Editorial

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Editorial Note on Psychiatry in Old Age People

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Editorial

The population of the elderly (particularly the very elderly) is quickly expanding in both the developed and developing worlds. This reflects improved health and socioeconomic situations and is reason to rejoice. The majority of older individuals maintain good mental and physical health and continue to contribute to their families and society. Mental health difficulties in elderly adults are becoming more widely recognised as a major public health concern. As people live longer lives, there is a greater need for specialised old age psychiatry treatments. Dementia care and memory issues are important aspects of the job. Priority must be given to these mental diseases, which can create significant stress not only for the elderly but also for their families. Changes in family structures exacerbate this. There is also an increase in the number of elderly persons who live alone.

Appropriate therapies for serious mental diseases of old age can often treat them effectively or, at the very least, significantly improve the quality of life of patients and their family. Psychiatrists for the elderly have traditionally worked with adults over the age of 65. However, most old age psychiatric services now operate on a 'needs-led' rather than an age-based basis. In general, old age psychiatrists work with persons who have cognitive impairments, as well as those who have mental health and major physical health co-morbidities, or 'frailty.' They will also assist with persons who are experiencing psychological issues as a result of the ageing process. Working with patients' relatives and caregivers is a vital and rewarding element of the job. Person-centered, individualised care, fostering independence, and emphasising choice are central to old age psychiatry.

Mental health and social problems in old life are inextricably linked. Old age psychiatrists work collaboratively with a variety of agencies, including GPs, social services, occupational therapy, and volunteer organisations. There is a major emphasis nowadays on community care and providing interventions and care packages that allow elderly persons to remain in their own homes. Other initiatives include the development of memory services and the enhancement of acute in-patient services.

Psychiatry of the elderly is a subspecialty of psychiatry that is part of the interdisciplinary approach to providing mental health treatment to the elderly. The specialty is sometimes known as geriatric psychiatry, old age psychiatry, or psychogeriatrics. Its focus is on the psychiatry of persons in their 'retirement' years and beyond. Many services have an age cut-off of 65; however this varies by country and local practise: few specialty programmes include care for younger persons with dementia. Physical difficulties have an impact on mental health, and a holistic, integrated approach is essential in this regard. As a result, old age psychiatrists must have a solid working understanding of general medicine, making it one of the most 'medical' of all psychiatric specialty. Past experiences and behaviour can influence whether or whether a person develops mental illness, as well as how the illness manifests itself. Multiple losses (death of relatives/friends, decreasing health, loss of status, etc.) in old life may be very significant, yet many older people remain resilient in the face of multiple difficulties.

The majority of elderly persons with mental health difficulties are cared for by their family and/or friends, with assistance from the primary care team, which also ensures continuity of treatment. When further opinions and advice are required, as well as direct specialist care, the primary care team (as well as other service providers) must be able to refer to the old age psychiatric service. A multidisciplinary specialist service in old age psychiatry may include a variety of professionals such as doctors, nurses, psychologists, occupational therapists, physiotherapists, social workers, and secretaries who should meet on a regular basis to coordinate and discuss new referrals and current caseload.