eating, such as anorexia nervosa, bulimia nervosa.
- Elimination disorders are related to the inappropriate elimination (release) of urine or stool by accident or on purpose. Bedwetting (enuresis) is an example.
- Sleep-wake disorders. These are severe sleep disorders, including nightmares, sleep apnea, and restless legs syndrome.
- Sexual dysfunctions include such diagnoses as premature ejaculation, erectile disorder, and female orgasmic disorder.
- Gender dysphoria goes with a person's stated desire to be a different gender. The diagnostic criteria in this group differ among children, adolescents, and adults.
- Disruptive, impulse-control, and conduct disorders show symptoms of difficulty with emotional and behavioral self-control, repeated stealing and intermittent explosive disorder.
- Substance-related and addictive disorders have problems associated with excessive use of alcohol, opioids, recreational drugs, hallucinogens, and other types of use and abuse drugs.
- Neurocognitive disorders are disorders that affect people’s ability to think and reason. This include delirium as well as disorders of thinking and reasoning caused by such conditions or diseases as traumatic brain injury or Alzheimer's disease.
- Personality disorders involve a lasting pattern of emotional instability and unhealthy behaviors that disrupt daily living and relationships. Examples include borderline, antisocial, and narcissistic personality disorders.
- Paraphilic disorders Many sexual-interest disorders are included in this group, including sexual sadism disorders, voyeuristic, and pedophilic disorders.
- Other mental disorders include psychiatric disorders that are due to other medical conditions or that don't meet all the requirements for any of the other psychiatric disorder groups.
- Assessment in clinical practice of suicide risk by calculating its prevalence and searching for vulnerabilities factors.

- This is a retrospective study on patients admitted over a period of 6 months in a geriatric unit for psychiatric disease. The mention psychiatric interview input was searched for the presence of classically described vulnerability factors.
- On admission to psychiatric unit is of 8.2% (eight of 97 patients admitted), the entire cohort is given for the frequency of vulnerability factors.
- Routine screening for suicidal ideation through interrogation is the most sensitive method of screening
- Noticeable changes
- Difficulty concentrating, feeling restless
- Increased worry or feeling stressed
- Anger, irritability, aggressiveness
- Ongoing headaches, digestive issues, or pain
- Misuse of alcohol or drugs
- Sadness or hopelessness
- Suicidal thoughts
- Engaging in high-risk activities
- Obsessive thinking or compulsive behavior
- Thoughts or behaviors that interfere with work, family, or social life
- Engaging in thinking or behavior
- Seeing, hearing, and feeling things that other people do not see, hear, or feel [2-10].

CONCLUSIONS

Gerontopsychiatry is dealing with prevention of sickness for humans in old age: dementia, memory problems, fear of death for men. For women, the symptoms include perinatal depression, perimenopause-related depression, identity crisis and menopause. Both of they constitute the most numerous diseases grouped in gerontopsychiatry. Phobic troubles, and suicide risks, all of them need to be adequately managed by an alienist.

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