

UNDERSTANDING AND HANDLING MENTAL DISORDERS IN THE AGED

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THE serious psychiatric disturbances of old people are a matter for experts, but lesser psychological symptoms and emotional disturbances are frequent and sometimes alarming.

A good deal of psychiatric illness in the aged goes unrecognised until it is well advanced as it develops insidiously, takes the form of physical illness, or the person may not choose or even know where to go for help. Alternatively, he fears that if he voices his fears he may be thought 'mad' and 'put away'.

Old people may develop a few isolated psychiatric symptoms at any time without it meaning much. Perhaps they become depressed for a while during or after a physical illness, see illusionary figures or scenes when half asleep, or become forgetful or confused for short periods. These become significant however, if accompanied by disturbed behaviour. The important thing is that rapidly developing new symptoms, be they physical or mental, need urgent investigation. When mental illness strikes, relatives are often nonplussed. From a practical point of view it is helpful to distinguish between suddenly occurring mental illness and that which develops more gradually.

Suddenly Occurring Psychiatric Disturbances

The commonest are states of confusion in the old people which show in bewilderment, loss of bearings, and forgetfulness of simple facts about themselves, events, time, etc. In extreme cases they may even fail to recognise members of their families. This may be accompanied by physical restlessness: the person looks around in an agitated way, talks irrelevantly, or just mutters and mumbles incoherently. Sometimes he responds to chance stimuli in an appropriate fashion, for instance he imagines that a voice heard in the street is talking to him, and may even reply. Visions may occur which are sometimes very frightening: for instance, he may see long-dead relatives or experience forebodings about the future.

Confusion in the elderly is rather like temperatures in children, in that there are many causes, they tend to arise rapidly and sometimes for quite trivial reasons, and may present a very alarming picture. Fortunately, many settle down as rapidly with appropriate treatment. There is always a definite precipitating cause and the outlook is probably the best for any of the psychiatric disturbances in old age because the underlying condition is usually remediable. Often the cause is emotional as old people are easily knocked off their balance psychologically. Anything that interferes with routine or lessens their contact with familiar things can do this – just moving to a new room, an emotional shock, or a fright such as results from a slight fall. Also if vision or hearing is impaired so that they are not receiving enough cues from their environment. Confusion can be the first sign of an infection with the temperature and fever only appearing later. Look for signs of common illnesses: influenza, a cough or wheezing (many a pneumonia is heralded by confusion), a urinary infection indicated by burning on urination, or frequent passing of urine. These symptoms may only be mild but the confusion can be severe.

Other physical illnesses such as diabetes or thyroid disease, or liver or kidney disease may cause a disturbed metabolic state and consequent confusion. Retention of urine as a result of enlargement of the prostate is a common cause, as are operations of any sort. Confusion also occurs in the course of heart failure, coronary disease or because of a stroke. Sometimes, it appears before other physical symptoms have become evident, or where the underlying disease is insidious and not easily recognised, such as anaemia. It is essential therefore that everyone with suddenly occurring confusion be thoroughly investigated medically as soon as possible.

Many medicines cause confusional states. Always enquire therefore what the old person has been taking, and collect all pills lying around or in cupboards to show to the doctor, or take them to the hospital with you. Particularly important are sleeping pills (especially if the contain bromides and barbiturates), tranquillisers, anti-depressants, pills taken for heart conditions, cortisone and its derivations, and drugs used for parkinsonism. Never take anything for granted. Old people are forgetful or may be unheedful of instructions and take more than the prescribed dose, or continue to take their old medicine as well as the new when the doctor changes the prescription. Alternatively they may be attending more than one doctor and each be unaware of what the other is prescribing. Remember too that old people often do not tolerate drugs as well and that quite small doses may have large effects.

Confusion can result from excessive intake of alcohol, or if the old person is a heavy drinker, when he diminishes his intake. This most frequently happens if he is taken ill or admitted to hospital, and gives rise to a delirious state with or without terrifying visions. Tremulousness, restlessness, a fast pulse and sweating are characteristic of this condition. The possibility of alcoholism as a cause of confusion in the elderly is easily overlooked because the extent of their drinking may not be appreciated or they may be secret drinkers.

Confusion can occur as a result of diseases of the brain. For instance, a clot or bleeding inside the skull which may be due to a fall or injury, or occur spontaneously because of vascular disease. The injury may not even have been serious (i.e. a bump on the head) and can have taken place some time previously (even months), so that it is possible to miss the connection. The characteristic feature, however, is that the person becomes stuporous at times, but this may fluctuate so that he is quite clear mentally at others.

