Mission

To work for the cause and care of disadvantaged aged persons and to improve their quality of life

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Mental Health in Old Age

Introduction
India is graying. There are about 100 million Indians above the age of 60 years. Life span has increased from 32 years in 1947 to 54 years in 1980 and 63 years presently. With better standard of living and medical breakthroughs there is life beyond sixties.

An elderly person who continues to be physically active, mentally alert can retard this aging process to some extent and reduce associated physical and psychological problems. Absence of any useful, goal directed activity and dull, inactive mind hastens disability, personality and mood changes, increased irritability, self centeredness, social withdrawal or feelings of insecurity and neglect.

Moreover in the present day period of rapid urbanization and changes, breakdown of the joint family system, migration of youth to the cities and abroad, inadequate living space and generation gap have had a particularly telling effect on the elderly who get marginalized and sadly neglected, falling an easy prey to a host of illnesses, including mental problems.

Psychosocial variables leading to mental/emotional problems in the elderly.

- **Female sex**  More elderly women than men are prone to developing psychological problems.
- **Widowed state**  Recent death of spouse, loss of companionships, income etc.
- **Unemployed**  condition leading to insecurity and dependency on others.
- **Low social class**  Lack of awareness, due to poor education  Neglect of problem.
- **Living alone**  Feeling of neglect, loneliness, social isolation.
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- **Physical illness** or disability.
- **Sensory deficit** Impaired vision or hearing.
- **Nuclear families.**
- **Special stressors** Retirement, loss of status, fall in income, loss of health, lack of purpose in life.

Psychological concerns of the elderly
- **Isolation/Loneliness**
  Leads to
  - Boredom
  - Irritation
  - Apathy
  - Disuse of skills

Can occur due to
- Death of spouse, friends
- Dispersal of family members
- Children living abroad
- Family isolates the elderly
- Rejection by family/society

**Overcoming Loneliness**
- Renew social contacts
- Network with other elderly persons
- Join senior citizen forums or clubs
- Organize reunions with former colleagues
- Reach out to younger people
- Use modern telecom technology to advantage
- Keep pets, care for them
- Develop new interests and hobbies
Loneliness is preventable, curable and unnecessary.

- Diminishing Self esteem

Leads to
- Lack of self confidence
- Sense of worthlessness
- Increased frustration
- Self doubts

Can occur due to
- Lower ego resources
- Economic uncertainty
- Failing health, poor stamina
- Failure to adapt to changes outside
- Loss of prestige, power, status

Can be overcome by
- Drawing wisdom from life experience
- Past accomplishments
- Cultivating independent living skills
- Develop philosophical view of life.
- Plan financial self sufficiency
- Helping less fortunate ones

Work/Purpose in Life
- Work gives a sense of identity, a reason for existence
- It discharges energy through meaningful activity
- It protects against atrophy mental and physical
- Makes the person more attractive to other people
- Provides financial security
- Boost self confidence, self esteem
- Utilization of experience, knowledge and skills accumulated over years.
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Can be pursued by :--

✓ Self employment, consultancy
✓ Shift from govt. to private sector
✓ Entrepreneurship
✓ Job clubs
✓ Social/voluntary work

Bereavement

❖ Loss of a close relative or friend, especially spouse
❖ Grief is usually a mix of emotions Sorrow and disappointment along with anger, guilt and anxiety.
❖ It can precipitate psychiatric disorders such as Depression, Psychosomatic illness or even Suicide.

Coping with Bereavement

✓ Accept emotions such as anger, guilt as normal.
✓ Take time to grieve and mourn.
✓ Don't live in the past, find your own identity.
✓ Don't get housebound, be mobile.
✓ Take care of your finances.
✓ Don't conform to outdated, stereotypical roles of widowhood.
✓ Take professional help if required.

Mental functions that can get affected with ageing

• Short term memory
• Speed of response
• Motor coordination

Mental functions that don't get affected

• Logical reasoning
PSYCHIATRIC DISORDERS IN OLD AGE

Depression: In spite of strong family bonds and cultural practices that revere the aged, depression still ranks as the most prevalent psychiatric illness of the aged, which is more common amongst women than in men. The common symptoms are sad mood, sleep disturbance, anxiety, excessive preoccupation about one's body or health, feelings of worthlessness, loss of purpose in life, suicidal ideation, loss of energy, loss of pleasure in interest and usual activities, poor appetite etc.

