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ORIGINAL RESEARCH

Neuropsychiatric illnesses in Geriatric group

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ABSTRACT

Background: Neuropsychological assessment is the normatively informed application of performance-based assessments of various cognitive skills. The present study was conducted to evaluate neuropsychiatric illnesses in geriatric group.

Materials & Methods: 134 subjects age > 60 years with some neuropsychiatric illnesses of both genders were enrolled. Parameters such as alcohol dependence with or without various complications, mood disorder-mania, organic mental disorders, psychosis and mood disorder-depression was recorded

Results: Out of 134 subjects, males were 84 and females were 50. Common neuropsychiatric illnesses were schrizophrenia in 22, mood disorder in 18 and anxiety disorder in 12, organic mental disorder in 48 and alcohol dependence in 34. The difference was significant (P< 0.05).

Conclusion: Organic mental disorder and alcohol dependence were most common neuropsychiatric illness in geriatric population.

Key words: Alcohol dependence, Neuropsychiatric illnesses, Geriatric

Introduction

Neuropsychological assessment is the normatively informed application of performance-based assessments of various cognitive skills. Typically, neuropsychological assessment is performed with a battery approach, which includes tests of a variety of cognitive ability areas, with more than one test per ability area.[1] These ability areas comprise of skills such as memory, attention, processing speed, reasoning, judgment, and problem-solving, spatial, and language functions. These assessments are commonly performed in conjunction with assessments designed to examine lifelong academic and cognitive achievement and potential, for a variety of reasons described below.[2] The assessment battery can be standardized or targeted to the individual participant in the assessment.Census in India revealed that it is home to more than 76 million people aged 60 years and over. This age group currently constitutes 7.4% of the Indian population. The life expectancy of an average Indian has increased from 54 years in 1981 to 64.6 years by 2002. This elderly population is likely to increase to 138 million by 2022.[3] As the population of older people in the world is steadily growing, mental health conditions are becoming an important cause of morbidity and premature mortality in this age group. Among the neuropsychiatric disorders, dementia and major depression are reported to be the two leading contributors of morbidity in this group. It is estimated that there are already about 1.5 million people affected by dementia in India and this number is likely to increase by 300% in the next four decades.[4]

Physical distress caused by psychiatric medical problems can provoke changes in mood and behavior in people with Intellectual Disabilities (ID). Health problems identified as causing or worsening behavior problems in this population are various, ranging from ear infections, premenstrual pain, sleep disturbances, and allergies, to dental pain, seizures, and GI distress.[5,6] The present study was conducted to evaluate neuropsychiatric illnesses in geriatric group.

Materials & Methods

The present study comprises of 134 subjects age > 60 years with some neuropsychiatric illnessesof both genders All were well informed regarding the study and their written consent was obtained.

Data related to subjects such as name, age, gender etc. was recorded. Parameters such asalcohol dependence with or without various complications, mood disorder-mania, organic mental disorders, psychosis and mood disorder-depression was recorded. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

Results

Table I Distribution of subjects

Total- 134		
Gender	**Males**	**Females**
Number	84	50

Table I, graph I shows that out of 134 subjects, males were 84 and females were 50.

