



Geriatric Syndromes in Community-dwelling Older Adults

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INTRODUCTION

Depression is a common psychiatric disorder that affects 322 million people around the world Health Organization, 2017. Worldwide, it is estimated that 7.2 percent of community-dwelling older adults suffer from major depression, with 17.1 percent having experienced depression at some point in their lives. Deterioration of life functions and decline in and cognitive functions are all linked to depression in old age. Other living environment issues, such as living alone and being divorced, have also been mentioned. Depressive symptoms have been linked to a variety of negative health consequences, including an increased risk of stroke and all-cause mortality. Previous research has found links between depressive symptoms and physical and cognitive functions in community-dwelling older adults. Found that continued physical activity in old age was the only factor associated with a reduction in the incidence of depressive symptoms in a three-year prospective cohort study with 680 community-dwelling older adults. Depression was also found to be a risk factor for dementia in another study. Until now, depressive symptoms have only been assessed from the standpoint of exercise or cognitive function, not both [1].

DESCRIPTION

Several complicated ageing conditions, such as depression, frailty and locomotive syndrome, have recently been studied in geriatric syndrome investigations. According to one study, frail older persons who live in the community are at a higher risk of depression. Published a systematic review that found an independent link between depression and sarcopenia in community-dwelling older individuals, while a cross-sectional investigation found a link between sadness and locomotive syndrome. Although there is a strong link between certain geriatric diseases and depression, the strength of the link is unknown. Furthermore, these geriatric syndrome definitions are operational, and their applicability to the most recent definitions must be carefully examined. As a result, we chose to investigate the link between geriatric syndrome and depressed tendencies using the most recent definition of geriatric syndrome. Our findings may help to prioritise the clinical examination of geriatric syndromes and emphasise the necessity of focusing on geriatric syndrome-related items such muscle strength, muscle mass, mobility, weariness, and weight loss [2].

Handgrip strength was used to assess muscle strength, which has been shown to be linked to whole-body muscle strength. The maximum voluntary isometric strength of the dominant handgrip was measured in a standing position using a Grip-D hand dynamometer (Takei; Niigata, Japan). Handgrip strength of less than 28 kg in men and 18 kg in women was considered as low muscle strength. Participants were directed to walk 6.4 metres (split into two 2-meter zones at each end and a 2.4-meter zone in the middle) at their own pace. The gait speed (m/s) was calculated by measuring the time (s) required to transit the 2.4-m middle zone. A cane or walker could be used by participants [3].

The two-step test was used to assess locomotive syndrome. Participants were instructed to take two steps forward as far as they could and then come to a complete stop after the second step. If participants lost their balance throughout the test or did not halt after the second step, they were retested. They couldn't jump because it was against the rules. The test was repeated until two different outcomes were obtained. The participant's height was divided by the maximum length (m) covered in the two tests (m). According to the Japanese Orthopedic Association's criteria, the results were classified as robust (1.3 m/m), Locomo1 (1.3 m/m), and Locomo2 (1.1 m/m). Furthermore, because geriatric syndromes are associated with a higher vulnerability to stressors and incapacity to rehabilitate, older persons may require more health care to maintain a functional level. Except for recent studies from Asia and a meta-analysis, little is known about the link between geriatric syndromes and health-care utilisation, measured in terms of, for example, outpatient clinic attendance, hospitalizations, emergency visits, or medication use, despite their high prevalence and likely co-occurrence with other health conditions. Geriatric syndromes alone result in increased health-care consumption (e.g., more visits to general outpatient and specialty outpatient clinics) than multimorbidity alone, according to a study conducted in Hong Kong among community-dwelling older persons [4].

Furthermore, because geriatric syndromes are linked to a higher vulnerability to stressors and an inability to rehabilitate, older people may require more health care to stay functional. Despite their high prevalence and likely co-occurrence with other health conditions, little is known about the link between geriatric syndromes and health-care utilisation, measured in terms of, for example, outpatient clinic attendance, hospitalizations, emergency

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Received: 02-April-2022, Manuscript No. jggr-22-16872; **Editor assigned:** 04-April -2022, Pre QC No. P-16872; **Reviewed:** 09- April-2022, QC No. Q-16872; **Revised:** 14- April-2022, Manuscript No. R-16872; **Published:** 19-April-2022, DOI: 10.35248/2167-7182.22.11.609

Citation: Nishita Y (2022) Geriatric Syndromes in Community-dwelling Older Adults. J Gerontol Geriatr Res. 11: 609.

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