Psychosocial issues in elderly

Kourkouta L.[1*], Iliadis Ch.[2], Monios A.[3]

1. Department of Nursing, Alexander Technological Institute of Thessaloniki, Greece
2. Department of Nursing, Alexander Technological Institute of Thessaloniki, Greece
3. 7th Gymnasium of Athens, Greece

ABSTRACT

Third age is the period in which the person is withdrawn from the daily activities, such as workplace, resulting in the different psycho-social problems, such as dementia, agitation, anxiety, loneliness and social exclusion. These problems lead to people's psychological depression with its subsequent effects on their health. Exploring the psycho-social problems is of great importance, as this age is characterized by feelings of loneliness, fear, depression and isolation from themselves, unpleasant thoughts but it is also dominated by negative feelings.

Key words: elderly, dementia, anxiety, loneliness, social exclusion

***Corresponding author:**
Kourkouta Lambrini
Professor, Department of Nursing
Alexander Technological Institute of Thessaloniki, Greece
e-mail:laku1964@yahoo.gr

Received: 23.04.2015
Accepted: 04.06.2015
Progress in Health Sciences
Vol. 5(1) 2015 pp 232-237

INTRODUCTION

The population of Greece is among the most aged populations in Europe. The factors of aging are components of the demographic change namely the mortality, the fertility, external migratory movement and internal migration. According to EU statistical office Eurostat in 2005 in Greece the persons over 65 years are accounted for 18% of the total population (from 15% in 1995) [1].

Third age has been established like a phase in human life with its own special characteristics that have to do not only with the physical, physiological impairment or the existence of acute or chronic diseases, but also with changes in social life [2].

Third age is the age of the human life descent. It is worth to note that the effects of the old age are not only organic and physically evident but they have also psychological effects. Unfortunately, today most of the people, especially the younger ones, tend to treat the elderly as a different and often lower group of people who cannot keep pace in today's society. It's really hard to experience the feeling of abandonment by the society knowing that we will be in the same condition one day [3]. Except from the physical changes that are happening to the human body during the third age, there are also important psycho-social problems such as primarily derived isolation due to sadness, wilting due to solitude, long-term illnesses leading to inactivity, abandonment by the relatives, impotence etc. [4].

All the changes that occur in the lives of the elderly make them very sensitive and there are many cases in which the older people are experiencing feelings of loneliness, depression and isolation. The cause of these sentiments is not only the very elderly due to the fragile psychological condition in which they are but also the treatment received from the society as a whole [3].

The purpose of this review is to identify the psycho-social problems of the elderly people, their symptoms, and the way to prevent them, their treatment as well as the role of nurses and health professionals in general. Exploring the psycho-social problems is of utmost importance as this age is characterized by feelings of loneliness, fear, depression and isolation from themselves, unpleasant thoughts but also from negative feelings.

MATERIALS AND METHODS

Extensive review of the recent literature was conducted in electronic Medline database and the Association of Greek Academic Libraries (HEAL-Link), with the following keywords: diseases, psycho-social problems, old age. Exclusion criteria for the articles were any language except from the Greek and English language. The diseases described are the most common diseases with a significant impact on quality of life of the elderly patients.

Dementia

Dementia is more than mere memory impairment. It concerns 5% of the population over 65 years. The prevalence is expected to double in the next 20 years [5]. It can be manifested as short-term memory loss, word finding difficulty, critical capacity problems, difficulty in handling complex everyday things, apathy, irritability and in more severe cases as apraxia, loss of speech intelligibility, loss of ability to walk, physical irritability [6].

It is very important for the study to be referred to the delirium of the elderly. It is defined as an acute confusional state, with variations during the day, characterized by a disturbance of consciousness, orientation, memory, thinking, attention and behavior. The delirium of the elderly is often a root cause of loss of autonomy, increased morbidity and mortality and increased cost of health services due to prolongation of hospitalization [7].

Depression

Almost all people feel at times during their lives unhappiness, sadness or disappointment. Such transient feelings are normal. But if you end up on a daily basis and this feeling remains for long periods, then the person probably suffers from depression. The incidence of depression is higher in the elderly. The depressed elderly have lost the true meaning of life, with the concomitant loss of vitality of the movement. [8].

Factors associated with the occurrence of depression are of two types: those related to elderly living environment that causes pressure and stress, and those related with the elderly and more specifically with its biological functions. Regarding the biological causes of depression, these patients present a reduced amount of certain substances called neurotransmitters. Neurotransmitters are found in the brain and are used in communication between brain cells. The two substances that their absence is directly related to depression are serotonin and nor adrenaline (organic depression).