Graph IDistribution of subjects

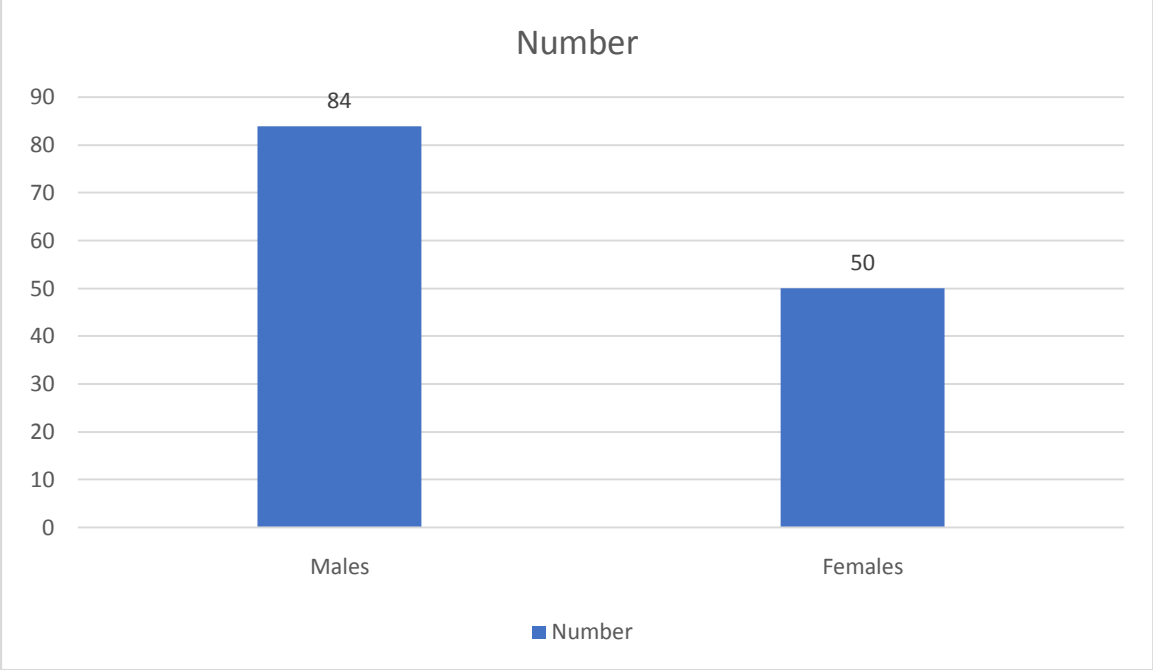
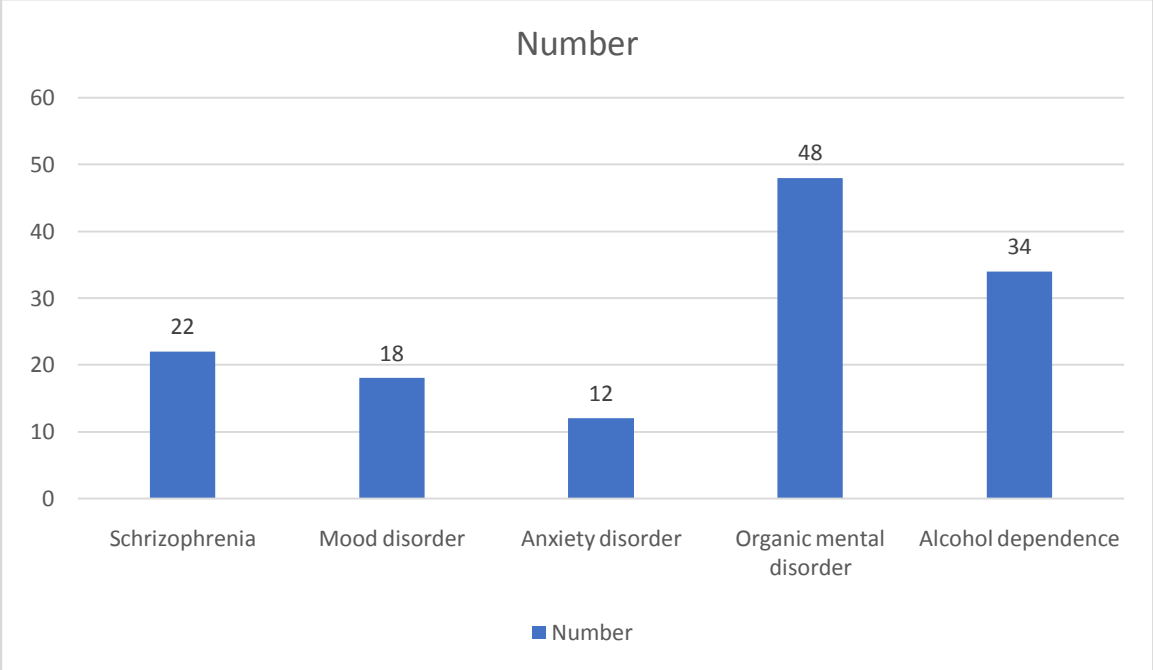


Table II Neuropsychiatric illnesses in subjects

Neuropsychiatric illnesses	Number	P value
Schrizophrenia	22	0.05
Mood disorder	18	
Anxiety disorder	12	
Organic mental disorder	48	
Alcohol dependence	34	

Table II, graph II shows that common neuropsychiatric illnesses were schrizophrenia in 22, mood disorder in 18 and anxiety disorder in 12, organic mental disorder in 48 and alcohol dependence in 34. The difference was significant (P< 0.05).

