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### Abstract

All the articles published in the Indian Journal of Psychiatry( IJP) from 1958 to 2009 on aging, dementia and other internal health issues of late life were totally reviewed. There were only a limited number of exploration papers on madness in the IJP. Most of the Indian studies on madness were published away. People above the age of 60 times constitute about 5 of cases seen in tertiary care settings. High frequency of psychiatric morbidity was reported among community resident aged people. Depression was the commonest internal health problem in late life. We need to develop community- grounded interventions for operation of common conditions like depression in late life. The H±HFWLYHQHV V RI WKHVH LQWHUYHQWLRQV QHHGV WR EH HWVWDEOLVKHG ,W¶V LF dementia in our population. We could also try and modify these factors to reduce the frequency of these conditions.

**Keywords:** Aging; Internal health; Dementia; Late onset depression

Introwhich looked at cognitive disturbances due to other causes. Two reports from a study on distraction examined the frequency of distraction in senior medical cases and the threat factors. Another study looked at cognitive decline among aged people admitted to the medical and surgical wards of a general sanitarium. Two other studies looked at the e cacy of herbal phrasings in age- associated cognitive

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findings were published in other journals. The once decade witnessed of late life internal health problems. Management of disabled aged active dementia exploration and networking of experimenters. Many people with behavioral disturbance can be veritably stressful for the important epidemiological studies were done in India. Both rural families. Numerous studies from India had stressed the importance of and civic populations were studied. A detailed review of these studies appears in the article by Prince MJ in the dementia supplement for care for dementia in low and middle income countries had been (2) The reported frequency of dementia in the community varied proposed and operation of behavioral symptoms and the provision for between 0.9-7.5 among the people above 65 times. Methodological caregiver support are given significance in this. Care can be delivered by issues and the use of different individual criteria could explain the trained primary care brigades, with a paradigm shift towards habitual variability in the reported frequency rates. A simple case- finding continuing care and community outreach. Care delivery will be more system was developed by us at Mysur. Utility of a community based efficient when integrated with that of other habitual conditions, and intervention was reported following a randomized control trial at Goamore broadly based community support programs for the elderly these studies, along with studies from other developing countries, and disabled. To be successful, all efforts in psychogeriatric service form part of the evidence base for the development of the WHO development need to be supported by a clearly spelt out policy on long-term package for operation of dementia in low and middle income countries term care and political commitment.

Psychiatric morbidity in late life, especially depression generated lot of exploration interest in the late seventies and early eighties. Researchers from Madurai and Chennai published numerous exploration reports during this period. Studies have shown that 5 of people seeking help in a tertiary care or general sanitarium setting is to be older than 60 times. Depression was the commonest complaint and was associated with other physical ails. We need further information on the prevalence and frequency of depression from large community samples. A recent study using Geriatric Depression Scale reported a frequency of 45.9. Similar rates were reported from West Bengal and Uttar Pradesh. A study from a rural community near Vellore in Tamil Nadu reported a frequency of 12.7 for depression during the month antedating assessment. They used senior Mental State for evaluation and found senior depression to be associated with low income, history of cardiac ails, such as ischemic attack, once head injury and diabetes. Having further conditions was a significant defensive factor. We need to examine these associations in larger cohorts. Biological and psychosocial factors could contribute to the development of depression in late life. It's possible to modify numerous of these factors. Vascular threat factor reduction and adoption of life changes may help to delay the onset of late life depression and dementia. The utility of simple community-grounded psychosocial interventions for conditions like depression in aged people needs to be addressed by unborn studies [10]. Development of services for aged people with internal health problems will remain a huge public health challenge. Service development in resource-limited settings isn't an easy task. Caregiver support is important in the management

#### References

1. Fratiglioni L, Marseglia A, Dekhtyar S (2020) Ageing without dementia: can