The organic depression results from biological changes in the patient's body either because of a disease that affects the central nervous system or because of the received medication that causes corresponding biochemical changes due to a reduction to the quantity of certain substances called neurotransmitters. Neurotransmitters are in the brain and are used in the communication between the brain

cells. Two such substances that their absence is directly related to depression are serotonin and noradrenaline [7].

The effect of an unhappy event in an elderly person with lack of these neurotransmitters can cause depression. Such events may be the loss of a partner or a friend or the existence of big financial problems and in many cases problems associated with retirement. Serious health problems that are frequent in the elderly can also cause depression. Depression is partly caused by the sensation that someone loses his independence or the ability to care for himself; partly because of the persistent pain that often accompanies the chronic physical diseases. Finally, it is known that the older people use many drugs for the treatment of many diseases, some of which can cause depression. [9]

In the elderly, symptoms of depression are often apparent by the constant feeling of fatigue, decreased interest, diffuse pain throughout the whole body or disturbance in the memory or concentration, especially when these symptoms cause change in the habits of the older individual. A typical indicator of the possible depression in this age is the loss of interest in dealing with his/her grandchildren [10]. All these symptoms are not a natural consequence of the old age, but more often a sign of the existence of depression, and a sign to consult a doctor. Suicide is the leading risk for depressive patients. Approximately 15% of patients with severe depression commit suicide. Then, the best way to prevent suicide is the early detection and treatment of depression, a disease that leads frequently to self-destructive actions [4,10].

The treatment of depression in the elderly contains the administration of antidepressant drugs such as monoamine oxidase inhibitors (MAOIs) that aim in reducing the symptoms of the disease. Psychological counseling is also very beneficial in relieving symptoms of depression in the elderly [11]. The counseling should be associated with the needs and the conditions of life of the elderly. Psychotherapy can help older people in conjunction with a mild antidepressant [12]. The emotional support of the family members allows senior citizens to express their feelings and make them feel important members of the society. Additionally, alternative therapy methods of depression such as music therapy, art therapy and the use of games can also contribute to this role [13,14].

The role of nurse and other health professionals in the care of the depressed elderly is important as it aims to the rehabilitation of his life. The nursing care plan of the depressive patient focuses on meeting high-level needs. Self-esteem is placed at the highest level of all the human needs. Nurses should develop appropriate interpersonal skills, so they can encourage the elderly to gain more autonomy, trust and reciprocity in his relations, fact that is essential in the development of therapeutic dialogue. It should be noted that the maintenance of a depressed elderly in a desired operating level depends on the politeness, the kindness and the sympathy cultivated between the elderly and the nurse [15].

Social exclusion

Our age and not our abilities often determine how others treat us and what we can or we cannot do. Although this should is true for all the ages, not only for the elderly, the negative stereotypical reactions are barriers for many activities and adequate access to essential services. There are widespread stereotypes about the reduced ability of the elderly people who reduce or eliminate entirely their work possibilities, education, vocational training, effective medical care, entertainment and integrated life [6]. So, because of the age discrimination, these individuals encounter major obstacles in achieving their plans. Unfortunately, many older people embrace the age stereotypes and so they exclude themselves from many activities and options. The prejudices that exist for older people usually lead to less favorable judgments about them, regardless of their abilities and characteristics. Besides the direct age discrimination, indirect discrimination exists when a condition or requirement applies to everyone, but it has more side effects in these individuals. [16]

The withdrawal of the elderly from the society is common. The person often wants to continue to offer to society but the society refuses it. This is because the supply of the elderly is estimated from the production namely a job that in any way the person fails completely to provide. The action and the energy are better than inaction and stagnation, because it helps the maintenance of the social, intellectual and physical status [17].

Elders avoid social contacts because of the reduction of almost all their functions. Prolonged bed rest, sedation and unavoidable immobilization contribute to the appearance of muscle atrophy and deteriorate the general health of the elder [18].

Nurses and especially health providers need to encourage and help them coexist in the actions of society and keep them alive spiritually and physically. They should also help them, through discussions, to share their problems, persuading them that most of their problems are normal and that they can solve them. Where possible, the nurse and the family cooperation for the elderly in a psycho intellectual dimension, helps them achieve the greatest goal [15,16].

Anxiety and phobias

Stress is the dominant symptom of neurotic disorders and shows both psychological and physical signs and symptoms. Psychological symptoms include

feeling of fear or terror without any particular reason. The physical symptoms that accompany stress are generally associated with the activity of the autonomic nervous system and include tightness of muscles, tachycardia and increased sweating [19].

