

Editorial

Depression, Anxiety and Elderly

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Abstract

Research on the course and treatment of anxiety in older adults lags behind that of other mental conditions such as depression and Alzheimer's.

Until a few years ago, anxiety disorders were believed to decline with age. That's because older patients are less likely to report psychiatric symptoms and more likely to emphasize their physical complaints.

But experts now recognize that aging and anxiety are not mutually exclusive : anxiety is as common among the old as among the young.

The geriatric population is at high risk of developing anxiety and depression due to many factors, including a high prevalence of comorbidities, pain, frailty, and poly pharmacy; lack of social interaction or emotional-support due to death of a spouse or isolation from others as a result of impaired mobility or functional disability; feelings of loneliness and worry about death, finances, or general well-being; and the presence of other psychiatric illnesses or previous traumatic experiences. These factors increase the vulnerability of fear and anxiety in the elderly and can trigger or reactivate anxiety disorders and depression.

Editorial

Most older adults enjoy good mental health. However, it is anticipated that the number of older adults with mental and behavioral health problems will almost quadruple, from 4 million in 1970 to 15 million in 2030. Mental health disorders, including anxiety and depression, adversely affect physical health and ability to function, especially in older adults.

Some late-life problems that can result in depression and anxiety include coping with physical health problems, caring for a spouse with dementia or a physical disability, grieving the death of loved ones, and managing conflict with family members.

Addressing these problems and treating often overlooked mental health conditions results in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families. Increasing access to mental health services for older

adults will reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use.

Following an expansion in the range of psychological treatments used to treat psychiatric disorders in younger adults there is now increasing interest in the use of these techniques with older patients. This is accompanied by an awareness of the often poor prognosis of emotional disorders in older people, particularly depressive illness, and a need to develop effective interventions. There is, therefore, a need to expand the range of suitable interventions. The US National Institute of Health consensus development conference highlighted the need for the continued development and evaluation of psychosocial interventions, with particular reference to the way in which such treatments may complement or provide alternatives to physical treatments [1]. Treatments for older patients should also

address physical symptoms, whether these are the result of physical or psychological disorder.

Psychological treatment methods used with older adults include those designed specifically for this population, such as validation therapy and reminiscence therapy, as well as adaptations of techniques used with younger patients, such as behaviour therapy, psychodynamic therapy and family therapy.

Mental disorder in old age are frequent and they are frequently under diagnosed. Most mental disorders are treatable once detected. Untreated mental disorders strongly impair life quality of patients and care-givers, cost money, promote further disability and burden for the public health system. There is a strong and complex interrelationship between somatic illnesses, mental disorders and social factors in old age, which make geriatric medicine more time- consuming and more expensive than normal internal medicine. Mental health is of tremendous importance for functional independence and life-quality. Since it is impossible not to have any somatic diseases in old age, it is essential to develop strategies to cope with these impairments, which in turn strongly depend on mental, that is on both emotional, and cognitive health.

Thus, mental health is the basis of remaining autonomy and life quality in old age. Beside curing a patient, assurance of life-quality of the multimorbid old patients should be the main goal of medical gerontology.

Not only internal medicine, but also a great array of medical disciplines will have to cooperate to reach this objective. There is a need for more education of physicians concerning the common mental disorders in the elderly in order to improve their management.

Having good mental health throughout life does not ensure immunity from severe depression, Alzheimer's disease, anxiety disorders, and other mental disorders in the senior years of life. Take

note of noticeable changes in an older person's behavior or moods. These changes could be symptoms of conditions for which help is available. Seniors should not be afraid to seek medical and psychiatric evaluations and treatments that can return them to a productive and happy life. There is help, and there is hope.

References

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