

Editorial

The Geriatric Giant: Mental Health and Well-being in Elderly

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The burden of mental, neurological, and substance use (MNS) disorders increased by 41% between 1990 and 2010 and now accounts for one in every 10 lost years of health globally [1]. Mental and brain disorders represent the greatest health burden to Europe—not only for directly affected individuals, but also for their caregivers and the wider society. They incur substantial economic costs through direct (and indirect) health-care and welfare spending, and via productivity losses, all of which substantially affect European development [2].

Forty per cent of older people attending GP's and 60% of those living in residential institutions are reported to have 'poor mental health'. A decline in mental wellbeing should not be viewed as a natural and inevitable part of ageing and there is a need to raise both older people's and societal expectations for mental wellbeing in later life [3].

A rapid growth of older people will occur in low- and middle-income countries (LMIC) with huge consequences for these vulnerable economies. Late-life anxiety disorders being twice as prevalent as dementia among older adults, and four to eight times more prevalent than major depressive disorders, causing significant impact on the quality of life, morbidity, and mortality of older adults [4]. Mental health disorders have a significant impact in terms of health care costs because it is often comorbid with physical problems for older adults, leading to multiple investigations and hospitalizations.

Anxiety disorders also result in high costs to patients in hospital and in the primary care setting as they are associated with increased depression, decreased quality of life, reduced perceptions of physical and mental health and vitality, greater physical disability, poor quality of life, increased comorbidity, and increased use of health services.

Major themes with clinical relevance and impact on quality of health care services including the economic crisis and its impact on health are the following: multimorbidity and frailty, self-management and home care, patient-centeredness with a focus on doctor-patient communication and compassion in health care.

The economic crisis has influenced patients' adherence to therapy in rural areas as well as their psychological and emotional status. Most common emotions reported were those of sadness, fear, stress, anxiety and isolation, therefore is an urgent need for action within the context of primary care [5].

The growing number of older adults globally, as well as workforce issues and the expense of interventions, makes it important to develop rational, targeted, and cost-effective risk-reduction strategies, to address the specific issues of depression prevention in older adults in low- and middle-income countries (LMICs). One strategy to address these issues proposed from Reynolds et al. [6] entails the use of lay health counselors

(LHCs), a form of task shifting already shown to be effective in the treatment of common mental disorders in LMICs.

Another suggestion would be programmes aimed at comprehensively assessing geriatric conditions, detecting 'high-risk' prescriptions and training patients to comply with prescribed therapies could be cost-effective measures to reduce the burden of adverse drug events (ADEs). The economic impact of these undesired effects are substantial: hospital costs were the main cost driver, with a relevant part of them being preventable (consequences of inappropriate prescribing) [7]. Specific target groups should take into account the clinically significant psychiatric morbidity which is associated with the following sociodemographic variables: female gender, older age, divorced family status, low educational status, subjective financial difficulties and low income [8].

"Mental wellbeing" includes areas such as life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support. Therefore, in older people as a target group, interventions providing support in community and residential settings with the principles of occupational therapy and tailored physical activity programmes could enhance mental disorders prevention and help them maintain or improve their mental wellbeing. Isolation and discrimination, especially in rural areas are critical risk factors in older people, therefore GPs and family practitioners should be aware of these and promote regular exercise, which has beneficial effects on general health and mobility, and is associated with a reduced risk of depression and related benefits for mental wellbeing.

In conclusion, older people's mental wellbeing is affected by a range of factors, from an individual's makeup, personal circumstances and family background to the community in which they live, and society at large, therefore early recognition and targeted interventions to improve mental wellbeing, can only be one element of a broader, multilevel strategy to promote the mental wellbeing of older people. Now more than ever, is a necessity to collaborate mental health professionals and primary care physicians under a scheme of a multidisciplinary team.

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