

# Profile of elderly patients followed in a psychiatric unit

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## Introduction :

Psychiatric disorder is one of the most frequent problems in elderly.

## Aim:

To draw up the sociodemographic and clinical profile of elderly patients followed in a psychiatry unit.

## Methods:

- ❖ A retrospective cohort study
- ❖ Patients aged **65 years or older**,
- ❖ Psychiatry department of Gabes regional hospital
- ❖ Period : 1<sup>st</sup> January 2010 to 31<sup>st</sup> December 2016
- ❖ **Sociodemographic** and **clinical** data were assessed.
- ❖ Psychiatric diagnoses were done according to the Diagnosis and Statistical Manual of Mental Disorders (**DSM-IV**) classification.

## Results:

- ❖ Number of elderly subject = **192**
- ❖ Mean age =  $72,5 \pm 6,6$  years

<u>Characteristics</u>	<u>Percentage/ Years</u>
Mean age (years)	72,5 ± 6,6
Male gender	55,2%
Illiterate	64,1%
Living with the family or with a member of their descendants	93,3%
<b>Personal medical history</b>	59,9%
at least two somatic diseases	38,1%
Personal psychiatric history	20,8%
Depressive disorder	48,2%
<b>The reason for consultation</b>	
sleep disorders	67,7%
somatic complaints	59,4%
behavioral disorders	60,9%
memory disorders	44,8%
<b>Psychiatric disease</b>	
Dementia	27,9%
Major depressive disorder	19,3%
Anxiety disorders	8,8%
Bipolar disorders	3,1%
Complementary examinations requested	44,5%

TABLE 1 Characteristics of the study population

- ❖ Personal medical history = **59,9%** : **diabetes** +**cardiovascular diseases** +++++
- ❖ All medical disorders were more common in women than in men.

## Discussion

- ❖ According to our study, the elderly psychiatric consultant subject had an **average age** of 72,5 years, with a **sex ratio** close to 1. Tow third of them suffered from **somatic comorbidity** due to high blood pressure, diabetes, heart disease or respiratory pathology. This result is comparable to that found by Khammassi et al[1], in a study conducted in the Tunis region, where somatic comorbidity was also dominated by **vascular** (51%), **metabolic** (37%) and **neurological** (37%) pathologies.

- ❖ The high frequency of somatic comorbidity in elderly psychiatric patients attests to the need for **multidisciplinary management** of such patients in order to effectively treat both psychiatric illnesses and somatic problems. In France, the care of such patients is focused on the psychiatric, somatic and social fields[2]
- ❖ Our results show that **dementia** (27,9%) and **mood disorders** (19,3%) were the most frequently selected psychiatric diagnoses. In a study conducted in the 1990s, which examined 211 cases of elderly subjects, dementia accounted for 26% of all diagnoses[3]. In another study, the respective rates of dementia and mood disorder were 40,2% and 34,6%. Mood disorders were depressive for 87,3% and bipolar for 12,7%[4].
- ❖ **Major depressive disorder** is one of the most common psychiatric disorders in the elderly[5]. In reality, age is not in itself a risk factor for the development of depressive syndrome. A certain number of external factors that usually accompany ageing are negative (non-psychiatric medical pathologies, loss of autonomy, iatrogeny, life events such as loss: death of a loved one, separation, change of residence, particularly entry into an institution).
- ❖ Regardless of the nature of depression, the influence and impact of biological, situational, social and psychological factors would be greater in its occurrence in the elderly[6].
- ❖ **The semiological characteristics of the elderly subject's depression** may also make it more difficult for the non-specialist to detect it and thus give another explanation for the observed average agreement. Compared to the younger subject, depression in the elderly subject is less manifested by the expression of a feeling of sadness and more by anxiety, irritability, loss of pleasure and somatization. Poor speech, motor slowdown, blunting of affects, decreased interest, social and personal activities, which in the young subject evoke a depressive state, may suggest in the elderly subject a differential diagnosis with early dementia or may be falsely considered as inevitable consequences of normal aging [7,8].
- ❖ In a review of the literature over the past 10 years, Charney and al note that, despite the existence of effective medications, depression in the elderly remains a major public health problem [9]. It remains associated with loss of autonomy, functional decline, decreased quality of life, increased mortality due to co-morbidities and suicides. It is a burden on caregivers and a significant burden on health services.
- ❖ Demographic change is already confronting psychiatrists with the need to care for elderly patients, whose clinical characteristics (atypical clinical presentations, frequency of somatic comorbidities and associated cognitive alterations, delayed therapeutic responses, etc.) require that special education and specific care be provided as widely as possible.

## Conclusion:

Dementia and depression were the most frequent psychiatric diseases in elderly followed in the psychiatric unit. Some measures seem important to improve the care of the elderly with mental illness.

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