



Review Article

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GYNECOLOGICAL DISORDER IN GERIATRIC WOMEN

(PSYCHOLOGICAL PROBLEMS IN GERIATRIC WOMEN)

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Abstract

Disease is nothing but Dysregulation in easiness.

21st century is the country of Psychosomatic Disorders and SADD syndrome (Stress, Anxiety, Depression and Disease)¹. The real meaning of healthy life is 7 dimensional equilibrium ,Bhautik (physical), Bouddhik (Intellectual), Bhavanatmak (Emotional), Samajik (Social), Adhyatmik (spiritual), Vyavsayik (occupational), Paryavaran (environmental).

According to *Ayurveda* ageing is in evitable outcome of *kala* or *Parinaam*². Geriatrics is a progressive irreversible phenomena of body rather than disease in which the body loses its ability to respond to a challenge to maintain homeostasis. The aging experience of women is distinctively different from that of men, which underpins their differences in mental health problems. The proposed project is aimed to explore the knowledge about geriatric women psychological problems and measures to cope with them.

Keywords :- Geriatric Women, Psychological Ailment

Introduction

Late onset mental illness can be complex. Women's mental health is textured and varies as much as women themselves.³ Women's health has become a particular specialty in health care, many women have births that result in posttraumatic stress disorder (PTSD). Women's mental health has a direct impact on their physical health. Women's Mental Health across the lifespan covers mental health from a lifespan developmental perspective, from adolescence to old age. Older women are vulnerable to mental health issues because they are both women and older persons, which is usually described as double jeopardy or layered vulnerability. Older women also show resilience in mental health as a result of acquired coping strategies from being a disadvantaged group.

Many risk factors for older women's mental health have been identified, including genetic, behavioral, and physical health, which are also shared by women at other life stages. The aging experience of women is distinctively different from that of men, which underpins their differences in mental health problems and their contributing factors.

Perspectives to Understand Women's Mental Health⁴

Older women are more likely to live in poverty, be widowed, and have poorer health, which suggests more stressors and poorer mental health; on the other hand, older women also display unique resilience factors that counterbalance their disadvantages, such as that women have advantages in using coping strategies (e.g., intrapsychic coping) that are effective to cope with adversities in old age as a consequence of their lifelong disadvantaged situation, and reduced differences in traditional social and gender roles when people get older.

Poverty and financial strain among older women are serious problems, and they are both strong predictors of poor mental health and barriers to mental health utilization.

Social Relationships and Older Women's Mental Health-

- **Spouse's declining health-** Older women's mental health is intertwined with and profoundly affected by the people around them, especially spouses. In old age,

declining health in spouses imposes higher risks on older women for poor mental health outcomes.

- **Widowhood**-Widowhood is a remarkable experience in old age, starts a significant transition in life and loss of roles with accompanying stressors, and has important mental health consequences. Financial strain is a major problem for widowed women and an important reason for higher levels of depression among widows. Widowhood also has an indirect negative effect on women's mental health through the increased likelihood of living alone.
- **Relationship with children**—Relationships and interactions with children have been prominent factors that affect older adults' mental health. Older women are more likely to have stronger ties with their adult children, such as they are more likely to core side with children, have more contact, and exchange more support.
- **Grand parenting**-Older women's mental health is affected by their involvement in grand parenting, custodial grandmothers usually have more mental health problems, such as depression and anxiety, than other grandmothers because of higher levels of stressors in their lives as a result of competing obligations. Risk factors for higher levels of mental health problems among those grandmothers, include higher levels of stress, poverty, shorter time after stepping into the primary caregiver roles, poor health, and lack of social support.
- **Retirement**-Retirement typically happens in later life and is an important transition that could tremendously change individuals' social roles, financial security, lifestyle, and support system, and thus has noticeable mental health implications.

