



Clinical Advances in Geriatric Psychiatry

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Editorial Note

The world's population is ageing in the 21st century at a rate unprecedented in human history, and this will place substantial pressure on health systems across the world along with concurrent rises in chronic diseases. In particular, rates of cognitive disorders and late-life affective disorders are expected to rise. In correlation with ageing, there are robust predictions suggesting rates of age-related cognitive decline and dementia, and geriatric depression, will rise with serious consequences. Clearly innovative prevention and treatment strategies are needed. Here we reviewed the latest promising clinical advances which hold promise for assisting the prevention and treatment of depression and cognitive decline and dementia. The world's population is ageing in the 21st century at a rate unprecedented in human history, and this will place substantial pressure on health systems across the world along with concurrent rises in chronic diseases. In particular, rates of cognitive disorders and late-life affective disorders are expected to rise. A recent global report 1 suggests the share of older people (aged ≥ 60 years) increased from 9.2 % in 1990 to 11.7 % in 2013 and will continue to grow as a proportion of the world population, reaching 21.1 % by 2050. In correlation with ageing, there are robust predictions suggesting rates of age-related cognitive decline and dementia, and geriatric depression, will rise with serious consequences. As of 2013, there were an estimated 44.4 million people worldwide with dementia 2. This number will increase to an estimated 75.6 million in 2030, and 135.5 million in 2050. The most recent data on geriatric depression 3 identified depressive disorders as a leading cause of burden internationally, and suggested major depressive disorder (MDD) was also a contributor of burden allocated to suicide and ischemic heart disease. Depressive disorders were the

second leading cause of years lived with disability (YLD) in 2010.

'Awakened Art Stories' is the first creative expression intervention study for persons with dementia (PWD) and their caregivers. The study was conducted at the Kunsthaus Museum in Switzerland. The intervention utilized Time Slips to encourage persons living with dementia to create stories about artwork in response to open-ended questions. The aim of this pilot study was to assess the efficacy and feasibility of an intervention through storytelling and a social gathering.

Social integration plays a key role in the maintenance of quality of life and health status of people with dementia and their care-givers. Here, we outline a general concept for cognitive assistance and argue for the specific importance of technical support for outdoor mobility to preserve opportunities for social contacts and activities. Based on commercially available devices and systems described in the literature, we provide a conceptual framework for mobility assistance which integrates both technical features and user requirements. The technical development of assistive systems so far was mainly concentrated on static user models. In order to account for the progressive nature of dementia due to Alzheimer's disease, more dynamic approaches need to be pursued to enable optimal assistive effects.

When I began to think about my perspective as a very very old person, I found that I was writing both from my perspective as a gerontologist and from my perspective as an individual grown old. The reason for my dual perspective is that I was born in 1922, at a time when the aging population was growing rapidly, and I lived through several ensuing macro processes that would have major effects on older people and their families. I experienced those macro processes on a personal level as well through their effects on other individuals—relatives and friends—and later through the people I worked with and tried to help. So personal and professional recollections inevitably mingle in this article. Those recollections of the past, the present, and the future are interconnected. I will mention the processes that occurred. However, because the readers know them well, I will not elaborate on them. After I describe my past perspective, I will move to my present perspective: about my 85+ friends, their concerns, and the things they enjoy. My future perspective follows.

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