



Promoting Geriatric Psychiatry Mainstream for Neurological Assessments

Chad A. Bousman*

Department of Medical Genetics, University of Calgary, Canada

INTRODUCTION

Geriatric psychiatry, also known as geropsychiatry, psychogeriatrics, or advanced age psychiatry, is medicine and a subfield of psychiatry that governs the review, prevention, and treatment of neurodegenerative, mental impairment, and mental health problems in people over 65 years of age. As a subspecialty, geriatric psychiatry overlaps significantly with the strengths of geriatric medication, neuroscience, neuropsychiatry, neuroscience, and general psychiatry. Geriatric psychiatry has developed into an authoritative subfield of psychiatry with a distinct educational program of studies and centers. Geriatric psychiatry began with Alois Alzheimer, a German specialist and neuropathologist, who discovered amyloid plaques and neurofibrillary tangles in a 50-year-old man named Auguste D. These brain abnormalities were later identified as Alzheimer's disease. A geriatric specialist is a physician with practical experience in the clinical subspecialty of geriatrics.

DESCRIPTION

A geriatric therapist obtains a doctor's certification after completing a doctor's certification, a residency, and a special cooperative education program in geriatric psychiatry. Requirements may vary from country to country. Geriatric specialists are also therapists who are trained in the overall diagnosis and treatment of mental illness. Several geriatric specialists are also conducting research to determine the cause and better treatment of neurodegenerative and emotional well-being problems in late life. To investigate the causes of mental or neurological side effects in advanced age, geriatric specialists may perform neurological examinations, mental status evaluations, laboratory tests, neuroimaging, and mental evaluations. Geriatric psychiatry is also known as psychogeriatric or advanced age psychiatry. A veteran's organization was the first organization to research geriatrics because teenage veterans faced a variety of psychological well-being issues. While therapists have

long focused on more mature adults, this specialty is relatively new. The first geriatric research, training, and clinical center opened in 1976, followed by the first geriatric residency at Cornell College in 1977. Geriatric psychiatry is a specialty focused on the prevention, evaluation, detection, and treatment of mental and profound problems in the elderly. These problems include dementia, sleep problems, nervousness, despondency and late-life psychosis. With the right treatment, seniors can manage their psychological and social problems while working on their physical well-being and personal fulfillment. The geriatric psychiatry group at UT Southwestern has specific training in the exceptional deep, mental, social, and actual well-being needs have more established patients. Our team includes specialists, clinicians, mental health professionals, mental health associates and social workers.

CONCLUSION

Geriatric psychiatry is concerned with the organic and mental aspects of normal adolescence, the mental effects of short-term and long-term physical illness, and the natural and social effects of mental problems in the elderly. Seniors face profound, social and emotional problems that are unusual in their context. Our geriatric psychiatry group provides treatment that relieves symptoms such as depression, disengagement and disorientation, as well as stress and anxiety caused by the difficulties of living with real health problems, restlessness caused by limitations in portability or everyday environments such as monetary stress, overwhelming home support or the stress of the deal and moving away from home.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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Corresponding author Chad A. Bousman, Department of Medical Genetics, University of Calgary, Canada, E-mail: chad.bousman@calgary.ca

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