Welcome dear students to this module on developmental psychology. This is a third year BA psychology paper.

The course code is PSD105, the title of the unit is emotional and social development. The module that we will be doing today is late adulthood: Mental health of older adults.

In this module we'll be talking about the mental issues in late adulthood. We'll talk about mental disorders in older adults mainly depression, dementia, Alzheimer's disease, multi-infarct, dementia and Parkinson's disease.

By the end of this module, you should be able to understand mental health issues in late adulthood. Understand and identify the symptoms and treatment options for depression, dementia, Alzheimer's disease, multi-infarct, dementia and Parkinson's disease.

Although a substantial portion of the population can now look forward to a longer life, that life may unfortunately be hampered by a mental disorder in old age. This prospect is both troubling to the individual and costly to society. Mental disorders make individuals increasingly dependent on the help and care of others. Although mental disorders in older adults are a major concern, older adults do not have a higher incidence of mental disorders than younger adults do.

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.

One study found that the lower frequency of depressive symptoms in older adults compared with middle-aged adults was linked to fewer economic hardships, fewer

negative social interchanges, and increased religiosity. Other research indicates that older adults who engage in regular exercise, especially aerobic exercise, are less likely to be depressed, whereas those who are in poor health and experiencing pain are more likely to be depressed.

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

A longitudinal study found greater depression in women than men at 50 and 60 years of age, but not at 80 years of age. Men showed increases in depressive symptoms from 60 to 80, but women did not. In this cohort, men may have undergone more profound role shifts after 60 years of age because they were more likely than women to have retired from active involvement in the work world. Thus, the absence of a gender difference in depression in older adults may be cohort-specific and may not hold as women who have entered the workforce in greater numbers are assessed in late adulthood.

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 however 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.

Engagement in valued activities and religious/spiritual involvement can reduce depressive symptoms.

Major depression can result not only in sadness, but also in suicidal tendencies. Nearly 25 percent of individuals who commit suicide in the United States are 65 years of age or older.

The older adult most likely to commit suicide is a male who lives alone, has lost his spouse, and is experiencing failing health.

Dementia, Alzheimer disease, and other afflictions. Among the most debilitating of mental disorders in older adults are the dementias. In recent years, extensive attention has been focused on the most common dementia, Alzheimer disease. Other afflictions common in older adults are multi-infarct dementia and Parkinson disease.

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.

Once destruction of brain tissue occurs in Alzheimer disease, it is unlikely that effective treatment of the disease will reverse the damage, at least based on the current state of research and the foreseeable future.

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 which are dense deposits of protein that accumulate in the blood vessels and neurofibrillary tangles that is twisted fibers that build up in neurons.

Age is an important risk factor and genes also likely play an important role. The number of individuals with Alzheimer disease doubles every five years after the age of 65. A gene called apolipoprotein E, which is linked to increasing presence of plaques and tangles in the brain, could play a role in as many as one-third of the cases of Alzheimer disease. In one study of almost 12,000 pairs of twins in Sweden, identical twins were both more likely to develop the disease than fraternal twins, suggesting a genetic influence on the disease.

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. For many years, scientists have known that a healthy diet, exercise, and weight control can lower the risk of cardiovascular disease. Now, they are finding that these healthy lifestyle factors may also lower the risk of Alzheimer disease. Researchers have revealed that older adults with Alzheimer disease are more likely also to have cardiovascular disease than are individuals who do not have the disease.

Drug Treatment of Alzheimer Disease include several drugs called cholinerase inhibitors have been approved by the U.S. Food and Drug Administration to treat Alzheimer disease. They are designed to improve memory and other cognitive functions by increasing levels of acetylcholine in the brain. Keep in mind, though, that 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.

Also, no drugs have yet been approved by the Federal Drug Administration for the treatment of MCI.

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. The term infarct refers to the temporary obstruction of blood vessels.

It is estimated that 15 to 25 percent of dementias involve the vascular impairment of multi-infarct dementia. 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.

Individuals who have these transient attacks will have a major stroke within five years unless the underlying problems are treated. Especially recommended for these individuals are exercise, improved diet, and appropriate drugs, which can slow or stop the progression of the underlying vascular disease.

Parkinson Disease, 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. Why these neurons degenerate is not known.

The main treatment for Parkinson disease involves administering drugs that enhance the effect of dopamine 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, which involves implantation of electrodes within the brain. The electrodes are then stimulated by a pacemaker-like device. Recent studies indicated that deep brain stimulation may provide benefits for individuals with Parkinson disease. Other recent studies indicate that certain types of dances, 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

These are the references that you can use for this module.

Thank you.