

Geriatric Psychiatry What It Is and How It Works

Principles and Function: A Review Article

Mrs.Rajashree

Lecturer SCS College of Nursing Mangalore

Index **Terms—Geriatric, Geropsychiatry, Psychogeriatric, Neuro cognitive**

As we or our loved ones age, we pay close attention to physical health, monitoring blood pressure, joint pain and heart health. But what about mental and emotional well-being? This is where geriatric psychiatry plays a vital role.

Geriatric psychiatry, also known as Geropsychiatry or Psychogeriatric, is a medical subspecialty dedicated to the prevention, evaluation, diagnosis and treatment of the full spectrum of mental and emotional disorders in older adults. It's not just about memory loss; it addresses everything from late-life depression and anxiety to sleep disorders and the psychological aspects of coping with chronic illness.

Geriatric psychiatry (or psychogeriatrics) is a medical subspecialty focused on preventing, evaluating, diagnosing, and treating mental and emotional disorders in older adults. It addresses conditions like late-life depression, dementia, delirium, anxiety, and neurodegenerative cognitive impairments.

I. INTRODUCTION

Core Focus Areas

- **Cognitive Disorders:** Evaluation of Alzheimer's disease, Lewy body dementia, and mild cognitive impairment.
- **Mood & Anxiety:** Managing depression and anxiety triggered by major life changes, physical illness, or loss.
- **Behavioral Symptoms:** Treating psychosis or agitation associated with dementia or delirium
- **Guiding Treatment Principles**
- **Multidisciplinary Care:** Recognizing the deep interplay between physical health, medication interactions, and psychological well-being.

- **Careful Prescribing:** Following the "start low, go slow" principle to manage dosing while minimizing the risk of adverse drug reactions or polypharmacy.
- **Functional Assessment:** Prioritizing the preservation of an individual's independence and Activities of Daily Living (ADLs)

When to Refer to Geriatric Psychiatry?

It can be hard to know when a change in mood or behavior is a sign of a serious problem versus a normal part of aging. Consider seeking a referral to a geriatric psychiatrist from a primary care physician if you or a loved one experiences:

- Significant memory problems that disrupt daily activities.
- Sudden or dramatic changes in personality, mood or behavior.
- Social withdrawal or loss of interest in previously enjoyed activities.
- Agitation, aggression or hallucinations.
- Difficulty managing medications or refusal to take them.
- Persistent feelings of sadness, hopelessness or worthlessness.
- Thoughts of self-harm or suicide.
- Noticeable strain and stress on caregivers.

II. PRINCIPLES OF GERIATRIC PSYCHIATRY

Geriatric psychiatry focuses on the mental, emotional, and behavioral health of older adults. It is guided by an understanding of how normal aging, medical comorbidities, and psychosocial changes impact mental well-being.

The field is governed by several foundational principles:

1. The 10 Core Principles of Clinical Practice

Literature outlines ten fundamental guidelines for navigating geriatric psychiatry

- Honor individuality: Older adults are highly heterogeneous. Biological age often diverges from chronological age. [
- Start low, go slow (but do not stop): Age-related changes in metabolism require lower initial medication doses and slower titration, although therapeutic targets should still be achieved.
- Change one variable at a time: Adjust only one medication or intervention at a time to accurately observe efficacy and side effects.
- Polypharmacy is always a differential: Frequently review and consolidate medications. Unnecessary drugs (deprescribing) often resolve symptoms and improve function.
- Assess functioning: Evaluate non-psychiatric causes of impairment, such as sensory, cognitive, and motor difficulties
- Prioritize safety: Regularly assess Activities of Daily Living (ADLs) and fall risks.
- Assume capacity: A dementia diagnosis does not automatically mean a lack of decisional capacity.
- Plan for the future: Engage in early advanced care planning to clarify the patient's values and wishes.
- Engage colleagues: Rely on multidisciplinary teams and corroborating information from family or caregivers.
- Believe change is possible: Do not assume late-life psychiatric symptoms are merely a "normal" part of aging; Effective treatments are available.

2. The Bio psychosocial Approach

Effective care requires examining the intersection of three factors:

Biological: Physiological aging, chronic physical illnesses (eg, diabetes, cardiovascular disease), neurodegenerative diseases (eg, Alzheimer's), and medication side effects.

Psychological: Navigating bereavement, caregiving stress, loneliness, and late-life depression or anxiety.

Social: Retirement, changing social roles, financial strain, and social isolation.

3. Focus on Common Conditions

Geriatric psychiatrists prioritize the diagnosis and management of age-specific disorders, most notably:

Neurocognitive Disorders: Early Detection and Management of Alzheimer's disease, Vascular Dementia, and Lewy Body Dementia.

Delirium: Identifying acute, fluctuating states of confusion, which usually signal an underlying medical illness.

Late-Life Depression & Anxiety: Distinguishing between primary psychiatric conditions and those that are secondary to physical illness or significant life transitions.