❖ Potential Triggers MentalIllness⁵

According to the World Health Organization and the Geriatric Mental Health Foundation. These include:

- ❖ Alcohol or substance abuse
- ❖ Dementia-causing illness (e.g., Alzheimer's disease)
- ❖ Illness or loss of a loved one
- ❖ Long-term illness (e.g., cancer or heart disease)
- ❖ Chronic pain

- ❖ Medication interactions
- ❖ Physical disability or loss of mobility
- ❖ Physical illnesses that can affect emotion, memory, and thought
- ❖ Poor diet or malnutrition

The 3 D's of Geriatric Psychiatry

Dementia / Delirium / Depression

- **Dementia:** A condition of acquired cognitive deficits, sufficient to interfere with functioning, in a person without depression (pseudo-dementia) or delirium.

Warning signs of Dementia:-

Warning Signs for Caregivers	Behavioural Flags for Healthcare
Difficulty performing familiar tasks	Frequent phone calls
Problems with language	Poor historian, vague
Disorientation to time and place	Poor compliance/meds Instructions
Poor or decreased judgment	Change in Appearance / hygiene / makeup
Problems with abstract thinking	Word finding / decreased Interaction
Misplacing things	Appointments - missing /wrong day
Changes in mood and behaviour	Confusion: surgery, meds
Changes in personality	Weight loss / dwindles
Loss of initiative	Driving: accident/ problems
Memory loss that affects day-to-day function	Head turning sign

- **Delirium:** An acute, potentially reversible, condition characterized by fluctuating attention & level of consciousness, disorientation, disorganized thinking, disrupted sleep/wake cycle.
- ❖ Poor historian.
- ❖ Assumptions are made about "usual" functioning.
- ❖ Increased risk of permanent cognitive decline.
- ❖ Higher death rates.
- ❖ Worse rehabilitation outcomes.

- **Depression:** Alteration in usual mood with sadness, despair, lack of enjoyment in previously enjoyed activities and vegetative symptoms sufficient to interfere with functioning. Alteration in usual mood with sadness or negative mood state (anger, irritability, despair), lack of enjoyment in previously enjoyed activities and vegetative symptoms sufficient to interfere with functioning.
View late life depression as a sentinel event that substantially increases the risk for decline in general health and function.

- Some risk factors for geriatric depression:-
- ❖ Major life events such as widowed or divorced
- ❖ Structural brain changes
- ❖ Peripheral body changes such as major physical or chronic debilitating illness.
- ❖ Previous history of depression
- ❖ Caregiver for person with dementia or other debilitating medical condition
- ❖ Excessive alcohol consumption
- ❖ Taking medications, such as centrally acting BP meds, analgesics, steroids, antiparkinsons, benzodiazepines.

- **Cognitive deficits:** can be a decline compared to previous levels in language, executive function, memory, orientation, visuo-spatial abilities etc. older women have higher risks of developing Alzheimer's disease. the average age of

schizophrenia onset in women is several years older than in men and the majority of later-onset cases i.e., after 45 years.

Mood Disorder due to Medical Condition:

- ❖ Stroke induced depression or mania
- ❖ Depression associated with Parkinson's disease
- ❖ Depression or mania due to endocrine disorders (thyroid, adrenal)
- ❖ Depression due to infectious illnesses
- ❖ Substance-induced depressive or manic syndromes (alcohol, benzo)
- ❖ Depression and cognitive problems due to sleep apnea

Triggering causes for Psychological Ailment among geriatric women :-

- ❖ **Role changes**-Change of roles in old age affects older women's mental health. Old age is associated with loss of roles. And older women experience the loss of roles in different ways. Having multiple roles results in competing demands and reduces the performance for each role, which results in burnout, failure, and stress that compromise individuals' mental health.
- ❖ **Anxiety Disorders and Posttraumatic Stress Disorder**-Older women are more likely to have anxiety disorders because of various medical, psychosocial and substance usage factors. In addition, women are more at risk of developing posttraumatic stress disorder symptoms as they are more frequently subjected to the high frequency of trauma in the form of physical and sexual assault. Older age presents more challenges for older women because older trauma survivors are likely to experience greater severity of trauma symptoms, or have delayed trauma reactions because of the co-occurrence of stressful life events, such as retirement and loss of social supports, and compromised coping capacities.
- ❖ **Menopausal syndrome**-It is a natural and normal phenomenon of ageing. Reduced production of sex hormones due to less active ovaries lead to menopause. Menopausal Syndrome includes symptoms associated with the physiological changes that take place in a woman's body as period of fertility ends. Severe symptoms in this period, it is mainly associated with mood swings, sleeplessness,

lassitude, stress incontinence, loss of sexual desire because of dysregulation in sex hormones (Estrogen & Progesterone).

