

# AYAKTAN TEDAVİ GÖREN YAŞLI HASTALARDA PSİKİYATRİK BOZUKLUK DAĞILIMININ DEĞERLENDİRİLMESİ: ZOR BİR HASTA GRUBU

## Evaluation of the Prevalence of Psychiatric Disorders in Geriatric Outpatients: A Difficult Patient Group

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### ÖZET

**Amaç:** Yaşlı nüfus giderek artmaktadır ve bu artışın yakın gelecekte daha belirgin olması beklenmektedir. Yaşlı nüfusun artması ile birlikte ortaya çıkacak tıbbi, psikiyatrik ve sosyal sağlık sorunları sağlık hizmetlerine artan bir ihtiyaca neden olacaktır. Bu araştırmanın amacı, genel psikiyatri polikliniğine başvuran hastalar arasında, yaşlı hastalardaki psikiyatrik bozukluk sıklığını, cinsiyete dayalı farklılıkları ve demografik özelliklerini değerlendirmektir.

**Gereç ve Yöntem:** Nisan 2018 ile Temmuz 2018 tarihleri arasında üniversite hastanemizin genel psikiyatri polikliniğine başvuran yaşlı (≥65 yaş) hastaların verileri kullanılarak yapılan prospektif bir çalışmadır. Klinik tanı DSM-5 kriterlerine göre konulmuştur. Hastaların demografik özellikleri kaydedilmiş ve değerlendirilmiştir.

**Bulgular:** Genel psikiyatri polikliniğine başvuran hasta sayısı 1950 idi ve yaşlı psikiyatrik hastalar (≥65 yaş) toplam başvuruların %10.4'ünü (n=203) oluşturmaktaydı. Yaşlı hasta grubunda kadın/erkek oranı 1.44 (n=120/83) idi. En sık görülen psikiyatrik bozukluk major depresif bozukluk (MDB)'tu (%38.40). Genelleşmiş anksiyete bozukluğu (GAB) %18.70, uyum bozukluğu (UB) %9.30, şizofreni (%7.30) geropsikiyatrik hasta grubunda diğer sık görülen bozuklukları oluşturmaktaydı. GAB oranı kadınlarda, UB oranı erkeklerde istatistiksel olarak anlamlı derecede yüksek bulunmuştur.

**Sonuç:** Yaşlı hastalarda görülen psikiyatrik bozuklukların sıklığının belirlenmesi ve cinsiyetler arasındaki farklılıkların bilinmesi tedavi stratejilerinin planlanması ve geliştirilmesine katkı sağlayacaktır.

**Anahtar Sözcükler:** *Uyum bozukluğu; Majör depresif bozukluk; Genelleşmiş anksiyete bozukluğu; Yaşlılık psikiyatrisi*

### ABSTRACT

**Aim:** OObjective: The elderly population is increasing and this increase is expected to be more pronounced in the near future. Medical, psychiatric and social health problems associated with the increase in the elderly population will lead to an increasing need for health services. The aim of this study was to evaluate the prevalence of psychiatric disorders, gender-based differences and demographic characteristics among the patients admitted to the general psychiatry outpatient clinic.

**Material and Methods:** A prospective study using data from elderly (≥65 years) patients admitted to the general psychiatry outpatient clinic of our university hospital between April 2018 and July 2018. The clinical diagnosis was made according to DSM-5 criteria. The demographic characteristics of the patients were recorded and evaluated.

**Results:** The number of patients presenting to the general psychiatry outpatient clinic was 1950, and older psychiatric patients (≥65 years) accounted for 10.4% (n=203) of the total applications. The female/male ratio was 1.44 (n=120/83) in the elderly patient group. The most common psychiatric disorder was major depressive disorder MDD (38.40%). Other common disorders in the geropsychiatric patient group were generalized anxiety disorder (GAD) 18.70%, adjustment disorder (AD) 9.30% and schizophrenia 7.30%. The GAD ratio in women and AD ratio in men were found significantly high.

**Conclusion:** Determining the frequency of psychiatric disorders in elderly patients and knowing the differences between the sexes will contribute to the planning and development of treatment strategies.