Characteristic symptoms of anxiety in the elderly are the agony for apparently insignificant events and the agonizing anticipation in everyday level. Anxiety and phobia during old age, may be remnants from previous chronic conditions or may be new problems that appear for the first time. The physical health disorders are often associated with neuroses, as well as with loneliness and self-care inability. Sometimes physical diseases can occur with nervousness, tachycardia and other symptoms of anxiety. A careful medical history and good physical examination should be taken. Furthermore, physical disease that appears in the elderly alone can increase anxiety. [20]

Nurses must be next to the elderly not only to heal the physical problems but also to provide the psychological support they need at this stage of their lives. The physical and social changes are many and as a result the fears of the elderly for all these unknown facts are huge. Nurses need to discuss with them and help them to express their fears and concerns. [15]

Loneliness

Loneliness is a sad feeling of isolation from other people, usually accompanied by mental fatigue, bitterness, or even despair. Loneliness is bad for physical and mental health, while the membership in social groups is acting as an umbrella in its appearance [11].

We all experience loneliness moments in our life for a short or long period. This phenomenon is more pronounced during adolescence and old age. At different ages, man must also adapt to external conditions, such as workplace, marriage, procreation or retirement [22]. The stage of retirement in conjunction with advancing age can be a permanent cause of loneliness, because the individual is required to adjust his daily life in new conditions that most often lead to melancholia since he's cleaved as an active member of the society. During this period, a review of the past makes the old person to think of his/her unfulfilled expectations and leads him/her to experience a general sadness and loneliness.

Moreover, the elderly feel lonely because they experience the loss of their loved ones, for example the loss of their partner, fact that results in their social exclusion [11,22].

The relationship of the elderly with their children is also weakened, so they don't contact with them regularly anymore, because of the current situations such as work and long distances. The antidote to loneliness is the cultivation of self-esteem, the treatment and the elimination of negative thoughts and traumatic experiences of the past. Everyone must believe that it is worth to be loved, to care for those around him actively and continuously seek ways to acquire new interests and contacts [23].

Nurses and other health care professionals should be aware of the normal process of aging and the interventions with appropriate techniques that aim in developing friendly relationships. This will help the elderly to freely express their feelings and to strengthen them in order to create friendships with other people. It will also help them to overcome loneliness and to create a good daily program aiming at the reduction of their loneliness [15].

Family's role

The family is the one that can reduce the occurrence of psycho-social problems of elderly people and even their extinction. The close bond inside the family can help and support people by showing them that they are really a family [24].

There are many things that families can do to help the elderly to reduce the chance of suffering from psycho-social problems. The family is good not to isolate seniors from its activities. Moreover it is good for elders, with the support and encouragement of their family, to find activities that give them satisfaction and pleasure which can include recreational activities, excursions, meetings, training activities as well as employment in voluntary or non-voluntary level. Even if the person has a difficulty in identifying how to be socialized or to be active, the family can give him the appropriate stimuli to adjust himself to everyday life in the best possible way, in order to remain independent and active [25].

If the family or the very elderly observe changes in the mood, habits or behavior is good to seek support from a specialist. In most of the cases the elderly has developed a trusting relationship with a doctor, usually his physician, so initially it is good to speak to him/her. When visiting the doctor the family should encourage the person to talk about anything that bothers him/her and not to focus only on physical symptoms, as it is usually done. In this way, it is easier for the physician to ask the help of a mental health specialist, if he/she considers that the symptoms are psychological [26,27].

The family may keep the elderly occupied with things that make them pleasure such as guarding and caring for their grandchildren or helping with the housekeeping. An old lady for example would be delighted to show it to her children and she would be happy to feel that her children still trust her. The opportunity to live with their families should be given to all the people who have a difficulty in living and

especially to the elderly [22]. If this is not possible, then even the frequent visits to the elderly can cause a great joy to them, for example just a walk with a member of the family. Sometimes, even a simple phone call can offer to these people maximum joy and gives them consolation that someone cares for them [28]. The satisfaction received by the proper care has a significant role in the confrontation of depression symptoms and can ameliorate the quality of care. It is a reliable indicator for qualitative provision of health services [29,30].

CONCLUSION

Third age is a part of the life of great importance, as it affects all people. It is important for any health care provider to have substantial knowledge regarding the diseases with increased incidence in this age. Both the doctors and the nurses have to care for the proper treatment of these diseases, and especially for those that affect the individual's mental health. All these diseases that have the significant impact on mental health of the elderly give rise to various disorders in life.

