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Aging and Dementia

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Abstract

All the articles published in the Indian Journal of Psychiatry(IJP) from 1958 to 2009 on aging, dementia and other internal health issues of late life were totally reviewed. There were only a limited number of exploration papers on madness in the IJP. Most of the Indian studies on madness were published away. People above the age of 60 times constitute about 5 of cases seen in tertiary care settings. High frequence of psychiatric morbidity was reported among community resident aged people. Depression was the commonest internal health problem in late life. We need to develop community- grounded interventions for operation of common conditions like depression in late life. The effectiveness of these interventions needs to be established. It's important to identify threat factors for depression and dementia in our population. We could also try and modify these factors to reduce the frequence of these conditions.

Keywords: Aging; Internal health; Dementia; Late onset depression

Introduction

India is going through a phase of rapid-fire demographic aging. The number of people with dementia and other late life internal health problems are anticipated to increase in the near future [1]. Research and dissemination of exploration findings are important for service development and training. This paper aims to review the published research on people above the age of 60 times. The focus of the review was only on the articles published in Indian Journal of Psychiatry (IJP). Indian studies published elsewhere will be appertained to in the discussion [2].

Materials and Methods

An electronic hunt was done to identify the articles available on the IJP website. All the issues of the journal from 1958 to the current issue in 2009 were searched. These papers were assessed for applicability by seeing the abstract or full textbook [3]. Tobe included in the review, the content of the composition should have addressed issues related to aging, madness or any internal health problem in late life. The named papers were also reviewed in detail and the findings were epitomized. The papers were broadly classified as exploration reports, editorials and other articles [4]. Dementia and other cognitive diseases were considered together. Other late life internal health conditions were reviewed independently [5].

Results

There were nine exploration reports and two case reports on dementia. One of these was a study conducted in SriLanka.Highlights of eight Indian studies are epitomized. There were five other studies which looked at cognitive disturbances due to other causes. Two reports from a study on distraction examined the frequence of distraction in senior medical cases and the threat factors. Another study looked at cognitive decline among aged people admitted to the medical and surgical wards of a general sanitarium. Two other studies looked at the efficacy of herbal phrasings in age- associated cognitive decline. There was one review composition and one composition in the Continuing Medical Education (CME) section in the January-March issue of the journal on madness. The madness supplement was published along with the January- March 2009 issue of the journal. It featured 15 invited papers and two studies on dementia [6]. Invited papers covered colourful aspects of dementia and were written by experts with special interest in dementia. Of the 35 publications on dementia and related diseases, 30 were published in the last ten times. The time 2009 alone saw 23 papers on dementia, utmost of them in the madness supplement. We set up 35 articles on internal health- related issues of aged people (other than dementia and cognitive diseases) in the IJP till the time 2009. We distributed them into exploration papers describing psychiatric morbidity of aged people, articles specifically looking at depression, late onset psychosis, other internal health issues [7], case reports and eventually studies presidential addresses. There were 13 articles describing the nature and prevalence of psychiatric morbidity in late life. Utmost of them were sanitarium- grounded studies. According to these reports, people above the age of 60 times constitute 5 of all cases seeking psychiatric help in tertiary care and general sanitarium settings. For an overview of these studies [8]. Five studies looked at the frequence of internal health morbidity in community samples gives an overview of these studies. The reported prevalence of senior psychiatric morbidity in the community varied from8.9-61.2. The individual criteria varied across these studies. Some studies looked at the prevalence in people over the age of 50 times while others studied people above 60 times of age. Depression was the commonest psychiatric morbidity. Many studies looked at psychosocial factors associated with depression in late life. Variables like female coitus, widowed status, nuclear family and stressful life events were set up to be associated with late life depression. Two studies examined cases of late onset depression, defined as depression having onset after the age of 50 times and after the age of 60 times. Individuals with late onset depression had lower hypochondriacally preoccupations and deformation of perception of time than early onset cases. The authors felt that the late onset depression was rather 'bland' in its symptom profile when compared to depression with earlier onset. We could only find two papers on late onset psychotic states [9].

