

Mental disorders in the elderly

náhled|Geriatric

The basic psychiatric disorders in the elderly include dementia, delirium and depression. Their danger lies not only in the basis of the disease itself, but also in influencing a person's overall health:

- emergence of new diseases
- exacerbation of an existing disease
- increased frequency of hospitalizations
- extension of hospitalizations
- overall increase in morbidity and mortality

Dementia

Dementia is a syndrome that can have roots in several diseases, especially in old age.

In seniors, it often leads to:

- dehydration
- malnutrition
- noncompliance (forgetting to take medication)
- loss of self-sufficiency
- the need for external help (from family members)
- the need for institutional care

The most common causes of dementia in the elderly

- Alzheimer's disease
- Ischemic-vascular dementia
- Dementia in Parkinson's disease
- Alcoholic dementia
- Mixed

The treatment of Alzheimer's dementia in particular consists in delaying the more severe stages of the disease. Brain acetylcholinesterase inhibitors - donepezil, rivastigmine - are being used.^[1]

Derepression

Depression in the elderly is generally a relatively underestimated condition. It is based on chronic illness, life-changing situations (loss of a loved one, loss of life role) which is often associated with moving into a nursing home. Depression results in noncompliance treatment (not taking medication, often intentionally), dehydration, malnutrition and weight loss due to lack of appetite. Depression can manifest itself as a general depression or as agitated restlessness with aggressive tendencies. In older age, the number of suicides also increases - high jump, hanging. Depression should therefore not be underestimated, but treated (psychiatric counseling).

Suitable antidepressants in old age^[1]:

- the most suitable are selective inhibitors of serotonin reuptake (sertraline, citalopram)
- serotonin and norepinephrine reuptake blockers (SNRIs)
- noradrenergic and specifically serotonergic antidepressants (NASA) - mirtazapine
- tricyclic antidepressants are unsuitable (they have an anticholinergic effect)

Delirium

Delirium is often caused by dehydration, a change in the environment or by certain medications (typically ATB - fluoroquinolones), hypoxia, infection, psychosocial stress, but also withdrawal delirium.

Acute treatment of delirium:

- elimination of the root cause (metabolic imbalance, infection, neurological disease, ...)
- sufficient hydration
- neuroleptics - typically tiapridal, risperidone, haloperidol
- hypnotics - adjusting the sleep-wake rhythm can lead to an improvement in the condition

Links

Related articles

- Dementia
- Basic geriatric syndromes
- Peculiarities of diseases in old age
- Peculiarities of pharmacotherapy in old age

References

- 1.