



A Detailed Note on Scope of Diagnosis in Geriatric Psychiatry

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COMMENTARY

A scoping review of the literature was conducted to examine the current state of education on major neurocognitive disorders within psychiatry, to review influential factors for pursuing a career working with these patients, and to review what has been done in education to address the shortage of providers to care for these patients.

The following keywords were used in electronic searches on the MEDLINE, EMBASE, CINAHL, and PsycINFO databases: depression, depressive disorder, major, geriatric depression scale, and geriatric depression scale short. To examine the possibility of bias in diagnostic studies, the Quality Assessment of Diagnostic Accuracy Studies was used. We describe the core characteristics, strategies, and consequences of a severe acute respiratory syndrome coronavirus 2 outbreak in an inpatient geriatric psychiatry unit at the University of Washington Medical Centre - Northwest. After discovering two patients with SARS-CoV-2 infection on March 11, 2020, we launched an outbreak investigation and implemented targeted treatments such as screening of patients and employees, isolation and chortling of confirmed cases, serial testing, and strengthened infection prevention measures.

Adult loneliness increases with age. Although loneliness has been linked to psychiatric diseases and dementia, there is no data on the prevalence of loneliness in elderly psychiatric patients. The goals of this study were to look at the prevalence of loneliness among older psychiatric outpatients, including gender differences and relationships with mental diseases and social support.

Neuropsychiatric syndromes and symptoms are becoming increasingly relevant in the research and development of diagnostic criteria for neurodegenerative illnesses. The diagnostic criteria for dementia, Alzheimer's disease, mild cognitive impairment, mild behavioural impairment, prodromal Alzheimer's disease, dementia with Lewy bodies, Parkinson's disease, multiple system atrophy, frontotemporal dementia, primary progressive aphasia, progressive supranuclear palsy, corticobasal degeneration, traumatic encephalopathy syndrome, Huntington' disease, amy-

trophic lateral scleroderma, and amyotrophic lateral Except for Parkinson's disease, primary progressive aphasia, multisystem atrophy, and amyotrophic lateral sclerosis, all modern research diagnostic criteria for neurodegenerative illnesses incorporate neuropsychiatric symptoms as key diagnostic criteria. There are no disease-specific neuropsychiatric symptoms; nevertheless, apathy and disinhibition are widespread in auxopathies, and rapid-eye-movement sleep behavioural disturbance is virtually exclusively seen in synucleinopathies. Neuropsychiatric symptoms and disorders are becoming more prevalent.

Several studies have demonstrated that pleasant clinical experiences with older adult patients and effective geriatric psychiatry lecturers influence trainees' decision to pursue a career in geriatric psychiatry. Major neurocognitive disorders are taught during the psychiatry rotation at the majority of medical schools and are ranked as the most important teaching topic in neurology by psychiatry residency programme directors. Several interventions have resulted in enhanced student comfort dealing with geriatric patients and individuals with serious neurocognitive problems, but fewer researches have resulted in increased interest in seeing these patients in practise. There is a scarcity of studies on psychiatry residents working with individuals suffering from significant neurocognitive problems. Across the board, the danger of physical ailments has increased.

People suffering from young-onset dementia confront considerable diagnostic challenges, resulting in delays, misdiagnoses, and treatment gaps. Using the candidacy framework as a conceptual lens, we investigated the process of obtaining and giving a diagnosis of young-onset dementia. In a western Canadian city, semi-structured interviews were done with six people living with dementia, 14 family members, and 16 clinicians. The testimonies of participants suggested that the diagnosis of young-onset dementia was a collaborative process involving patients, family members, and health professionals. Participants' interpretations of their symptoms, how they came to services, and how they were regarded by providers were all influenced by assumptions about ageing and dementia. Age limits, fragmentation, and

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unclear referral paths exacerbated the diagnosis process at the organisational level. Our findings confirm the growing demand for specialised young-onset dementia care and refer to many recommendations for developing more age-inclusive diagnostic services. Cases seen in the Geriatric Psychiatry/Neuropsychiatry inpatient programme at Johns Hopkins Hospital late in the first wave of the pandemic (June 2020) are investigated using a timeline

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CONFLICT OF INTEREST

The authors report no conflict of interest.