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Original Research

Assessment of medically ill geriatric inpatients for comorbid psychiatric illness

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***ABSTRACT*:**

Background: Just as children are not simply tiny adults, the elderly are not simply older versions of young adults. Summary figures mask the unevenness and complexities of the demographic transition within India across Indian states with different levels of economic development, cultural norms, and political contexts. Hence; the present study was undertaken for assessing the medically ill geriatric inpatients for comorbid psychiatric illness. **Materials & methods:** The present study was undertaken for assessing medically ill geriatric inpatients for comorbid psychiatric illness. 50 patients were enrolled. Patients 65 years of age or above of both sexes were selected and studied. 50 patients, who were already diagnosed for medical illness by senior consultant of medicine department, were included. The psychogeriatric assessment scale (PAS) was used for evaluation of psychiatric illness. All the results were recorded in Microsoft excel sheet and were analyzed by SPSS software. **Results:** 30 percent of the patients and 20 percent of the patients had ischemic heart disease and congestive heart failure respectively. 16 percent of the patients had chronic kidney disease while 20 percent of the patients had liver cirrhosis. Psychiatric diagnosis was present in 48 percent of the patients. Among these, depression and anxiety disorder was present in 20 percent and 16 percent of the patients respectively. Adjustment disorder and dementia was present in 6 percent of the patients each. **Conclusion:** The recognition of psychiatric disorder by geriatric ward staff was best on the ward where the rounds were regularly attended by a senior registrar in old age psychiatry.

Key words: Geriatric, Comorbid.

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INTRODUCTION

Just as children are not simply tiny adults, the elderly are not simply older versions of young adults. Like children, the elderly require special approaches and an understanding of the physiologic, psychosocial, and physiologic impact of aging.[1]

Summary figures mask the unevenness and complexities of the demographic transition within India across Indian states with different levels of economic development, cultural norms, and political contexts. A few important characteristics of the elderly population in India are noteworthy. Of the 7.5% of the population who are elderly, two-thirds live in villages and nearly half are of poor socioeconomic status (SES) (Lena et al., 2009).[2, 3]

Alcohol abuse puts elders at risk for multiple health, cognitive, psychiatric, and interpersonal problems. Ten to fifteen percent of older adults treated in primary care clinics have problematic alcohol use (exceeding a recommended one drink: per day), with older adults who have been separated, divorced, or widowed at increased risk. Regular screening by primary care clinicians is useful as many of those at risk do not seek services for substance abuse problems on their own yet are responsive to brief interventions in medical care settings.[4, 5] Hence; the present study was undertaken for assessing the medically ill geriatric inpatients for comorbid psychiatric illness

MATERIALS & METHODS

The present study was undertaken for assessing medically ill geriatric inpatients for comorbid psychiatric illness. Permission of institutional ethical committee was obtained. 50 patients were enrolled.

Inclusion criteria:
- Age 65 and above of both sexes admitted in medical wards.
- Patients and their caregivers who are willing to participate in the study after giving informed consent.

Exclusion criteria:
- Uncooperative patient.
- Unconscious patient.

Patients 65 years of age or above of both sexes were selected and studied. 50 patients, who were already diagnosed for medical illness by senior consultant of medicine department, were included. All the selected patients were administered the proforma containing sociodemographic history, present history and past history of patients of psychiatric illness. The diagnosis was confirmed by senior consultant psychiatrist to avoid any error in the choice of subjects for study. The psychogeriatric assessment scale (PAS) was used for evaluation of psychiatric illness. All the results were recorded in Microsoft excel sheet and were analyzed by SPSS software. Chi- square test and student test were used for evaluation of level of significance.

RESULTS

40 percent and 30 percent of the patients belonged to the age group of 65 to 69 years and 70 to 74 years respectively. Mean age of the patients was 71.11 years. 60 percent of the patients were males while the remaining 40 percent were females. 70 percent of the patients were married while 10 percent and 20 percent of the patients were widow and widower respectively. 80 percent of the patients were of lower class socio-economic status while 20 percent of the patients were of middle class of socio-economic status. 76 percent of the patients had joint family while 24 percent of the patients had nuclear family. 30 percent of the patients and 20 percent of the patients had ischemic heart disease and congestive heart failure respectively. 16 percent of the patients had chronic kidney disease while 20 percent of the patients had liver cirrhosis. Psychiatric diagnosis was present in 48 percent of the patients. Among these, depression and anxiety disorder was present in 20 percent and 16 percent of the patients respectively. Adjustment disorder and dementia was present in 6 percent of the patients each.

