



**P-ISSN:** 2789-1623  
**E-ISSN:** 2789-1631  
 IJRP 2021; 1(1): 45-47  
 Received: 17-09-2020  
 Accepted: 14-10-2020

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## Evaluation of neuropsychiatric disorders in older adults

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### Abstract

**Background:** According to reports, dementia and severe depression are the two neuropsychiatric illnesses most responsible for morbidity among this population. This research was done to better understand the prevalence of neuropsychiatric disorders in the elderly.

**Materials and Methods:** 104 people over the age of 60 of both genders were evaluated for organic mental diseases, psychosis, and mood disorders such as mania and depression. The results of these evaluations were documented.

**Results:** There were 104 participants, 64 men and 40 ladies. Organic mental illness was the most common diagnosis, accounting for 54 cases, followed by alcohol dependency (20), schizophrenia (12), mood disorder (9), and anxiety condition (7). The distinction was statistically significant ( $P < 0.05$ ).

**Conclusion:** Organic mental disease was the most frequent kind of neuropsychiatric illness.

**Keywords:** Neuropsychiatric illnesses, schizophrenia, mood disorder

### Introduction

According to the most recent census, there are about 76 million Indians aged 60 and older living in the country. The percentage of Indians in this age bracket is now at 7.4 percent. The typical Indian now lives to be 64.6 years old, up from 54 in 1981 [1]. By 2021, the number of people aged 65 and over is projected to reach 137 million. As the global population of adults over 65 years of age continues to rise, issues related to mental health are emerging as a leading cause of illness and death among this demographic [2]. According to reports, dementia and severe depression are the two neuropsychiatric illnesses most responsible for morbidity among this population. It is predicted that the number of Indians living with dementia will grow by 300 percent during the next four decades [3], from an estimated 1.5 million to 4.5 million. People with intellectual disabilities may experience shifts in mood and behavior due to the physical suffering brought on by mental medical conditions. (ID). Dental discomfort, seizures, and gastrointestinal distress are among the many medical conditions that have been linked to or exacerbated behavioural issues in this group [4]. Other conditions include ear infections, premenstrual pain, sleep disorders, and allergies. A physical ailment (such as constipation, tooth pain, or a urinary tract infection) may serve as a "setting event" or "establishing operation" in the context of behaviour [5]. This investigation of neuropsychiatric disorders in the elderly was carried out to better understand this population.

### Materials & Methods

The current investigation included 104 individuals, both genders, aged 60 and above, who had been diagnosed with neuropsychiatric disorders. All participants provided informed written permission after receiving enough information about the research. Name, age, gender, and other identifying information were collected. Alcoholism was evaluated for the presence or absence of associated conditions such as mania, depression, organic brain diseases, and psychosis. The gathered data was analyzed statistically. A significance level of less than 0.05 was used.

### Results

**Table 1:** Distribution of subjects

Total- 104		
Gender	Males	Females
Number	64	40

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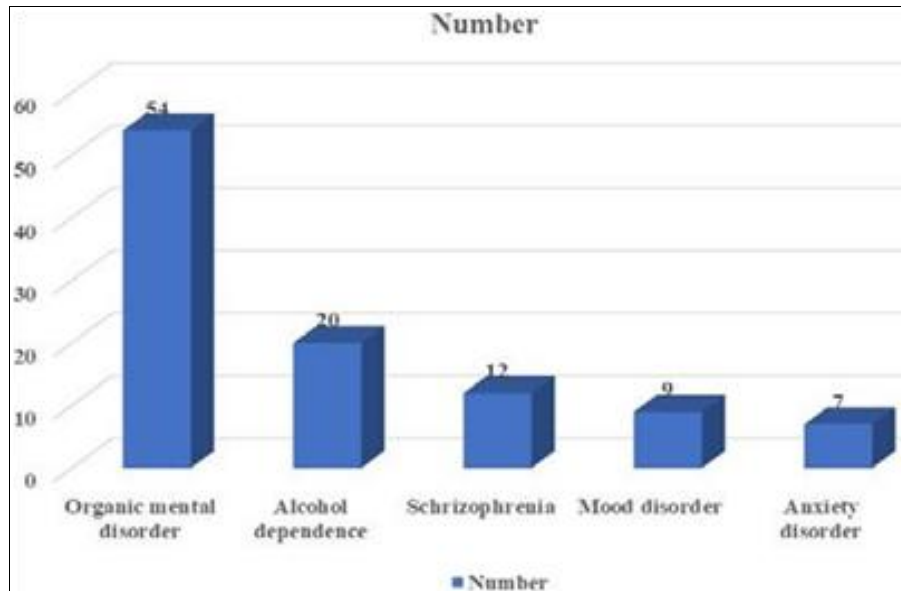
Table I shows that out of 104 subjects, males were 64 and females were 40.

