

## Original Research

### Assessment of incidence of psychiatric illness among medically ill geriatric patients with no past history of psychiatric illness

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#### ABSTRACT:

**Background:** Just as children are not simply tiny adults, the elderly are not simply older versions of young adults. Like children, the elderly require special approaches and an understanding of the physiologic, psychosocial, and physiologic impact of aging. Hence; the present study was undertaken for assessing incidence of psychiatric illness among medically ill geriatric patients with no past history of psychiatric illness. **Materials & methods:** The present study was undertaken for assessing incidence of psychiatric illness among medically ill geriatric patients with no past history of psychiatric illness. A total of 100 patients of 65 years of age or above of both sexes were enrolled. All the patients were already diagnosed for medical illness. All the selected patients were administered the proforma containing sociodemographic history, present history and past history of patients of psychiatric illness. The diagnosis was confirmed by senior consultant psychiatrist to avoid any error in the choice of subjects for study. **Results:** Adjustment disorder and anxiety disorder were seen in 15 percent and 8 percent of the patients respectively. Bipolar disorder and dementia were seen in 7 percent and 8 percent of the patients respectively. Overall, psychiatric illness was seen in 44 percent of the patients. **Conclusion:** Modern geriatric medicine is a busy, fast-throughput speciality, and psychiatric disorders in acute inpatients are likely to be missed or dismissed by ward staff concentrating on the physical aspects of care.

**Key words:** Geriatric, Medically ill, Psychiatric

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#### INTRODUCTION

Just as children are not simply tiny adults, the elderly are not simply older versions of young adults. Like children, the elderly require special approaches and an understanding of the physiologic, psychosocial, and physiologic impact of aging. The aging process currently encompasses more than a generation and exceeds three decades. The common framework for describing different older adult populations is "young-old", "old", and "old-old." The "young-old" are people in their 60s and early 70s who are active and healthy. The "old" are people in their 70s and 80s who have chronic illnesses and are slowing down with some bothersome symptoms. The "old-old" or

"oldest-old" are often sick, disabled, and perhaps even nearing death.<sup>1-3</sup>

Ageing of a population is a matter of great concern for the health sector. The elderly are, on the whole less healthy than the non-elderly. Among the elderly, increasing age is associated with higher morbidity and higher use of health services (number of visits to doctors and hospitalizations). A study among elderly indicated that the elderly in rural areas expressed more need for health services and experienced greater financial hardship than in urban areas. This ever increasing age group needs special healthcare. Psychological assessment should be an integral part of the comprehensive functional health assessment of geriatric patients. In recent years problems related to

old age are getting recognition. Psychiatric morbidity in geriatric patients impacts personal, family and societal life.<sup>4- 6</sup> Hence; the present study was undertaken for assessing incidence of psychiatric illness among medically ill geriatric patients with no past history of psychiatric illness.

**MATERIALS & METHODS**

The present study was undertaken for assessing incidence of psychiatric illness among medically ill geriatric patients with no past history of psychiatric illness. A total of 100 patients of 65 years of age or above of both sexes were enrolled. All the patients were already diagnosed for medical illness. All the selected patients were administered the proforma containing sociodemographic history, present history and past history of patients of psychiatric illness. The diagnosis was confirmed by senior consultant psychiatrist to avoid any error in the choice of subjects for study. All the results were recorded in Microsoft excel sheet and were analyzed by SPSS software. Chi- square test and student test were used for evaluation of level of significance.

**RESULTS**

40 percent and 31 percent of the patients belonged to the age group of 65 to 69 years and 70 to 74 years respectively. Mean age of the patients was 73.45 years. 68 percent of the patients were males while the remaining 32 percent were females. 35 percent of the patients and 29 percent of the patients had ischemic heart disease and congestive heart failure respectively. 21 percent of the patients had chronic kidney disease. Adjustment disorder and anxiety disorder were seen in 15 percent and 8 percent of the patients respectively. Bipolar disorder and dementia were seen in 7 percent and 8 percent of the patients respectively. Overall, psychiatric illness was seen in 44 percent of the patients.