Sometimes acute confusion can be due to underlying psychiatric illness, which is not related to organic changes in the brain. For instance, in the condition called hypomania where the person becomes over-active mentally with a grasshopper-like flitting from idea to idea. There may well have been similar attacks previously or the person may be prone to, and have had treatment for, depressive illness. It is difficult for a layman to be sure about the presence of this condition although he may have a clue because of it having occurred previously and the fact that the level of consciousness is not affected.

Chronic or Gradually Developing Psychiatric Disturbance

Here there are two main questions to answer.

1. Has the person really changed in himself, that is, is his personality recognisably different. If so, this is characteristic of the condition called dementia or mental decay.

2. Have new symptoms or behaviour been superimposed on his normal personality? We will deal with each in turn.

DEMENTIA (Mental Decay)

Here the personality changes so that the old person becomes a caricature or travesty of what he was. He may, for instance, always have been 'difficult' and now he becomes impossible in the same sort of way. This change may be fairly gradual so that it is most noticeable in those who do not see him every day, and they will often remark how old he seems to have become lately. The deterioration is due to actual physical change in the brain, but some of the early symptoms may be similar to those found in depressive illness or in neurotic states. It is important to distinguish between them as the treatment differs. In the former, memory will be impaired, perhaps for small and unimportant things at first and patchily, but in time great gaps will become apparent. They tend to become easily confused and one has an impression of dilapidation and of being distinctly 'off-beam'.

They tire easily and do not seem to manage as well as before – take longer to dress and do it badly, leave buttons undone or are careless about personal hygiene. They 'potter' and may wander aimlessly around the house at night. Judgement is faulty: at first finer critical ability is affected but later there is faulty reasoning. Temper tends to change too. Most just become a bit dull, but some are crotchety or petulant and quick to take offence. Others become selfish and hoard food and articles. They may lose their sense of social rightness – pick their noses in public, eat noisily, or dress dirtily. This condition is usually associated with an increased liability to serious physical illness and they need special attention to their health.

How does one know if the slight changes in memory and mental capacities so often found in elderly people will progress? Some fall-off in intellectual capacity occurs quite normally but this is not an illness in itself and will not get much worse from year to year. Normally too, there is none of the dilapidation of the personality and deterioration of social behaviour seen in a senile dementia. Ominous signs are a rapid decline over a couple of months, sometimes precipitated by a physical illness or an operation.

Narrowing or obstruction of the arteries of the brain by the accumulation of fatty tissue in the walls, or to spasm or a clot (as a result of a stroke) can also give rise to dementia. The symptoms are however more patchy and fluctuating, and often associated with confusion. There may be periods lasting for months when the person is quite clear mentally, or shows only slight loss of intellectual powers. This confuses relatives as he appears to be so well. Alternatively, each attack may leave a residue which adds up over a period to give quite considerable impairment. It is characteristic of this condition that there is a lack of control of the emotions so

that the old person reacts immediately to circumstances, i.e. he may laugh or cry too easily, or become tactless. Treatment can be helpful, depending on the extent of the changes in the arteries. It is directed mainly at the underlying conditions, particularly the blood pressure, and often the mental effects can be slowed and in certain cases even halted. At the very least, the acute episodes occur further apart.

DEPRESSION

The commonest psychiatric conditions are depression and neurotic and adjustment reactions.

The former occurs in different degrees of severity ranging from a fit of the blues to a condition of deep and lasting misery with great suffering and incapacity. In its severest form this is a specific disease and needs urgent treatment because of the risk of suicide. It is so universal and important a condition that we will describe it in some detail.

Depression is a great deceiver because it has many guises. It is obvious enough when the person complains that he feels wretched and unhappy, and has feelings of hopelessness, guilt and futility. He looks miserable and worried and his whole posture is dejected. The problem arises when depression appears as something else. For instance, it may appear as an intensification of the person's normal rather pessimistic or misanthropic personality. Or it may show as a protracted state of joylessness, a state of general dissatisfaction, or a chronic worry state. Scratch a little however, and you will usually find a very depressed person. Sometimes the depression is masked by mental denial – the patient may smile and say there is nothing wrong, but the smile strikes one as an arrangement of the facial muscles rather than a true reflection of the way he feels. This condition can be difficult to recognise and an experienced doctor will be necessary to treat it. A special variety of depression appears in the form of hypochondriasis – continuing complaints of bodily pains and dysfunction without actual physical illness. The person may have some physical basis for these complaints, but not enough to warrant his many demands for pills and treatment. Characteristically one gets the impression that the complaint is more important than the cure. Hypochondriasis is not however, a 'put on' condition. It indicates mental unrest and if it comes on fairly suddenly in old age, should arouse one's suspicions as it represents a hidden depressive illness which responds well to modern medical methods.

