Geriatric Psychiatry: Understanding mental health in older adults.

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Introduction

Geriatric psychiatry, also known as old age psychiatry, is a branch of medicine that focuses on the mental health of older adults. As people live longer, mental health concerns in the elderly population have become an increasingly important area of study and practice. Geriatric psychiatry addresses a range of issues related to aging, including dementia, depression, anxiety, and other psychiatric conditions that can affect older individuals [1].

Older adults face unique challenges when it comes to mental health, often compounded by physical health problems, social isolation, and the experience of loss. Many elderly individuals struggle with cognitive decline or mood disorders that can have a significant impact on their quality of life. Geriatric psychiatrists specialize in diagnosing and treating these disorders, offering tailored interventions to promote mental well-being and improve the overall health of aging individuals [2].

This article will explore the field of geriatric psychiatry, focusing on the common mental health issues faced by older adults, the role of geriatric psychiatrists, and the importance of comprehensive care for the elderly [3]. Dementia is an umbrella term used to describe a decline in cognitive function that significantly impairs an individual's ability to perform daily activities. Alzheimer's disease is the most common form of dementia and typically affects memory, language, and decision-making abilities. Other forms of dementia, such as vascular dementia and frontotemporal dementia, also contribute to cognitive decline [4].

Dementia in older adults often presents with confusion, difficulty recalling recent events, and challenges in recognizing people or places. As the condition progresses, individuals may require assistance with daily tasks and may experience mood swings, agitation, and paranoia. Early diagnosis and intervention can help manage symptoms and provide better care for those affected [5]. Depression is one of the most common mental health conditions in older adults, though it often goes undiagnosed due to the misconception that it is a normal part of aging. Symptoms of depression in the elderly can include persistent sadness, loss of interest in activities once enjoyed, fatigue, and difficulty concentrating. Additionally, older adults may experience physical symptoms, such as changes in appetite, weight, or sleep patterns [6]. Depression can be triggered or worsened by various factors in older adults, including chronic illness, bereavement, social isolation, or the loss of independence. Addressing these emotional concerns is crucial, as untreated depression can negatively affect overall health, increase the risk of chronic diseases, and reduce life satisfaction [7]. Anxiety disorders, such as generalized anxiety disorder, panic disorder, and social anxiety, are prevalent in older adults. Many elderly individuals experience anxiety due to health concerns, financial stress, or the fear of losing independence. Physical symptoms of anxiety, such as heart palpitations, shortness of breath, and dizziness, can be mistaken for other health issues, making diagnosis more challenging [8].

Older adults may also develop anxiety due to the experience of major life changes, such as retirement, the death of a spouse, or the transition to assisted living. Cognitive behavioural therapy (CBT) and medications, such as selective serotonin reuptake inhibitors (SSRIs), are effective treatment options for managing anxiety in this age group. Psychosis and delirium can also occur in elderly individuals, often as a result of medical conditions, infections, or medication side effects. Delirium is an acute state of confusion that can develop suddenly, typically due to physical illness, surgery, or medication changes. It is common among hospitalized elderly patients and requires immediate attention [9].

Psychosis, which includes hallucinations and delusions, can be related to conditions like dementia, Parkinson's disease, or as a side effect of certain medications. Addressing the underlying causes and providing appropriate treatments, such as antipsychotic medications or supportive therapy, is important in managing these conditions. Sleep disturbances are common in older adults and can contribute to or exacerbate mental health issues such as depression and anxiety. Changes in the circadian rhythm, chronic pain, medications, and other health problems can interfere with sleep patterns. Insomnia, sleep apnea, and restless leg syndrome are common sleep disorders that affect older adults and can negatively impact cognitive and emotional well-being [10].

Conclusion

Geriatric psychiatry plays a crucial role in ensuring that older adults receive the mental health care they need to maintain their well-being and quality of life. As the population of elderly individuals continues to grow, the demand for specialized

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care in geriatric psychiatry will only increase. Addressing mental health issues in older adults is essential for reducing the burden of disease, improving emotional well-being, and supporting families and caregivers.

References

- 1. Walters AS, Mandelbaum DE, Lewin DS, et al. Dopaminergic therapy in children with restless legs/ periodic limb movements in sleep and ADHD. Pediatric Neurol. 2000;22(3):182-6.
- Zeisel J, Silverstein NM, Hyde J, et al. Environmental correlates to behavioral health outcomes in Alzheimer's special care units. The Gerontologist. 2003;43(5):697-711.
- Chervin RD, Dillon JE, Bassetti C, et al. Symptoms of sleep disorders, inattention, and hyperactivity in children. Sleep. 1997;20(12):1185-92.
- 4. Adams SK, Williford DN, Vaccaro A, et al. The young and the restless: Socializing trumps sleep, fear of missing out, and technological distractions in first-year college students. Int J Adolescence Youth. 2017;22(3):337-48.
- 5. Jensen PS, Kenny DT. The effects of yoga on the attention

and behavior of boys with attention-deficit/hyperactivity disorder (ADHD). J Attention Disorders. 2004;7(4):205-16.

- Rada RE, Johnson-Leong C. Stress, burnout, anxiety and depression among dentists. The Journal of the American Dental Association. 2004;135(6):788-94.
- Okoro CA, Strine TW, Eke PI, et al. The association between depression and anxiety and use of oral health services and tooth loss. Community Dentistry Oral Epidemiol. 2012;40(2):134-44.
- 8. Park SJ, Ko KD, Shin SI, et al. Association of oral health behaviors and status with depression: results from the K orean National Health and Nutrition Examination Survey, 2010. Journal of public health dentistry. 2014 Mar;74(2):127-38.
- Marcenes WS, Sheiham A. The relationship between work stress and oral health status. Social Science Medicine. 1992;35(12):1511-20.
- Elani HW, Allison PJ, Kumar RA, et al. A systematic review of stress in dental students. J Dental Education. 2014;78(2):226-42.