Quadrant II – Transcript and Related Materials

Programme: Bachelor of Arts (Third Year)

Subject: Psychology

Course Code: PSD105

Course Title: Developmental Psychology

Unit: IV – Emotional and Social Development

Module Name: Infancy: Late adulthood: Mental health of older adults

Name of the Presenter: Michelle Fernandes (Ph.D)

Notes

DEPRESSION

Major depression is a mood disorder in which the individual is deeply unhappy, demoralized, self-derogatory, and bored. The person does not feel well, loses stamina easily, has a poor appetite, and is listless and unmotivated. Major depression has been called the "common cold" of mental disorders. However, a recent review concluded that depression is less common among older adults than younger adults. More than half of the cases of depression in older adults represents the first time these individuals have developed depression in their life.

Depressive symptoms increase in the oldest-old (85 years and older), and this increase is associated with a higher percentage of women in the group, more physical disability, more cognitive impairment, and lower socioeconomic status.

Among the most common predictors of depression in older adults are earlier depressive symptoms, poor health, disability, loss events such as the death of a spouse, and low social support. Insomnia is often overlooked as a risk factor for depression in older adults. Curtailment of daily activities is a common pathway to late-life depression. Often accompanying this curtailment of activity is an increase in self-critical thinking that exacerbates depression.

Depression is a treatable condition, not only in young adults but in older adults as well. Unfortunately, as many as 80 percent of older adults with depressive symptoms receive no treatment at all. Combinations of medications and psychotherapy produce significant improvement in almost four out of five older adults with depression. Also, engagement in valued activities and religious/spiritual involvement can reduce depressive symptoms.

DEMENTIA, ALZHEIMER DISEASE, AND OTHER AFFLICTIONS

Dementia is a global term for any neurological disorder in which the primary symptoms involve a deterioration of mental functioning. Individuals with dementia often lose the ability to care for themselves and can lose the ability to recognize familiar surroundings and people—including family members.

One form of dementia is **Alzheimer disease** —a progressive, irreversible brain disorder that is characterized by a gradual deterioration of memory, reasoning, language, and eventually, physical function. Women are likely to develop the disease because they live longer than men and their longer life expectancy increases the number of years during which they can develop the disease.

Because of differences in onset, Alzheimer also is now described as *early-onset* (initially occurring in individuals younger than 65 years of age) or *late-onset*

(which has its initial onset in individuals 65 years of age and older). Early-onset Alzheimer disease is rare (about 10 percent of all cases) and generally affects people 30 to 60 years of age.

Alzheimer disease involves a deficiency in the important brain messenger chemical acetylcholine, which plays an important role in memory. Also, as the disease progresses, the brain shrinks and deteriorates. The deterioration of the brain in Alzheimer disease is characterized by the formation of *amyloid plaques* (dense deposits of protein that accumulate in the blood vessels) and *neurofibrillary tangles* (twisted fibers that build up in neurons)

Although individuals with a family history of Alzheimer disease are at greater risk, the disease is complex and likely caused by a number of factors, including lifestyles. Alzheimer patients are three times more common in individuals with cardiovascular disease. Recently, more cardiac risk factors have also been implicated in Alzheimer disease—obesity, smoking, atherosclerosis, high cholesterol, and lipids.

Drug Treatment of Alzheimer Disease Several drugs called cholinerase inhibitors are designed to improve memory and other cognitive functions by increasing levels of acetylcholine in the brain. The drugs used to treat Alzheimer disease only slow the downward progression of the disease; they do not treat its cause. These drugs slow the worsening of Alzheimer symptoms for approximately 6 to 12 months for about 50 percent of the individuals who take them.

Multi-Infarct Dementia Multi-infarct dementia involves a sporadic and progressive loss of intellectual functioning caused by repeated temporary

obstruction of blood flow in cerebral arteries. The result is a series of mini-strokes.

Multi-infarct dementia is more common among men with a history of high blood pressure. The clinical picture of multi-infarct dementia is different from that of Alzheimer disease—many patients recover from multi-infarct dementia, whereas Alzheimer disease shows a progressive deterioration. The symptoms of multi-infarct dementia include confusion, slurring of speech, writing impairment, and numbness on one side of the face, arm, or leg. However, after each occurrence, there usually is a rather quick recovery, although each succeeding occurrence is usually more damaging.

Another type of dementia is **Parkinson disease,** a chronic, progressive disease characterized by muscle tremors, slowing of movement, and partial facial paralysis. Parkinson disease is triggered by degeneration of dopamine-producing neurons in the brain. Dopamine is a neurotransmitter that is necessary for normal brain functioning.

The main treatment for Parkinson disease involves administering drugs that enhance the effect of dopamine (dopamine agonists) in the disease's earlier stages and later administering the drug L-dopa, which is converted by the brain into dopamine. However, it is difficult to determine the correct level of dosage of L-dopa and it loses its efficacy over time.

Another treatment for advanced Parkinson disease is deep brain stimulation (DBS), which involves implantation of electrodes within the brain. The electrodes are then stimulated by a pacemaker-like device. Other recent studies indicate that certain types of dance, such as the tango, can improve the movement skills of individuals with Parkinson disease. Stem cell

transplantation and gene therapy also offer hope for the future in treating the disease.

References

Santrock, J.W. (2011). *Life Span Development*. (13th ed). New Delhi: Mc Graw-Hill College.