

Neurological Disorders and its Preventive Measures in Elderly People

Margill Daniel^{*}

Department of Neurology, Palm Beach Atlantic University, Florida, United States of America

DESCRIPTION

Dry Eye Disease (DED) is a prevalent condition that can drastically lower quality of life. Its prevalence rises with age, and as life expectancies increase, so does the financial toll that the disease takes on both the patient and society. Because the symptoms and indicators of the condition are inconsistent, diagnosing and treating DED can be challenging. Recent research has revealed that, particularly in senior people, neurological or psychological factors may play a role in the development of dry eye symptoms and the disparity between symptoms and indicators.

This study talks about how DED is linked to numerous neurological and psychiatric conditions. Drugs used to treat psychiatric illnesses have been linked to DED in addition to psychiatric conditions such depression, anxiety, stress, posttraumatic stress disorder, and sleep difficulties. DED is associated with neurological conditions include neuropathic pain, chronic pain syndrome, peripheral neuropathy, and a number of central nervous system problems. It is also explored how to treat DED when it coexists with psychiatric or neurological conditions. It is important to pay attention to DED patients who have discordant symptoms and indicators. These patients may benefit from an integrated therapy strategy if they have a poor response to traditional treatment for accompanying mental or neurological problems.

The prevalent and frequently fatal companions of ageing, gait problems lower quality of life and increase death. Here, we outline a clinically focused strategy for treating neurological gait

problems in the elderly. We also call attention to a number of fascinating scientific advancements in this field. The complicated and frequently multifactorial pathophysiology underlying elderly gait problems is the subject of our initial attention.

The realization of gait as a complicated higher order type of motor behaviour with prominent and variable consequences of mental processes is a significant new understanding. Another important take away is that gait abnormalities are not an inevitable byproduct of ageing but rather point to underlying conditions that call for particular diagnostic procedures. Due to the increasing prevalence of chronic pain, diabetes mellitus, cardiovascular and neurological illnesses in the aged population, people's need for drugs rises drastically as they age. In addition, the elderly require special attention when it comes to medication administration, drug interactions, and drug adherence. Patients suffering from chronic neurological illnesses, in particular, may require multiple drug administrations throughout the day in order to maintain stable plasma medication levels, increasing the risk of noncompliance. Numerous attempts have been made to design pharmacological formulations in order to achieve a constant rate of medication distribution.

CONCLUSION

The elderly population is susceptible to various neurological conditions that have high death and morbidity rates. Given that people are living longer, it makes sense to predict that age-related neurological conditions like stroke, dementia, Parkinson's disease, essential tremor, and epilepsy will become more prevalent among India's old population.

Correspondence to: Margill Daniel, Department of Neurology, Palm Beach Atlantic University, Florida, United States of America, E-mail: daniel@gmail.com

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