These symptoms may range from mild to very severe. Sometimes, depression can also be 'masked' and present mainly with various bodily complaints such as pains and aches and excessive preoccupation with bodily functions. At times, depression in old people is associated with serious physical illness and may show a blend of depression, anxiety, irritability and attention seeking behavior.

Treatment:

- Thorough physical exam and routine investigations to rule out presence of a physical illness.
- Anti depressant drugs are the treatment of choice in most cases of moderate to severe, under the supervision of a psychiatrist.
- Psychotherapy to identify life stresses, areas of conflict, social support systems to help the person cope better with his or her problems and crises.

Anxiety disorders

This is usually associated with depression and hopelessness about the
future, especially related to death and dying. Guilt feelings may also arouse anxiety. Lack of a productive life may lead to apprehensions about economic sustenance. Previously existing anxiety traits can also worsen at this age leading to restlessness, tremor of hands and poor sleep. **Treatment includes anti anxiety drugs and supportive psychotherapy.**

**Hypochondriases**
This is also mostly associated with primary depression, probably due to greater self centeredness and proneness to physical illness, leading to unnatural preoccupation with bodily functions, especially of digestion, evacuation, bones and joints. Psychologically, these may represent an unconscious expression of the person's emotional dependency needs.

**Paranoid Disorders**
Present in nearly 10% of psychiatric patients over 60 years, more commonly in women. Prominent features are persistent feelings of being presented by people around him or her, or intense feelings of jealously, or bizarre complaints involving organs or parts of the body (like insects crawling over) often to delusional proportions and many a times even complain of hallucinatory voices. Stressful circumstances, family breakdown, isolation and loneliness are associated with paranoid disorders.

**Treatment**
They respond well to antipsychotic drugs with a careful monitoring of side effects by a psychiatrist. Some may require admission if they are non cooperative.

**Organic Mental Syndrome**
Sometimes certain mental symptoms are presented when there is any
kind of injury, infection or metabolic changes in the brain which regulates all our behaviors. Two such important conditions are:

• **Delirium** which is characterized by confusion, disturbance of attention, disorientation and perceptual distortions such as illnesses and hallucinations. Speech is incoherent, sleep is disturbed and the person is restless.

• **Dementia** (Alzheimer's disease and Multi infarct Dementia) which is characterized by loss of intellectual or cognitive functions which leads to gradual deterioration of social and occupational functioning and an ability to care for oneself. The main features are increasing forgetfulness, difficulty in finding words while speaking, inability to carry out even simple activities of daily living, errors in judgment and disorientation to persons, places or time.

**Treatment**
In both these above conditions, a through examination and investigations under the supervision of a neurologist who also coordinates the medical treatment is absolutely necessary. Constant care, supervision and help to carry out daily activities is must as these people eventually becomes incapable of taking care of themselves.

**Factors that determine an Active Mind**
- Experience/Exposure to new challenges
- Intellectual curiosity
- Active social involvement
- Physical activity/exercise
- Adequate nutritional status
Some Mental Activities that boost brain power

- Reading
- Refresher courses
- Learning a foreign language
- Learning computer skills
- Mental calculations
- Memorizing poems, couplets
- Singing old songs (recall both the tunes and lyrics)
- Learning music, painting, sketching, calligraphy
- Debating, story telling
- Mental games like Chess, Chinese Checkers, Bridge

Tips for effective mental workouts

- Challenge your mind, stretch it to its limits
- Do usual things in unusual ways
- Start in a graded manner in terms of difficulty levels
- Increase load and difficulty levels as faculties tone up
- Be patient and consistent in your efforts
- Be rested, energetic while attempting mental exercises
- Learn skills to keep up with societal changes
- Don't wait to grow old to exercise your mind

*Once stretched by a new idea, man's mind never returns to its original dimensions* Oliver Wendell Holmes

*Passivity is the enemy of mental vitality*
Disclaimer:
This booklet is not intended to be a substitute for professional medical advice. If in doubt, please consult your doctor and follow his/her instructions. All the statements have been made by the contributors in their individual capacity.
Loneliness is preventable, curable and unnecessary