Dementia hadn't been a frequent topic for publication in IJP. Still, this doesn't reflect the progress made in the field of dementia exploration. There had been numerous studies in India and their

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findings were published in other journals. The once decade witnessed active dementia exploration and networking of experimenters. Many important epidemiological studies were done in India. Both rural and civic populations were studied. A detailed review of these studies appears in the article by Prince MJ in the dementia supplement. (2) The reported frequence of dementia in the community varied between0.9-7.5 among the people above 65 times. Methodological issues and the use of different individual criteria could explain the variability in the reported frequence rates. A simple case- finding system was developed by us at Thrissur. Utility of a community based intervention was reported following a randomized control trial at Goa. These studies, along with studies from other developing countries, form part of the evidence base for the development of the WHO package for operation of dementia in low and middle income countries. Psychiatric morbidity in late life, especially depression generated lot of exploration interest in the late seventies and early eighties. Researchers from Madurai and Chennai published numerous exploration reports during this period. Studies have shown that 5 of people seeking help in a tertiary care or general sanitarium setting is to be older than 60 times. Depression was the commonest complaint and was associated with other physical ails. We need further information on the prevalence and frequence of depression from large community samples. A recent study using Geriatric Depression Scale reported a frequence of 45.9. Similar rates were reported from West Bengal and Uttar Pradesh. A study from a rural community near Vellore in Tamil Nadu reported a frequence of12.7 for depression during the month antedating assessment. They used senior Mental State for evaluation and found senior depression to be associated with low income, history of cardiac ails, flash ischemic attack, once head injury and diabetes. Having further confidants was a significant defensive factor. We need to examine these associations in larger cohorts. Biological and psychosocial factors could contribute to the development of depression in late life. It's possible to modify numerous of these factors. Vascular threat factor reduction and adoption of life changes may help to delay the onset of late life depression and dementia. The utility of simple community- grounded psychosocial interventions for conditions like depression in aged people needs to be addressed by unborn studies [10]. Development of services for aged people with internal health problems will remain a huge public health challenge. Service development in resource- limited settings isn't an easy task. Caregiver support is important in the management of late life internal health problems. Management of disabled aged people with behavioral disturbance can be veritably stressful for the families. Numerous studies from India had stressed the importance of relating and managing behavioral symptoms of dementia. Packages for care for dementia in low and middle income countries had been proposed and operation of behavioral symptoms and the provision for caregiver support are given significance in this. Care can be delivered by trained primary care brigades, with a paradigm shift towards habitual continuing care and community outreach. Care delivery will be more efficient when integrated with that of other habitual conditions, and more broadly based community support programs for the elderly and disabled. To be successful, all efforts in psychogeriatric service development need to be supported by a clearly spelt out policy on long-term care and political commitment.

References

1. Fratiglioni L, Marseglia A, Dekhtyar S (2020) Ageing without dementia: can stimulating psychosocial and lifestyle experiences make a difference. Lancet Neurol 19: 533-543.
2. Watanabe R, Hashimoto M (2022) Aging-Related Vascular Inflammation: Giant Cell Arteritis and Neurological Disorders. Front Aging Neurosci 14: 843305.
3. Haan MN (2003) Can vitamin supplements prevent cognitive decline and dementia in old age. Am J Clin Nutr 77: 762-763.
4. Orgeta V, McDonald KR, Poliakoff E, Hindle JV, Clare L, et al.(2020) Cognitive training interventions for dementia and mild cognitive impairment in Parkinson's disease. Cochrane Database Syst Rev 2: CD011961.
5. Bahar-Fuchs A, Martyr A, Goh AM, Sabates J, Clare L (2019) Cognitive training for people with mild to moderate dementia. Cochrane Database Syst Rev 3: CD013069.
6. Fratiglioni L, Marseglia A, Dekhtyar S (2020) Ageing without dementia: can stimulating psychosocial and lifestyle experiences make a difference. Lancet Neurol 19: 533-543.
7. Rademakers R, Rovelet-Lecrux A (2009) Recent insights into the molecular genetics of dementia. Trends Neurosci 32: 451-461.
8. Hou CE, Carlin D, Miller BL (2004) Non-Alzheimer's disease dementias: anatomic, clinical, and molecular correlates. Can J Psychiatry 49: 164-171.
9. Van der Zee J, Sleegers K, Van Broeckhoven C (2008) Invited article: the Alzheimer disease-frontotemporal lobar degeneration spectrum. Neurology 71: 1191-1197.
10. Cintra S, Prado-Alcala RA (2015) Genetic markers in biological fluids for aging-related major neurocognitive disorder. Curr Alzheimer Res 12: 200-209.