**Keywords:** *Adjustment disorder; Major depressive disorder; Generalized anxiety disorder; Geriatric psychiatry*

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## INTRODUCTION

“Senility is the only disease that will not be desired to end.” This quote of Orson Welles's 1941 movie, ‘Citizen Kane’, is demonstrative in terms of elderly (1). Aging is a person's physical and mental decline. While aging is an individual, social values and other factors determine the place and value of old age in society. For this reason, old age is not only a biological phenomenon, but also a social and cultural phenomenon (2). In 2025, the number of people over 65 in Turkey is expected to be 12 million (3). In European Union countries, the rate of individuals in the 15-64 age group by 2060 decreased from 66% to 57%, while it is estimated that those in the 0-14 age group will be about 15% (4). Especially in developed and developing countries, there is a lot of work to address the problems of the elderly population. As in many other areas, serious policies are needed in the field of community mental health (5).

As a physiological response to life stress and struggle in elderly individuals, physical diseases (cardiovascular diseases, diabetes, etc.) as well as psychiatric diseases (anxiety, depression, etc.) are frequently seen (6). It is a fact that general practitioners, internal medicine specialists, neurologists, and other physicians primarily confront with the psychiatric illnesses in the geriatric patient group. However, the recognition of psychiatric disorders that emerge in old age may be difficult for the physicians other than psychiatrists. The life quality may be decreased by depression in the elderly. Depression is known to be related to physical disorders and causes disproportionate and needless health expenditures (7-9). It may be difficult for patients and their relatives, physicians, and sometimes even psychiatrists to recognize mental problems in the elderly. Because of a general slowing down, loss of interest and desire, weakness, sense of uselessness, and amnesia are seen as a natural result of aging (6-8). As life time increases, it becomes more important to improve quality of life and to maintain independent functions (9, 10). Such factors may be the result of psychiatric disorders, as well as the cause.

The most common psychiatric disorders are depression, dementia, delirium, and psychotic disorders. Conditions such as loss of function, the presence of physical illness, lack of social support, female sex, low income

levels and cognitive disorders are helpful factors for depression. Feelings of loneliness, fear of death, and despair are other problems of the elderly. In addition to this, vegetative symptoms associated with appetite and sleep may occur. Psychotic symptoms in the elderly may be associated with dementia and depression, as well as late onset schizophrenia. Anxiety disorders are usually associated with depression, but are less common in dementia patients. The use of alcohol and drug abuse to cope with anxiety is also more frequent in the elderly than in the youth. Since organic problems due to aging are increasing, it may be difficult to identify somatoform disorders in patients with somatic complaints. Keskinoglu et al. (12) reported that social support is the most important factor affecting depressive symptoms in a low socioeconomic region. In a study conducted in Trabzon (13), the prevalence of major depressive disorder (MDD) was 29% in the population and 41% in the elderly who were receiving institutional care. In a society-based study in Izmir (14), the prevalence of MDD was 6% over 65 years, and depressive symptoms were 11%. Kalenderoglu ve ark. (15) reported that %61.4 of patients applied to a geropsychiatry unit was female. They stated that 31.6% of patients were diagnosed with anxiety disorder, 17.5% were dementia, 10.5% were MDD, 7.0% were bipolar disorder. They also reported that 33.4% of patients had a comorbid psychiatric disorder such as anxiety and depression. This situation worsens when the elderly, who are prone to psychopathology in their daily lives, encounter problems associated with the hospital. The duration of hospitalization, the number of physical illnesses, and the drugs used affect mental disorders in a negative way. Koc and Saglam (16) reported that 69.1% of hospitalized patients had supraliminal points from depression scale for aged.

Epidemiological studies contribute to new planning and regulation of existing ones. Channelling of psychoeducational programs is provided in order to reduce loneliness. Primary and secondary psychiatric disorders are differentiated. Attempts are made for aetiology. However, as with many other issues, the situation may differ in regional terms. Adiyaman is a province that the role of the concept of gender in the family, the elections due to these roles and the patriarchal structure in the family are evident. It is

obvious that these socio-cultural variables will have an impact on the emergence, maintenance, treatment and follow-up processes of mental disorders. Adiyaman, on the other hand, is a province where there is no secondary health institution, where the existing training and research hospital functions like a university hospital, and there is no other hospital in the city except the only training and Research Hospital. Therefore, the geropsychiatric patient profile in this institution is important to reflect the status of the entire city centre. In the literature survey, a geropsychiatry study, which takes the data of Adiyaman on the basis of one year, could not be achieved. In this study, we aimed to evaluate the data of psychiatric patients over 65 years of age who admitted to our hospital.