Table 1: Age-wise distribution of patients

Age group (years)	Number of patients	Percentage of patients
65 to 69	20	40
70 to 74	15	30
75 to 79	5	10
80 to 84	5	10
85 and above	5	10
Total	50	100
Mean ± SD	71.11 ± 8.76	

Table 2: Socio-economic status of patients

Socio-economic status	Number of patients	Percentage of patients
Middle	10	20
Lower	40	80
Total	50	100

Table 3: Family type of the patients

Family type	Number of patients	Percentage of patients
Joint	38	76
Nuclear	12	24
Total	100	100

Table 4: Medical diagnosis

Medical diagnosis	Number of patients	Percentage of patients
Congestive heart failure	10	20
Chronic kidney disease	8	16
Ischemic heart disease	15	30
Liver cirrhosis	10	20
Others	7	14
Total	100	100

Table 5: Psychiatric diagnosis

Psychiatric diagnosis	Number of patients	Percentage of patients
Adjustment disorder	3	6
Anxiety disorder	8	16
Dementia	3	6
Depression	10	20
None	26	52
Total	100	100

DISCUSSION

Some researchers use the concept of objective burden and Subjective burden to define 'caregiver burden' more clearly, different questionnaires and scales have been developed to quantify the caregivers burden. Caregivers burden is categorized in terms of objective burden (OB), subjective burden (SB) and demand burden (DB). Objective burden is defined as "extent of disruptions or changes in the various aspects of the caregivers life and household. It measures the disruption of the caregivers life". Subjective burden, also called strain, defined as caregivers attitude or emotional reactions to the care giving experience, It measures emotional impact of care giving on the caregivers. Demand Burden measures the extent to which the caregiver feels the responsibilities are overly demanding.[6] Hence; the present study was undertaken for assessing the medically ill geriatric inpatients for comorbid psychiatric illness

In the present study, 40 percent and 30 percent of the patients belonged to the age group of 65 to 69 years and 70 to 74 years respectively. Mean age of the patients was 71.11 years. 60 percent of the patients were males while the remaining 40 percent were females. 70 percent of the patients were married while 10 percent and 20 percent of the patients were widow and widower respectively. 80 percent of the patients were of lower class socio-economic status while 20 percent of the patients were of middle class of socio-economic status. Singh A et al did a study on a total of 120 geriatric patients, among which 60 were living in old age homes and rest 60 were living in general population. The population in the age group of >80 years have a more prevalence of psychiatric disorders 44% followed by those who are in age group of 60 to 68 years 33.3%.and 70 to 79 years (28.9%). Depression was the most common psychiatric disorders in general population (21.7%) and also in those living in old age homes (25%) the anxiety disorders (5.8%), substance use related disorders (4.2%) and organic disorders 0.8%. Dementia was the only organic disorder.[7] Bradshaw LE et al described the outcomes of older adults with co-morbid mental health problems after an acute hospital admission. Twenty-seven per cent did not return to their original place of residence after the hospital admission. After 180 days 31% had died, 42% had been readmitted and 24% of community residents had moved to a care home. Only 31% survived without being readmitted or moving to a care home. However, 16% spent >170 of the 180 days at home. Significant predictors for poor outcomes were co-morbidity, nutrition, cognitive function, reduction in activities of daily living ability prior to admission, behavioural and psychiatric problems and depression. Only 42% of survivors recovered to their pre-acute illness level of function. Clinically significant behavioural and psychiatric symptoms were present at follow-up in 71% of survivors with baseline cognitive impairment, and new symptoms developed frequently in this group. The variable, but often adverse, outcomes in this group implies a wide range of health and social care needs.[8]

In the present study, 76 percent of the patients had joint family while 24 percent of the patients had nuclear family. 30 percent of the patients and 20 percent of the patients had ischemic heart disease and congestive heart failure respectively. 16 percent of the patients had chronic kidney disease while 20 percent of the patients had liver cirrhosis. Psychiatric diagnosis was present in 48 percent of the patients. Among these, depression and anxiety disorder was present in 20 percent and 16 percent of the patients respectively. Adjustment disorder and dementia was present in 6 percent of the patients each. Rukundo ZG et al determined the prevalence, types and associations of psychiatric morbidity as seen among adult in-patients on medical and surgical wards. Psychiatric diagnosis was arrived at by administering the Mini International Neuropsychiatric Interview (MINI) as the diagnostic instrument. Of the 258 participants in this study, 109 (42%) met criteria for at least one DSM IV psychiatric diagnosis. Only 6% of all the psychiatrically diagnosed patients were recognized by their treating doctors as having mental illness. The psychiatric disorders on the general medical and surgical wards are highly prevalent and not recognized by staff on these wards despite their common occurrence.[9] Goldberg SE et al screened consecutive general medical and trauma orthopaedic admissions aged 70 or older for mental health problems. Of those screening positive 250 took part in the full study. Adjusting for the two-stage sampling design, 50% of admitted patients over 70 were cognitively impaired, 27% had delirium and 8–32% was depressed. Of those with mental health problems, 47% were incontinent, 49% needed help with feeding and 44% needed major help to transfer. They confirmed the high prevalence of mental health problems among older adults admitted to general hospitals.[10]

CONCLUSION

Modern geriatric medicine is a busy, fast-throughput speciality, and psychiatric disorders in medically ill patients are likely to be missed. The recognition of psychiatric disorder by geriatric ward staff was best on the ward where the rounds were regularly attended by a senior registrar in old age psychiatry.

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