

## *Editorial*

# **Psychogeriatrics— An Interdisciplinary Specialty**

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Increasing numbers of people in absolute terms, and even more so in relative terms, are reaching an age in which psychogeriatric illness, as well as geriatric illness, frequently is manifested. This unprecedented increase in average individual lifespan is due largely to advancement in life standards of the population as a whole, the enormous improvement in hygiene, and the progress made by preventive and curative medicine in controlling acute and fatal disease, in addition to advancements in available treatments of chronic disease in old people.

This development is paralleled by a compression in morbidity—with one important exception: the number of mentally ill older people. Primary dementia is showing a particularly strong increase in those in the later phase of life, and this helps to fuel an ever growing demand for medical treatment and nursing care. Consequently, health services are utilized disproportionately more by older people, especially by mentally ill older people.

The sharp increase in mental disturbances in the elderly concerns mostly the organic brain syndromes, especially dementia. The frequency of functional disturbances, including depressive illness, is, at present, the focal point for intensive and promising research efforts that will expand in the future. Above all, interdisciplinary approaches must be pursued and further developed.

The relationship between physical impairments and mental illness in old age is also important. Visual and hearing impairments and mobility impairments, for example, appear to be significant risk factors for mental morbidity in the aged. As the severity of physical disability increases, the likelihood for mental disturbance increases as well. This relationship is equally apparent in organic as in functional psychiatric disturbances. Therefore, neither mental nor physical illness should be viewed in isolation, and the interrelationship should always be considered. In addition, poor living conditions limit the range of activities, a factor which may lead to an increase in the level of physical or movement disability.

The principles of diagnostic, therapeutic and rehabilitative approaches must be based on interdisciplinary approaches. It has been shown that the length of treatment as well as the length of a hospital stay can be shortened considerably by the implementation of a comprehensive care program involving the integration of

psychogeriatric inpatient services into a network of ambulatory and day hospital care programs. Timely recognition of mental, physical, and psychosomatic disturbances and illnesses in the aged, however, continues to represent a special problem in the initial stages of therapy and rehabilitation. Approximately 25% of all dementia cases and 50% of all patients with depression in old age are misdiagnosed, which usually leads to incorrect therapeutic conclusions.

The solution seems possible only via special attention and priority to training and continuous education. Without improvement of psychogeriatric competency, the utilization of available resources remains utopia. Above all, the basic diagnostic, therapeutic and rehabilitative paradigms must be conveyed to enable approaches for a comprehensive understanding of mental illness in old age that include cognizance of somatic as well as of psychosomatic stresses on the aging organism, much like the basic paradigm of psychosomatics.

*Interdisciplinary* clinical care is essential in caring for the growing elderly population. The need for this will continue to increase. However, as long as no better treatment possibilities are offered in clinical care, the resources will become undoubtedly even more inadequate in the future, inhumane and medically ineffective and, from an economic point of view, less than sound. Hospitals increasingly are playing a role in developing these services.

Psychogeriatrics can be defined only in terms of an interdisciplinary concept. In order to achieve this state, a rigorous change of paradigm is needed within general medicine. The diagnosis-related framework currently in use must be supplemented by a comprehensive organ- and function-based evaluation within the framework of multidisciplinary concepts that take into account biological and medical findings in conjunction with psychological and social factors.

In this way an "optic chiasma" would be provided that allows appreciation of the multidimensional aspects of illness as well as the therapeutic consequences derived from such a view. With this new blend of understanding, the care for older people should improve throughout the world.

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