

Psychiatric Impairment in Older Adults

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EDITORIAL NOTE

Epidemiological studies of psychiatric impairment in older adults have generally concentrated on either overall mental health functioning or the distribution of specific psychiatric disorders in the population. Reports from these studies usually begin as general observations of the association of impairment or specific disorders to characteristics such as age, gender, race/ethnicity and socio economic status. These trends provide the template for more in depth studies of the hereditary, biological and psychological contributors to the etiology of disorders and the effect of the distribution of the disorders in the institutional or clinical settings provide important data about service use. Longitudinal epidemiological studies of older adults can also provide data on the incidence of impairment or psychiatric disorders as well as outcomes associated with specific psychiatric disorders. One of the landmark studies of the prevalence of psychiatric disorders in United states was the ECA survey conducted in 1980.

The National Institute of Medical Health established the ECA program to determine the prevalence specific psychiatric disorders in both community and institutional populations. Data were collected in five countries and the DIS was used to identify persons who met criteria for specific disorders. More than 18,000 people were interviewed in the ECA study including 5702 persons who were ages 65 years and older.

All disorders with the exception of cognitive impairment, were more prevalent in younger or middle aged adults than in older adults. Of those ages 65 and older, 12.3% met criteria for one or more psychiatric disorders in the month prior to the interview.

The two most prevalent disorders in this age group were any anxiety disorder and severe cognitive impairment. Several large-scale epidemiological surveys provide more recent estimates of lifetime and current prevalence of psychiatric disorders. These large scale studies have added to rich data provided earlier by surveys and by numerous smaller studies conducted in various geographic locations.

The prevalence of dementia and Alzheimer's diseases in both the community and institutional samples were evaluated. Psychiatrists typically follow patients for relatively short periods during the course of their illnesses. In addition, they usually interact with each patient within a relatively brief window of historical time. Epidemiological studies add a historical perspective to current cross sectional findings in population and clinical surveys. Historical studies in psychiatric epidemiology are rare. Temporal changes that occur with most behaviors that are of psychiatric interest must be determined over years rather than months. Longitudinal studies introduce problems of loss to follow-up. With the caveat that case identification methods change over time and place, rendering the detection of historical trends subject to misclassification error, historical studies have contributed importantly to estimating the separate effects of age, historical events and cohort behaviour on the incidence of mental illness. Age related increases in suicide rates have flattened over the past century. Although suicide has continued generally to increase with age, later born cohorts demonstrate lower suicide rates as they age across time rather than earlier cohorts. Suicide mortality is positively correlate with age which required well designed etiological studies.

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