A STUDY OF THE PSYCHIATRIC PROFILE OF OLD PEOPLE RESIDING IN OLD PEOPLE'S HOME FROM 6 MONTHS TO 2 YEARS OVER SIX MONTHS.

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT FOR

MASTER'S DEGREE IN PSYCHIATRY

AND NEUROLOGY.

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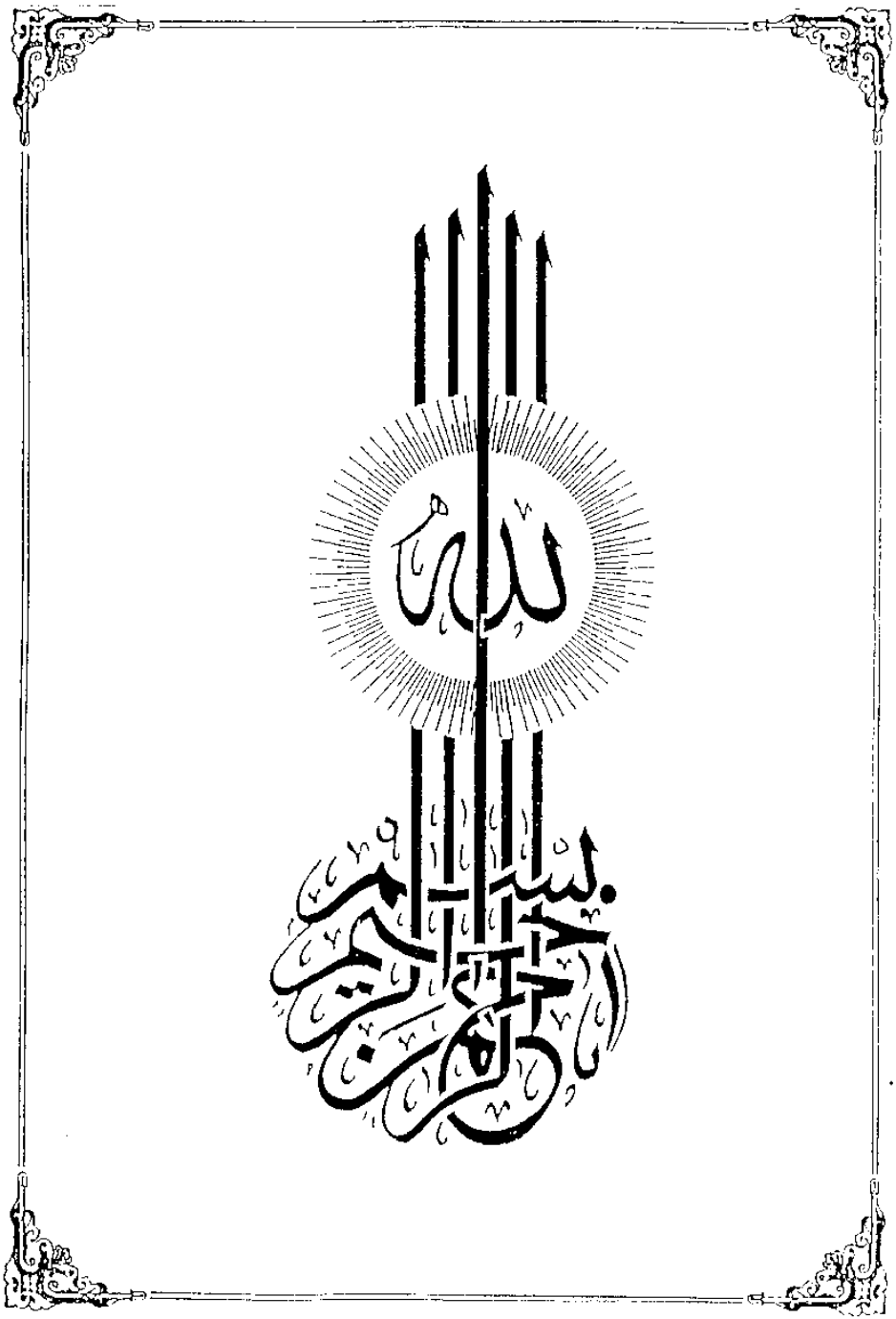
1980

ACKNOWLEDGEMENT

I wish to take this opportunity to express my profound gratitude and my sincere appreciation to Professor Dr. Ahmed Okasha Professor of Psychiatry, who suggested the topic, evaluated the protocol of the thesis, supplied me with references, supervised the work and reviewed the writing of this work with his constructive criticism.

I am especially grateful to Dr. Abdel Moneim Ashour, for his continuous encouragement, invaluable help and guidance in all aspects of the work.

Finally thanks to all who participated in the work and my deep gratitude to our old gentlemen and gentlewomen who have been most helpful and cooperative in performing our study.



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CHAPTER 1
INTRODUCTION

Psychogeriatrics is an ugly word coined in the early 1960s, when psychiatrists recognised that more and more of their patients were elderly, and geriatricians recognised that they were dealing with large numbers of the confused. (Brice Pitt 1974). Some used the word only in reference to confused and demented old people, others where mental and physical disease occur simultaneously.

However, probably most people mean by psychogeriatrics the assessment, treatment and management of the elderly people suffering all kinds of mental disorder. These include depression, paranoid state, personality disorder as well as confusion. Psychogeriatrics is defined as that branch of psychiatry which is concerned with the whole range of psychological disorder developing in the senium i.e. (after the age of 65). The increase in average life span has come from a reduction in infant mortality. Psychiatric illness is probably the just single cause of chronic infirmity in the aged people. Also suicide rates reach their peak between the 6th and 8th decades. The genetic

factors involved in aging appear to be of a non-specific type and it seems probable that multifactorial genes similar to those associated with intelligence and temperament are concerned. (Okasha 1977).