**Table 1:** Age-wise distribution

Age group (years)	Number of patients	Percentage of patients
65 to 69	40	40
70 to 74	31	31
75 to 79	12	12
80 to 84	11	11
85 and above	6	6
<b>Total</b>	100	100
<b>Mean ± SD</b>	73.45 ± 8.32	

**Table 2:** Medical diagnosis

Medical diagnosis	Number of patients	Percentage of patients
Alcoholic liver disease	12	12
Congestive heart failure	29	29
Chronic kidney	21	21

disease	Number of patients	Percentage of patients
Ischemic heart disease	35	35
Others	3	3
<b>Total</b>	100	100

**Table 3:** Psychiatric diagnosis

Psychiatric diagnosis	Number of patients	Percentage of patients
Adjustment disorder	15	15
Anxiety disorder	8	8
Bipolar disorder	7	7
Dementia	8	8
Depression	6	6
None	56	56
<b>Total</b>	100	100

**DISCUSSION**

There is lack of special geriatric or psychogeriatric services provided for the physically ill elderly patients. The practitioners can only provide reasonable care if they are able to detect mental disorders in their elderly patients. Recognition of mental disorders in physically ill elderly patients is also important because the mental disorder may delay recovery from the physical illness; the medical management of the physical condition may complicate an undetected mental disorder which otherwise would have been easily treatable to ensure a better quality of life for the patient. In both out-patient and in-patient services, physical illnesses have been reported in psychiatric patients, sometimes unrecognised by the psychiatrists. Similarly, studies have shown that physically ill patients including the elderly sometimes have co-existing mental disorders which have at times gone unrecognised by the attending medical personnel.<sup>6- 9</sup> Hence; the present study was undertaken for assessing incidence of psychiatric illness among medically ill geriatric patients with no past history of psychiatric illness.

In the present study, 40 percent and 31 percent of the patients belonged to the age group of 65 to 69 years and 70 to 74 years respectively. Mean age of the patients was 73.45 years. 68 percent of the patients were males while the remaining 32 percent were females. 35 percent of the patients and 29 percent of the patients had ischemic heart disease and congestive heart failure respectively. 21 percent of the patients had chronic kidney disease. Rao H et al analyzed 100 elderly patients with medical illnesses and observed that the prevalence of depression was found to be 45%. Geriatric depression was more among those from nuclear families (p=0.028) and lower socioeconomic classes V and IV 35.5% and 28.8% respectively. It was also observed that that as the number of comorbid medical illnesses increases, the depression morbidity increases (p=0.047). Type II diabetes mellitus and cerebrovascular disorders too were significantly

associated with depression ( $p=0.022$ ) and ( $p=0.008$ ) respectively. The results reaffirmed that there is a high prevalence of depression among the geriatric population and adequate measures to detect and control this psychiatric disorder in elderly by specialized geropsychiatric services are needed.<sup>10</sup>

In the present study, adjustment disorder and anxiety disorder were seen in 15 percent and 8 percent of the patients respectively. Bipolar disorder and dementia were seen in 7 percent and 8 percent of the patients respectively. Overall, psychiatric illness was seen in 44 percent of the patients. Shawky M et al assessed the extent of mental illness in old age group living in care homes, and to determine the level of social support. A case-control study was conducted on 116 elderly individuals, who were divided into two groups – group A included 56 individuals living in old-age homes, and group B included 60 individuals living with their families (control group). All of them were subjected to the following: assessment of sociodemographic status and clinical diagnoses using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders scale, the Brief Psychiatric Rating Scale, and the Multidimensional Scale of Perceived Social Support (MSPSS). There was no significant statistical differences between both groups regarding the presence of a possible psychiatric disorder ( $P<0.05$ ). In the case group, we found significant differences for factor neurotic ( $t=2.894$ ), factor positive ( $t=4.633$ ), and factor negative ( $t=8.893$ ) compared with the control group. Special care should be provided for the elderly living in old-age homes as they are more prone to psychiatric illnesses and have a higher risk for depression, less social support, and more severe isolated psychiatric symptoms.<sup>11</sup>

## CONCLUSION

Modern geriatric medicine is a busy, fast-throughput speciality, and psychiatric disorders in acute inpatients are likely to be missed or dismissed by ward staff concentrating on the physical aspects of care.

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