## MATERIAL AND METHOD

The aim of this study is to examine psychiatric patients over 65 years of age who apply to our hospital. Our study was planned as prospective. All patients admitted to our hospital psychiatric outpatient clinic between April 2018-July 2018 were examined. Patients were diagnosed according to Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). The results of the study were obtained from 203 patients (over 65 years). The study protocol was approved by the Ethics Committee of our university (2018/2-4). The study complies with the Helsinki Declaration rules. SPSS for Windows statistical package version 22 (SPSS Inc., Chicago, IL, USA) was used for all statistical analyses. The numerical data were expressed as means and standard deviations, and the categorical data were expressed as frequencies and percentages. Chi-square test was applied in evaluating categorical variables. For the analysis of the non-categorical data Student's t-test was used. A value of less than 0.05 was considered statistically significant.

## RESULTS

The number of geriatric patients (age  $\geq 65$  years) who visited the psychiatry outpatient clinic was determined by 10.4% (n=203) in the total of 1950 patients. The mean age of the 203 geriatric patients comprised in the study was  $71.0 \pm 5.9$  years (range: 65-96). The female/male ratio was 1.44 (n=120/83). Regarding the education, the duration of education was found  $5.2 \pm$

2.9 years (range:0-14) in total, and both genders had similar average educational duration. The number of the geriatric patients that have a comorbid illness was 103 (50.7%). Although the comorbid illness rate was higher in females, the difference between the genders was not statistically significant ( $\chi^2=4.2$ ,  $p=0.07$ ). Of the patients, 150 (73.9%) were married; the remaining 53 (26.1%) were single, divorced or widowed. A significantly higher percentage of females with a single/divorced/widowed status than the males was found in the sample ( $\chi^2=9.45$ ,  $p=0.007$ ) (Table 1).

Table 1. Sociodemographic Characteristics of Geriatric Patients

Parameters	Female Mean $\pm$ SD	Male Mean $\pm$ SD	t	p value
Age	74.10 $\pm$ 5.90	72.10 $\pm$ 6.00	1.24	0.230
Education	5.90 $\pm$ 3.10	6.10 $\pm$ 4.10	-1.06	0.310
	Female n (%)	Male n (%)	X <sup>2</sup>	p value
<b>Marital Status</b> Married/Cohabiting Single/Divorced/ Widowed	81 (67.50) 39 (32.50)	69 (83.10) 8 (16.90)	9.45	0.007
<b>Comorbid Disease</b> Yes No	69 (57.50) 51 (42.50)	34 (41.00) 49 (59.00)	4.22	0.070

The most frequently defined psychiatric disorders among the geriatric patients who visited the psychiatry outpatient clinic were MDD with 38.4%. The distribution of other disorders is as follows: Generalized anxiety disorder (GAD) 18.7%, adjustment disorder (AD) 9.3%, schizophrenia 7.3%, panic disorder 3.4%, bipolar disorder 3.4%, dysthymia 2.9%, dementia 2.9%, somatoform disorder 2.5%, delusional disorder 1.9%, posttraumatic disorder 1.4%, alcohol use disorder 1%, obsessive-compulsive disorder 1%, conversion disorder 0.4%. There was no significant difference for MDD observed between the genders. The prevalence of GAD in females and that of the AD in males were determined to be significantly high. There was no statistically significant gender-based difference for all the other psychiatric disorders (Table 2).

**Table 2.** Distribution of Psychiatric Disorders by Gender

	Female n (%)	Male n (%)	X2	p value
Major Depressive Disorder	51 (42.50)	27 (32.50)	1.49	0.325
Generalized Anxiety Disorder	29 (24.10)	9 (12.00)	6.83	0.008*
Adjustment Disorder	10 (8.10)	19 (22.90)	10.38	0.002*
Schizophrenia	6 (5.00)	9 (10.90)	3.22	0.980
Panic Disorder	5 (4.10)	2 (2.40)	0.69	0.483
Dysthymia	5 (4.10)	1 (1.30)	2.49	0.298
Somatiform Disorder	4 (3.20)	1 (1.30)	0.31	0.590
Dementia	3 (2.40)	3 (3.60)	0.24	0.643
Bipolar Disorder	3 (2.40)	4 (3.40)	0.24	0.643
Alcohol Use Disorder	0 (0.00)	2 (2.40)	1.64	0.379
Conversion Disorder	1 (0.80)	0 (0.00)	1.63	0.365
Delusional Disorder	1 (0.80)	3 (3.60)	1.64	0.365
Obsessive Compulsive Disorder	1 (0.80)	1 (1.30)	1.64	0.365
Posttraumatic Stress Disorder	1 (1.70)	2 (2.40)	1.35	0.235

## DISCUSSION

In our study, it was found that the most frequent psychiatric application in the elderly was depressive symptoms, and anxiety disorders were more frequent in women and adjustment disorder in men.