Graph II Neuropsychiatric illnesses in subjects



Discussion

In behavioral terms, feeling ill, in pain or generally distressed because of a physical problem (i.e. constipation, dental pain, UTIs or urinary tract infections) may act as a "setting event" or "establishing operation,"[7,8]Neuropsychological assessment provides both general and specific information about current levels of cognitive performance.[9] An average or composite score across multiple ability areas provides an overall index of how well a person functions cognitively at the current time. As noted below, these global scores are the most reliable results of a neuropsychological assessment.[10] These global scores are the indices most commonly used to predict real-world functional milestones and to make judgments about functioning in conditions where multiple ability domains are affected (eg, serious mental illness or traumatic brain injury.[11]The present study was conducted to evaluate neuropsychiatric illnesses in geriatric group.

We found thatout of 134 subjects, males were 84 and females were 50. Aalten et al[12]assessed the course of a broad range of neuropsychiatric symptoms in dementia. One hundred and ninety-nine patients with dementia were assessed every six months for two-years, using the Neuropsychiatric Inventory (NPI) to evaluate neuropsychiatric symptoms. Nearly all patients (95%) developed one or more neuropsychiatric symptoms in the two-year study period. Mood disorders were the most common problem. The severity of depression decreased, whereas the severity of apathy and aberrant motor behaviour increased during follow-up. The cumulative incidence was highest for hyperactive behaviours and apathy. Overall behavioral problems were relatively persistent, but most symptoms were intermittent, with apathy and aberrant motor behaviour being persistent for longer consecutive periods. Neuropsychiatric symptoms in dementia are a common and major problem. Different symptoms have their own specific course, most of the time show a intermittent course, but behavioural problems overall are chronically present. The data have implications for developing treatment strategies.

We found that common neuropsychiatric illnesses were schrizophrenia in 22, mood disorder in 18 and anxiety disorder in 12, organic mental disorder in 48 and alcohol dependence in 34. Aich et al[13] in their study geriatric inpatients (138) formed only 3.73% of the total patient population (3698) admitted during the said period, which is in sharp contrast to 23-44% geriatric inpatients, the range that has been usually reported in the western literature. Common clinical diagnoses amongst male geriatric patients were alcohol dependence with or without various complications (27.7%), followed by mood disorder-mania (18.1%), organic mental disorders (18.1%), psychosis (16.9%), and mood disorder-depression (14.5%). Common clinical diagnoses amongst geriatric females were mood disorder-depression (36.4%) and psychosis (25.5%). Comorbid physical illness was seen to be present at a very high percentage (61.4%) in geriatric male patient population than in female patients (40%). Alcohol dependence in male and depressive disorder in female stood out as distinctive illness in patients above 50 years of age (including both study and comparative groups). In sharp contrast to elderly comparison group's 14.9% cases of comorbid physical illness, geriatric study population had a staggering 52.9% cases of additional burden of physical illness diagnosis.

Differential diagnosis is much more challenging for most conditions, however. For example, studies attempting to differentiate between dementing conditions of different etiologies, such as vascular dementia as compared with AD, have found little evidence of differential diagnostic utility from neuropsychological assessment. In fact, a fascinating book by Zakzanis et al[14] that broadly approached this topic has suggested that for many conditions there is very little differential diagnostic information contained in a neuropsychological assessment that even allows for differentiation between healthy populations and patients with a variety of neuropsychiatric conditions.

Conclusion

Authors found that organic mental disorder and alcohol dependence were most common neuropsychiatric illness in geriatric population.

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