- ❖ **Effects of Mental Health on Health among Older Women**-Mental health problems, especially depression, are closely related to mortality, morbidity, and functional decline among older women. For example, depression was associated with higher risk of mortality, self-rated health, cardiovascular disease, diabetes, fracture and other dimensions of functioning, such as negative attitudes of aging, and self-rated success in aging. The effect may depend on the types of depression, The risks of depression on mortality, morbidity, and functional decline could be the result of risky behaviors, such as reduced physical activities and social interactions, higher risks of indulging behaviors such as smoking, compromised sleep quality, and persistent fatigue. It could also be the result of mental stress that is closely related to risk factors associated with mortality, such as hypertension, autonomic dysfunction, and increased circulating platelets.

Investigations

Examination of Geriatric Mental status

Prevention, early identification, treatment and follow-up are key to recovery/well being

We do not have the precise tools to assess the state of mental health unlike physical health.

*Ashtvidha Sattva Pariksha*⁶-Eight fold mental status examination has been prescribed to examine a patient's mental status.

- ❖ Identity Basic Detail Psychiatric assessment
- ❖ Chief Complaint
- ❖ History of present illness
- ❖ Medical history
- ❖ Family history, Habits, temperaments, Psychomotor activity
- ❖ Decision, Memory
- ❖ Orientation and responsiveness
- ❖ Desire

- ❖ Constitution
- ❖ Mental Stamina

Treatment

- ❖ To treat women, clinicians need to take into account how women's size and body composition (e.g., smaller stature, higher percentage and different location of body fat) affect treatment.
- ❖ In addition, monthly cycles, pregnancy, postpartum, lactation, and menopause need to be seen as integral to comprehensive care.
- ❖ Medication & Psychotherapies can be an important part of treatment/recovery⁷.
- ❖ ECT can be an important part of treatment/ recovery
- ❖ Physical exercise, healthy diet, stable housing, stable finances, spiritual well being, social connections, laughter, brain exercise are all important parts of recovery and well being.

Suggestive Preventive Measures-

- ❖ Practice personal and social good conduct.
- ❖ Try to search happiness among all the minute activities.
- ❖ Avoid watching/listening more negative news.
- ❖ Follow a schematic Daily Routine.
- ❖ Sound Routine Sleep.
- ❖ Try to bounce back and pull back the life on healthy pathways.

Ayurvedic Dietary Suggestions

Pathya⁸

Madhura, Brimhana, Masha, Mudga, Nuts, Egg, Muttons, Pulses, Grains, Milk, Ghee, Soumanasyam, Mithavyayamam

Apathyam

Amla, Lavana, Katu, Tiktha, Pappaya, Pineapple, Pickle, Beef, freezed meat, carrot, cabbage, brinjal, coffee, Krodha, soka, Bhaya, Athivyayama etc.

Broiler chicken alters hormone level.

Conclusion

Women in their older age are facing special challenges as a result of accumulated social, economic, and health disadvantages over the life course. But older women also show resilience because of developed coping skills and better developed social networks and family engagement due to kin keeping and care giving roles. Older women experience resilience in mental health regardless of life-long disadvantages; however, the resilience has to be understood in the broader social context of vulnerability, especially cumulative disadvantages that could exacerbate among the disadvantaged subgroups among older women, such as those who are of lower socioeconomic status, minority status, and with traumatic experiences. Thus an additional efforts should be made to examine older women's mental health from a life-course perspective with emphasis on social connections, social positions, and heterogeneity among older women to better meet their mental health needs. Lifestyle, food habits, family history, occupation, psycho-social, marital relationships are major contributors. Contribution of Ayurveda is valuable in this juncture.

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