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Editorial

May You Live Amidst Interesting Dichotomies — *From Manifest Behavior to Molecular Biology*

Research and practice amidst interesting dichotomies — such is the state of psychogeriatrics in the 1990s — a field that reflects interesting dichotomies, though often in a complementary manner. Alzheimer's disease (AD) is a case in point. Discoveries at the molecular level and in understanding neurobiological phenomena in AD have generated enormous scientific excitement and public hope about potential breakthroughs; findings involving chromosome 14, the amyloid precursor protein, synaptic changes, the tau protein, and the like are increasing chances of cracking the mystery that surrounds the etiology of AD. Meanwhile, neither cause nor cure is known. However, it would be incorrect to say there is no treatment for AD. While there are no treatments that can reverse or stop the progression of the disorder, there are a number of interventions that can alleviate many of the behavioral symptoms that compound the course of the disorder. These behavioral problems contribute significantly to excess disability in AD; treating these behavioral symptoms can alleviate patient suffering, improve patient coping at that point in time, and reduce family burden. Hence, while research on the molecular biology of AD offers hope for tomorrow, attention to the manifest behavioral problems of the disorder contributes to improved management today (Group for the Advancement of Psychiatry, 1988).

Consider the symptoms described in Alzheimer's original paper published on the disease bearing his name:

> The woman "exhibited ideas of jealousy against her husband as the first notable symptom. Soon a rapidly progressing loss of memory became apparent; she could no longer find her way around her home, dragged objects back and forth, hid them; at times she believed someone wanted to kill her and began to shout loudly" (Alzheimer, 1907).

This brief description provides the basis for a problem-oriented treatment plan that draws extensively upon psychogeriatric skills, including:

- behavioral interventions to help her better cope in the home environment (e.g., her difficulty finding her way around her home);
- psychopharmacologic treatment of her delusions (e.g., her belief that someone wanted to kill her);
- family therapy (e.g., consultation with her husband both to provide support and to advise on caregiving strategies).

Another dichotomy intersecting the domain of psychogeriatrics involves the quality-versus-quantity-of-life debate (Callahan, 1987; Binstock & Post, 1991). On the one hand, there are those who argue about "setting limits" — a cutoff age at which one would be considered too old for certain types of health care. On the other hand, excitement and anticipation abound around new frontier research that could lead to extending longevity — the molecular genetic studies that are unlocking mysteries of aging (Levy et al., 1992). This late-20th-century dichotomy is reminiscent of the dilemma captured in ancient Greek mythology in the cases of Tithonos and the Cumean Sybil. Tithonos was a mortal upon whom Zeus bestowed immortality in the absence of eternal youth, leaving him eventually to grow ever increasingly frail. Sybil of Cumea was a prophetess of great wisdom who persuaded the gods to grant her very long life, but, alas, failed to ask that prolonged youthfulness accompany the added years; like Tithonos, her fate became one of marked frailty in the face of legendary longevity. Typically these quality-versus-quantity-of-life debates address another division at the same time — the mind/body dichotomy. Whereas the mind/body relationship is often portrayed as a separation between the two, their interaction in later life is more apparent than in any other part of the life cycle. Attention to this mental health/physical health interface is, of course, an important strength of the field of psychogeriatrics. Findings from research in this area poignantly — and, at times, provocatively — reflect the importance of studying mental phenomena in conjunction with physical ones. For example, a study was just reported where low plasma cholesterol was associated with depressive symptoms in elderly men, leading to the suggestion that this finding "is compatible with observations that a very low total cholesterol may be related to suicide and violent death" (Morgan et al., 1993).

While we live amidst interesting dichotomies, we need to continuously explore not only the differences between their respective components, but the connections as well. Psychogeriatrics can play a major role in this process — especially in promoting quality for advancing years.

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