**Table 2:** Diagnosis of cases

Diagnosis	Number	P value
Organic mental disorder	54	0.02
Alcohol dependence	20	
Schizophrenia	12	
Mood disorder	9	
Anxiety disorder	7	

The most common diagnosis was organic mental illness, which was given in 54 cases (see Table II, Graph I). This was followed by alcohol dependence (20 cases),

schizophrenia (12 cases), mood disorder (9 cases), and anxiety disorder (7). Statistically, there was a big difference ( $P < 0.05$ ).



**Graph 1:** Diagnosis of cases

## Discussion

The rising prevalence of Alzheimer's disease and other types of dementia [6] is a direct result of the dramatic rise in the average age of the population in recent decades. Dementia, regardless of type, causes emotional and behavioral changes in addition to cognitive decline. Seventy-five percent of people with dementia have neuropsychiatric symptoms at some stage [7]. Neuropsychiatric symptoms include a wide variety of emotional responses, psychiatric symptoms, and behavioral problems [8]. Previously, they were recognized as behavioral and psychological signs of dementia. They cause a lot of people to end up in the hospital, raise the danger of dying, and hasten mental deterioration. The Neuropsychiatric Inventory (NPI) is one such standard measure used to assess neuropsychiatric symptoms in dementia [9].

This investigation of neuropsychiatric disorders in the elderly was carried out to better understand this population. From the total of 104 participants, 64 were men and 40 were women. When compared to the typically reported range of 23–44% senior inpatients in the western literature, Aich *et al.* [10] found that geriatric inpatients constituted only 3.73% of the overall patient population (3698) admitted during the aforementioned time. Alcohol dependency, with or without secondary problems (27.5%), was the most common clinical diagnosis among male geriatric patients, followed by mania (18.1%), organic mental disorders (18.1%), psychosis (16.9%), and depression (14.5%). Mood disorders-

depression (36.4% of senior females) and psychosis (25% of geriatric females) - were the most common clinical diagnoses. Overall, geriatric male patients were more likely to have comorbid physical illnesses (61.4%) than female patients (40%). Patients older than 50 years tended to suffer from alcoholism in men and major depressive disorder in women (including both study and comparative groups). While the old comparison group had 14.9% of its members diagnosed with concomitant physical disease, the geriatric study population had a frightening 52.9%. We found that common diagnosis was organic mental disorder in 54, alcohol dependence in 20, schizophrenia in 12, mood disorder in 9 and anxiety disorder in 7 cases.

Meziere *et al.* [11] studied patients aged 75 years or older who had been admitted to four geriatric rehabilitation units in the Paris area. The twelve Neuropsychiatric Inventory items and four neuropsychiatric subsyndromes defined by the European Alzheimer's Disease Consortium were evaluated. Results: Of the 194 patients, 149 (76.8%) had dementia, and 154 (79.4%) had exhibited at least one neuropsychiatric symptom during the past week. Agitation was the most common neuropsychiatric symptom in the group with dementia (36.9%) and depression in the group without dementia (35.6%). The dementia group had significantly higher prevalences of hyperactivity ( $p < 0.001$ ) and delusions ( $p = 0.01$ ) than the non-dementia group. In the dementia group, severity of cognitive impairment was associated with hyperactivity ( $p = 0.01$ ) and psychosis ( $p =$

0.02).

Fernandez *et al.* [12] found that prevalence of neuropsychiatric symptoms in geriatric rehabilitation patients was about 80%. The most common neuropsychiatric symptoms were agitation in patients with dementia (36.9%) and depression in those without dementia (35.6%). Inpatients with dementia constituted the majority of the study population (76.8%) and had significantly higher prevalences of hyperactivity and delusions compared to those without dementia. In patients with dementia, severe cognitive impairment was associated with hyperactivity and psychosis. Pain was associated with affective symptoms and psychosis, whereas acute physical illness was associated with apathy in patients with dementia.

Srivastava *et al.* [13] assessed the prevalence of various psychiatric disorders in 50 patients with epilepsy and 50 patients of epilepsy without any evidence of NCC. Sixty eight percent of the patients with NCC suffered from a psychiatric disorder, as compared to 44% of those without NCC ( $P=0.02$ ). Major depression and mixed anxiety depression were the two most common diagnoses. None of the patients was found to suffer from a psychotic disorder. The most frequent site of brain lesion of NCC was the parietal lobe, followed by frontal lobes and disseminated lesions. Left sided lesions were associated with greater psychiatric morbidity. Focal seizures with or without secondary generalizations were present more frequently in patients with NCC whereas primary generalized seizures were more common in patients with idiopathic epilepsy ( $P=0.05$ ).

## Conclusion

Authors found that most common neuropsychiatric illness was organic mental disorder.

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