The role of the health professionals is crucial in the treatment of these disorders and of their evolution. The support of the family in the elderly is important as it strengthens their treatment.

Conflicts of interest

None.

REFERENCES

1. Papanis E. The third age. Greek Social Research. Avaliable from https://www.researchgate.net/ publication/277667482. [cited 2015 Jan 03]
2. Christodoulou C, Kontaxakis B. The third age. Athens, 2000. (Greek)
3. Kastenbaum R. Love and intimacy in the third age. In: The Third Age. The years of integration. Psychogios. Athens, 1982;81-6. (Greek)
4. Argyriadou S. Dementia and depression in elderly people. The intrerention of GP's i primary health care. University of Crete. School of Health Sciences. Department of Medicine. Department of Social Medicine. Department of Social and Family Medicine. Heraklion, 2002:82-96. (Greek)
5. Kontis D, Theocharis E, Tsalta E. Dementia and bipolar disorder on the verge of old age. Psychiatry. 2013;24(2):132-44. (Greek)
6. Mougias A. Dementia and quality of life in the third age. University Of Ioannina. School of Medicine. Department of Medicine. Department of Social Medicine and Mental Health. Clinical Psychiatry University General Hospital of Ioannina. Ioannina. 2011:223-8. (Greek)
7. Casarett D, Inouye SK. Diagnosis and management of delirium near the end of life. Ann Intern Med. 2001; 135:32- 40.
8. Bruce ML, Mc Avay, GJ, Raue, PJ, Brown, EL, Meyers, BS, Keohane, DJ, Weber C. Major depression in elderly home health care patients. Am J Psychiatry. 2002 Aug;159(8):1367-74.
9. Roupa Z. Anxiety and depression in a group of elderly people in the community. Interdisciplinary Care. 2009;2:61-6.
10. Pagoropoulou A. Psychology of the third age. Greek Letters. Athens, 1993. (Greek)
11. Pagoropoulou A. The types of depression in old age. In: The senile depression. Greek Letters. Athens, 2000. (Greek)
12. Waugh A. Depression and older people.Nurs Older People. 2006 Sep;18(8):27-30.
13. Koukourikos K. The use of music in therapy. Nursing. 2006;44 (2):151-5
14. Koukourikos K, Totti F. Treatment through art - Artistic expression-Symvolism. The step of Asclepius, 2005;4(2):79-82.
15. Ragia A. Mental Health Nursing. Seventh Edition Revised. Pap SA. Athens, 2009.
16. Tsiakalos C. Social Exclusion: The Greek experience.Centre for Social Morphology and Social Policy. Athens, 1998. (Greek)
17. Loneliness and social isolation. Available from: http://ygeia.tanea.gr. [cited 2015 Jan 03].
18. Koukourikos K, Tsaloglidou A, Kourkouta L. Muscle Atrophy in Intensive Care Unit Patients. Acta Inform Med. 2014;22(6):406-10.
19. Anxiety - Anxiety Disorder. Available from: http://psi-gr.tripod.com. [cited 2015 Jan 03].
20. Sable JA, Jeste DV. Anxiety disorders in older adults. Curr Psychiatry Rep. 2001 Aug;3(4):302-7.
21. Ryan MC, Patterson J. Loneliness in the elderly. J Gerontol Nurs. 1987 May;13(5):6-1.
22. Alpass FM, Neville S. Loneliness, health and depression in older males. Aging Ment Health. 2003 May;7(3):212-6.
23. Luanaigh, CC, Lawlor BA. Loneliness and the health of older people. Int J Geriatr Psychiatry. 2008 Dec;23(12):1213-21.
24. Doty P. Family care of the elderly: The role of public policy. The Milbank Quarterly, 1986:34-75.
25. Wright F. The role of family care-givers for an older person resident in a care home. Br J Soc Work. 2000;30(5):649-61.
26. Shanas E. The family as a social support system in old age. The Gerontologist. 1979;19(2):169-74.
27. Tsaloglidou A. Phychosocial rehabilitation of disability. Am J Nursing Sci. 2015;4(2-1):78-83.

28. Stoltz P, Uden G, Willman A. Support for family carers who care for an elderly person at home-a systematic literature review. Scand J Caring Sci. 2004;18(2):111-9.
29. Tsaloglidou A. Does audit improve the quality of care? Int J Caring Sci. 2009;2(2):65-72.
30. Tsaousoglou A, Koukourikos K. Quality and health services. Stigma. 2007;15(1):18-24.