How does the non-expert tell whether an old person is severely depressed? Firstly, there is the fixity of the symptoms. If they have endured for weeks or months and do not respond to alleviating circumstances – say, good news or a pleasurable happening. One often gets the feeling too, in the more severe forms, that they wallow in despondency or wrap themselves in a blanket of self-concern and despair. One's own reaction can be helpful in reaching a conclusion, because the feeling of depression is contagious so that those who are in contact with it tend to feel that way themselves. The most

characteristic symptom however is that the person just seems to have lost interest in life. Everything seems too much: he may not be able to concentrate on a newspaper, and has given up his usual interests and activities. There may also be physical changes. Loss of appetite causes weight loss and the skin looks dry and sallow. The person is clearly physically slowed and one gets the impression that the inner machine has just run down.

The above description will usually be clear enough to distinguish mild from severe cases and both from organic dementia as there is no fall-off of intellectual ability and no loss of memory. There is a slowing of mental and physical functions in both conditions, but in depression one gets the impression that this is due to inertia rather than a real inability to move and think fast. Last, but not least, the depressive old person seems to labour under a heavy load whilst that one with brain degeneration does not really suffer. He is just not the man he once was.

PSYCHOLOGICAL CONDITIONS

These are products of fear and conflict, manifesting themselves in neurotic reactions or adaptational responses. They are set off by external stress or an unhappy life situation, or result from disturbance in the unconscious mind so that no obvious cause can be found. The old person retains his intellectual capacities and can participate in his daily life, although he may protest that he cannot. He suffers however, from a variety of unwarranted fears or phobias about neutral objects or situations (heights, open or closed spaces, etc.); or he may develop repetitive thoughts that he cannot rid himself of, or have to perform rituals such as hand-washing, counting, etc. Neurotic symptoms may appear to be 'put on'; and certainly the person seems to make the most of them in manipulating family and relatives. However, they are illnesses in their own right and beyond his control. They deserve treatment, but often, because the person becomes demanding and difficult, the family lose patience and tell him to 'pull himself together.'

It is not easy to separate true neurotic symptoms from exaggerated normal reactions to unsatisfactory circumstances. All of us can become somewhat neurotic under stress, and certainly, many elderly people have a great deal to cope with in the way of deprivation, physical loneliness, etc. They are particularly vulnerable because of early brain changes which do not amount to dementia but do limit their capacity for adjustment. This may cause a spume of psychological reactions in situations which previously would have left them unaffected. However, it is usually possible to recognise the true neurotic because he has a lifelong pattern of similar behaviour or character qualities, and a background of disturbed childhood and family life. In addition, he will always have been somewhat immature in his reactions or anxious and conflict-ridden.

Neurotic symptoms are not at all uncommon in the aged, either as one or more single manifestations such as a fear of heights or an obsession, to full blown cases of

neuroses. Quite often the disturbance appears as psychosomatic symptoms such as spasm of the bowel, asthma, skin conditions, etc., and their true nature may escape recognition because the underlying psychological disturbance is not clearly evident. Family doctors see a great number of such reactions, many of which resolve when the stress which has caused them disappears. In contrast to younger people neurosis appears to arise from environmental stress rather than from inner conflict. The ground may have been prepared in childhood, but signs did not appear until their powers to cope have waned in age.

A neurotic in the family can be very trying and it is easy to become irritated by or resentful of him. Make no mistake, though, they suffer, and need help. The problem is that one's usual ways of dealing with people do not seem to help. Persuasion, upbraiding, punishing or trying to reform just gives rise to resentment and hostility, which makes life miserable for everyone. There is

something which can be done though, and often enough this lies in alleviating pressing circumstances rather than psychiatric treatment 'per se'. Most such situations are triggered by the material condition of the old person's life and should be carefully looked at — perhaps he is worried about a pending operation or there is a financial problem. Or it may just be loneliness and a feeling of neglect. Family relationships will usually need attention and the help of an outside detached person such as a friend, the family doctor, possibly a social worker, a psychologist, or a psychiatrist should be sought. Relatives, with the best will in the world cannot, because of their personal involvement, see the wood for the trees and talking it over with someone else is always useful. However, if the problem is due to entrenched neurosis, this is a matter for experts. One way to tell is that a difficult old person almost certainly was a difficult young person. In these cases a consultation with a psychiatrist might be arranged through your family doctor.