Depression is a disorder that can be accompanied by long-term and continuous, mood changes, hopelessness, worthless, guilt feelings, sleep, appetite changes, death, and suicidal thoughts (17-19). Depression in the elderly can often manifest itself with forgetfulness, attention loss, physical complaints and over-dealing with them, agitation, irritability. Depression disrupts patient's general health, reduces

the quality of life, creates burden for their relatives (20-22). We found that 38.4% of the patients admitted to our outpatient clinic had MDD. Bekaroglu et al. (13) reported this rate as 29%. The dates of the studies socio-economic conditions, the availability of hospitals, the social security situation affects these rates. It is necessary to take several precautions about a case of suicide at the end regardless of the rate. Especially the frequency of suicide in older age increases the importance of the subject even more. Avci et al. (23) stated that 24.0% of the elderly were at high risk for suicide. They also reported that the suicide risk was even higher among the elderly in the 60-74 age group, living alone, drinking alcohol, perceiving his/her religious beliefs as weak, being treated for cancer, having the diagnosis eleven years or over, having a history of admission to a psychiatry clinic, and being at risk for anxiety and depression.

Some factors are more prone to depression: decrease in social support, change in family structure, economic difficulties, lack of Education, loss of power, use of multiple drugs, lack of nutrition, social isolation, low self-esteem, loss of spouse. Tastan et al. (24) found that decreasing autonomy levels was associated with unhappiness and higher depression among the elderly. Aktürk et al. (25) expressed that to maintain health, it is important to reduce depression and increase physical activity among the elderly. Demirturk et al. (26) suggested that it is important for the health professionals working on the elderly patients with hypertension for depression symptoms, to consider the effect of depression on adherence to medication in coping with the disease.

Anxiety is often associated with depression and is considered a case of environmental factors in elderly. The changes in the social environment, physical and mental changes can cause a person's anxiety level to rise. The main cause of anxiety in this period is the fact that the person begins to see the concept of "death" more closely. In a study, a significant relationship was found between old age and education and socioeconomic level and imagination of death. The more educated and better socioeconomic level of people with analytical skills develop, the more likely

they are to investigate death (27-31). We reported that the diagnosis rate of anxiety disorder is 18.7% in our study. Kalenderoglu ve ark. (15) reported that 31.6% of patients were diagnosed with anxiety disorder. Rates vary although anxiety disorders are frequent. Zengin-Eroğlu et al. (32) compared anxiety levels of patients over 65 years of age and under 65 years of age. They found that anxiety scores of over 65 years are significantly higher than under 65 years. The diagnosis and treatment of anxiety is very important in the elderly, which deteriorates the quality of life.

In 5% of the elderly population, paranoid delusions are present. In 20% of these, psychotic episodes occur at any time in their lives. Epidemiological data on psychosis related to the elderly are limited. Older age psychosis is more late in women than men. Psychotic symptoms in the elderly are 0.2-5.7% in studies in the community, while in the care institutes increase to 10%. In Alzheimer's patients, psychotic symptoms occur in 50% of patients during the course of the disease. The most important symptoms of psychotic disorders are hallucinations, delusions due to impairment of the assessment of reality, and catatonic or inappropriate behaviour can also occur (33-38). Schizophrenia, bipolar disorder may present with psychotic features (37, 39, 40). It is important that the loss of functionality in these patient groups be well evaluated and directed to community mental health centres where necessary. Substance abuse disorder (MDD) is a disorder with psychological, sociological, and economic dimensions that threatens the functioning of almost all norms and corporate regulations, which is considered both the cause and the result of different social problems, and which is thought to be related to some of the information before substance abuse (41-45). Especially alcohol use is more common in older age (46, 47). Another important problem that needs to be emphasized is substance abuse, which deeply affects the concept of family and society together with the person itself.

As a result, the majority of patients over the age of 65 applied to the department of psychiatry were female. Additionally, it was monitored that the most common psychiatric disorder in these patients was

MDD. Epidemiological studies are needed to define the prevalence of psychiatric disorders among the geriatric population in Turkey.

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