The older we get, the more liable we are to mental disorder. The number and the proportion of old people in the United Kingdom (as in every developed country), is increasing all the time. Therefore the number and proportion of mentally disturbed old people is also increasing, to an extent they will present the major challenge to the health and welfare services.

The process of aging is a progressive decline in function and performance which accompanies increasing years. The physical effects which include skin changes which become dry, thin and wrinkled. The hair white and sparse, the nails thickened and brittle. Bones lose calcium and become fragile and bent curvature of the spine. Muscles weaken and joints stiffen. The face is less mobile, movements are shaky and the walk is slowed. There is loss of hearing, the deaf old person is particularly liable

to be isolated and become suspicious. Vision fails due to actual blindness due to glaucoma, cataract, or degeneration of the retina, digestive troubles, due to falling out of the teeth and jaw shrinks and tendency to constipation.

In men there is prostatic enlargement and difficulty in passing urine. Women are liable to urinary infection. Also there are the problems of smoking resulting in chronic bronchitis, and recurrant attacks of pneumonia. And the problem of heart failure which shortens the breath of pt. The problems of high blood pressure as a cause of heart failure.

Also the atherosclerosis which is responsible for coronary thrombosis. In addition other physical illnesses such as diabetes mellitus, anaemia, cancer, hypothermia.

Psychologically aging affects intellect and personality. Memory is impaired though old information is retained longer than new.

Responses are slow, they lack flexibility and creativity.

As regards personality change it is towards introversion, also egocentricity, child like dependency, habit and routine prevail, preoccupation with the body functions especially bowels. Sometimes this preoccupation with the body functions takes the morbid form of hypochondriasis.

The high incidence of psychiatric illness in the elderly as revealed by the community surveys of the 1960's was as shock to many psychiatrists. It appears that, in the developed countries more than a quarter of population from 65 years upwards are handicapped by significant psychiatric disability, the incidence rising steeply from age 75 upwards : (R.A. Robinson 1974). In a third of these people the illness is predominantly organic, in two thirds functional or psychogenic. (Kay et al 1964a).

Such findings do not appear to give much grounds for optimism.

At worst it could be said that they justify the general negative attitude towards mental symptoms in old age. (R.A. Robinson 1974).

The increased proportion of old people in the

Western world has not been brought about by control of illness in old age.

It is the result of the control of lethal diseases in childhood, so that many more children now survive to become old and this is as much a triumph of betterment of social conditions (housing, food and sanitation) as of advances in medicine.

The effect of this is to increase the proportion of old people in the community, especially of old women, because their expectation of life is better than that of men by four or five years. (George Adams, 1977). Morbidity, the rate of illness, rises sharply with each decade after middle life, becoming very high indeed over 70 years of age.

These ancients are often the victim of the so-called, degenerative conditions, cardiovascular, cerebrovascular, renal or respiratory insufficiency or of locomotor disorders related to degenerations of the nervous system or muscles and joints.

The increasing morbidity therefore, is associated with increasing rates of mental and physical infirmity and residual disability after illness.

In such circumstances an old person inevitably becomes dependent on support of one kind or another of relatives friends and social services. Unfortunately, this support is not always forth coming and there are several reasons for this :

(1) As people grow older they often outlast or outlive their relatives and friends who themselves are victims of illness and disability. Or the old person who is somewhat eccentric may have withdrawn from contact with the outside world to become a recluse. Very old people become social isolates for these reasons and their health deteriorates owing to malnutrition, neglect and apathy.

(2) Changing patterns of disease and of need in the aging communities in the twentieth century have been accompanied by adverse domestic and social changes creating deficiencies and staff shortages.

The deficiencies involve finance, in that pensions and supplementary funding never seem able to keep with the rising cost of living.

Housing,not only a general lack of homes for old people,but a lack of homes specially designed to

meet the needs of the handicapped old ager.

(3) It becomes steadily more difficult to recruit the personnel necessary to provide support.

The unmarried daughter, aunts and the family retainers who were once available to look after aging parents and grand parents are employed full time today in other activities.

Domestic services is no longer a prestigious occupation.

The status of nursing and allied professional work is being rivalled by other occupations in business and commerce (with better salaries too).

Last but not least is the fact that more married women go out to work than ever before, so they are not available to provide continuous supervision for an invalid relative.

Hence the demands of aging population on health and social services in Western communities which are heavy already must continue to increase.

This is evident in the proportions of old people

entering hospitals between 50 and 60 percent of admissions, to general medical and surgical wards.

Recovery is slow, and resettlement in the community prejudiced for those who survive by residual disability and by these social handicaps. Duration of stay in hospitals is unavailably longer and even when discharge is successful prolonged follow up and maintenance services are usually necessary to forestall frequent readmissions . (George Adam 1977).

Geriatrics as a clinical discipline was pioneered mainly in Great Britin after the last war, along three lines of development :-

(I) Limiting the effects of residual disability after illness in old age by a phase of continuing care and rehabilitation, and improving standards of medicine and nursing for chronic and terminal illness.

The management and after-care of elderly patients is determined by assessment which depends on four estimates :

1- Diagnosis - the prerequisite of correct treatment.

2- Disability - assessed and treated independently