Late-Onset Psychosis: Evaluating schizophrenia or related psychotic disorders that manifest later in life

III. A GERIATRIC PSYCHIATRY FUNCTION INVOLVES

Diagnosis

One of the most critical roles of a geriatric psychiatrist is to perform a comprehensive diagnostic evaluation. In older adults, the symptoms of a mental health condition can often mimic those of a medical illness or even the normal aging process. For example, apathy, memory problems and fatigue could be signs of depression, early dementia, a thyroid condition or a medication side effect.

These specialists are skilled at this complex differentiation. They use a detailed process that includes reviewing a patient's full medical history, conducting cognitive assessments, ordering necessary lab tests and gathering insights from family members to arrive at an accurate diagnosis, which is the foundation for an effective treatment plan.

Medication Management

The aging body processes medication differently. Changes in metabolism, liver function and kidney function can make older adults more sensitive to medications and more susceptible to side effects and dangerous drug interactions. Geriatric psychiatrists have expert knowledge of these physiological changes.

They are skilled in prescribing psychiatric medications safely to seniors, often following the principle of "start low and go slow." Their expertise is crucial in managing "polypharmacy" (the use of multiple medications at once), ensuring that a new prescription will not negatively interact with existing ones and that the treatment improves quality of life without adding a new layer of problems.

Therapy

Mental health care is more than just medication. Geriatric psychiatrists are trained to provide or refer for psychotherapy that is specifically tailored to the unique life challenges and developmental stages of older adults.

These challenges can include processing grief over the loss of a spouse or friends, adjusting to retirement, coping with declining physical health and independence, or navigating changing family roles. Therapy can help patients develop coping strategies, find new sources of meaning and address long-standing issues within the context of their current life stage.

IV. TEAM-BASED CARE

A geriatric psychiatrist rarely works in isolation. They understand that the mental health of an older person is deeply connected to their physical health, social environment and support system. As such, they often function as a key member of a collaborative care team. They work closely with the patient's primary care physician, neurologists, cardiologists and other medical specialists to ensure care is integrated. They also collaborate with social workers, home health aides, families and caregivers to create a holistic and comprehensive care plan that supports the patient in every aspect of their life.

Patient and Family Education

A new diagnosis can be confusing and frightening for both patients and their loved ones. A core function of the geriatric psychiatrist is to provide clear and compassionate education to help everyone involved understand the situation and how to manage it.

This involves explaining the nature of the illness, its typical progression and the full range of treatment options. By empowering patients and their families with knowledge, the psychiatrist helps reduce stress, manage expectations and turn family members into effective and confident care partners.

V. CONCLUSION

Geriatric psychiatry emphasizes the biological and psychological aspects of normal aging, the psychiatric effect of acute and chronic physical illness, and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances of older age. Geriatric psychiatrists focus on prevention, evaluation,

diagnosis and treatment of mental and emotional disorders in the elderly and improvement of psychiatric care for healthy and ill elderly patients.

REFERENCES

- [1] D. Tang, K. Zhang, and X. Qi, "The Impacts of Internet Use on Social Networks and Loneliness Among Older Adults: A Study Based on the Purposes of Internet Use," *Population Research* 46, no. 3 (2022): 88–101, <https://doi.org/10.3389/fpsyg.2022.895141>
- [2] Wallace M, Shelkey M, Hartford Institute for Geriatric Nursing. Katz index of independence in activities of daily living (ADL). *Urol Nurs*. 2007;27(1):93–4.
- [3] Graf C. The Lawton instrumental activities of daily living scale. *Am J Nurs*. 2008;108(4):52–62; quiz 62–3.
- [4] American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed. Washington: American Psychiatric Association; 2013. [Google Scholar]
- [5] Zhang S, Wang Q, Wang X, Qi K, Zhou Y, Zhou C. Longitudinal relationship between sensory impairments and depressive symptoms in older adults: the mediating role of functional limitation. *Depress Anxiety*. 2022;39(8–9):624–32. [DOI] [PubMed] [Google Scholar]
- [6] Kim SYH, Karlawish JH, Kim HM, Wall IF, Bozoki AC, Appelbaum PS. Preservation of the capacity to appoint a proxy decision maker: implications for dementia research. *Arch Gen Psychiatry*. 2011;68(2):214. [DOI] [PMC free article] [PubMed] [Google Scholar]
- [7] Richler LG, Shimizu M, Huang H, Kester R. Challenges of agitation in dementia: a plea for early discussion. *Harv Rev Psychiatry*. 2023;31(1):22–7. [DOI] [PMC free article] [PubMed] [Google Scholar]
- [8] Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: a new way of communicating what we do. *J Am Geriatr Soc*. 2017;65(9):2115. [DOI] [PubMed] [Google Scholar]
- [9] National Institute on Aging. 2023. How the aging brain affects thinking. <https://www.nia.nih.gov/health/brain-health/how-aging-brain-affects-thinking>. Accessed 19 May 2024.