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Mental Status of Older Adults: An Overview

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Abstract

Background: The older adults experience a decline in the ability of the body to adjust to the environment, which causes disturbances in their mental health and emotional well-being. World Health Organization showed the problem of mental disorders affecting 20 million people worldwide. The elderly are 2-3 times more likely to experience mental disorders caused by preventable physical illnesses.
Objective: This study aimed to know the overview of elderly mental status in a public health center in Makassar.
Methods: This study was descriptive study. The population in the study was the elderly in one of public health centers in Makassar. The total sample of this study was 86 respondents selected using purposive sampling.
Results: This study showed that of 86 respondents, most respondents did not experience depression, amounting 71 (82.6%) respondents and majority of respondents experienced mild dementia, accounting for 63 (73.3%) respondents.
Conclusion: Most elderly did not experience depression and suffered from mild dementia. It is expected for the elderly to always maintain social activities such as participating in elderly integrated health center activities held by public health center or elderly gymnastics which are routinely carried out every week in order to avoid depression and dementia.

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Introduction

The elderly are a person who has entered the age of 60 years and over and the age group in a person who has entered the final stage of his life stage. The group grouped by the elderly wants to occur a series called Aging Process or aging stage (Kholifah, 2016). According to the World Health Organization (WHO), the global population of people aged 60 years and over is about to more than double, from 900 million in 2015 to around 2 billion in 2050 (WHO, 2020). The elderly are not a disease but are an advanced stage of a stage that indicates a decrease in the body's ability to adjust to environmental stress. Elderly is a condition that indicates a reluctance to succeed in a physical and physiological balance (Muhith &; Siyoto, 2016). When a person has a long enough opportunity, then a person wants to feel the stages of aging or the elderly. Growing older, want to feel the main deterioration in the field of physical ability to cause problems with their health (Safaat & Hardi, 2020). The failure of the physical ability of the elderly causes mental health problems and emotional well-being in the elderly (Wulandari et al., 2019).

According to the WHO, mental disorders affect 20 million people worldwide. Mental disorders are recognized by distortions in thought patterns, responses, emotions, language, sense of self and traits. Worldwide, mental disorders are based on considerable abnormalities and can have an effect on the quality of educational work and employment. Elderly who feel mental disorders are 2-3 times more likely to die early due to preventable physical diseases, such as cardiovascular disease, metabolic disease, and infection (WHO, 2019). Generally severe mental disorders in Indonesian society 7 per mile. The prevalence of severe mental disorders are found greatest in Bali and lowest in Riau Islands. The ratio of households that have shackled members of households with severe mental disorders is 14.0% and the most in rural communities is 17.7%. South Sulawesi itself ranks sixth with a prevalence of mental disorders in Indonesia worth 9.6% (Ministry of Health RI, 2018).

Mental health problems that often occur in the elderly are depression and dementia. Depression often occurs making many elderly people sharper in order to have an effect on increasing mortality and morbidity. In addition to cognitive decline, depression in the elderly has a fatal effect leading to death due to suicide (Lalenoh, 2018). While dementia wants to start slowly and get worse and worse, eventually the condition is initially reluctant to realize it. There is a process of decreased memory, the ability to think of opportunities, introduce people, places, and things. The initial signs are usually the stage of regression of mild cognitive use, retreat in analyzing new events, memory in short-term conditions is reduced, and difficulty determining appropriate words (Priastana et al., 2020).

According to the preliminary study, it was found that the elderly in the research setting felt the loss of their beloved family so that it made the elderly felt sad. This could make it difficult for the elderly to communicate with others so that attention and support from other family members were needed because if it is not resolved properly it can affect the mental status of the elderly. Therefore, the researchers were interested in exploring the overview of mental status of the elderly in one of public health centers Makassar.

Methods

Study Design

This study used quantitative design with a cross-sectional approach.

Samples/Participants

The population in the study was the elderly in one of public health cneter in Makassar. The sample size was obtained using the Slovin formula, and 86 samples were obtained. The sampling method using purposive sampling is a method of determining samples along with certain considerations (Hidayat, 2018).

Instruments

The research questionnaire used in the study contained statements of depression and dementia. The depression questionnaire using the Depression, Anxiety, and *Stress Scale* (DASS-42) contains 14 questions using a Likert scale along with answer options of 1 if never, 2 if sometimes, 3 if quite often, and 4 if very often. The dementia questionnaire using the Mini Mental State Examination (MMSE) contains 11 questions along with a score determined by the researcher based on MMSE reference scores.

Data Collection

This study was conducted in 2021 in one of public health centers in Makassar. Data were obtained directly by researchers.

Data Analysis

All data were analyzed using the SPSS statistical program. Descriptive statistics were used to analyze the participants' characteristics. Univariate analysis in the study was to describe the characteristics of respondents, mental status including depression and dementia. The Chi-square tests were used to determine the relationship between self-efficacy and caring behaviour.

Ethical Considerations

This research obtained a research permission from the Health Department of Makassar City with number: 440/115/PSDK/VIII/2021.

Results

Characteristics of respondents

Table 1 shows that most respondents were in early elderly (60-74 years), accounting for 71 (82.6%) years, had education level of junior high school, amounting 29 (33.7%), were housewives, totaling 36 (41.8%) respondents.

Table 1. Distribution of respondents

Characteristics of respondents	n	%
Age (years)		
Early elderly (60-74)	71	82.6
Late elderly (74-90)	15	17.4
Gender		
Male	43	50.0
Female	43	50.0
Education Level		
Elementary school	21	24.4
Junior high school	29	33.7
Senior high school	22	25.6
Diploma III	1	1.2
Bachelor	13	15.1
Occupation		
Retirees	14	16.3
Enterprenuer	8	8.3
Housewives	36	41.8
Unemployed	28	32.6
Total	86	100.0

Table 2 displays that most respondents did not experience depression, accounting for 71 (82.6%). Meanwhile, Table 3 depicted that most respondents experienced mild dementia, which were 63 (73.3%) respondents.

Table 2. Distribution of respondents according to depression and dementia occurence

Variabel	n	%
Depression Level Not depressd	71	82.6
Mild depression	8	9.30
Moderate depression	6	7.0
Severe depression	1	1.20
Dementia Level		
Mild	63	73.3
Moderate	18	20.9
Severe	5	5.80
Total	86	100.0

Discussion

Depression Level in Elderly

This study showed that most respondents did not experience depression. This can be influenced by the social involvement of the elderly in the surrounding environment, as explained in the questionnaire that the elderly can always enjoy the things they are reviewed, do not feel lost desire and despair, are always enthusiastic in great circumstances and feel valuable. According to the research. Anissa et al. (2019), suggested that most elderly do not experience depression. This is influenced by social participation having a good effect on the emotional security of the elderly as well as physical health. The active nature of the elderly is proven to expand their vitality and gain a sense of satisfaction and happiness in entering their elderly life. Social activities are defined as activities carried out with the community in their environment

The results of this study found 9.3% who felt mild depression. This is because the elderly are still alive and live with their families, so they still often get support from their families. In accordance with the research of Prabhaswari & Ariastuti (2016), it was stated that most respondents felt mild depression. This situation can be caused by the large amount of social

support from the family. Residence has the most important influence and role on the quality of life of the elderly. The elderly who remain with their families can contribute to improving relationships with the elderly and expanding elderly activities, eventually the feeling of boredom can be reduced.

The study found 7.0% who felt moderate depression. This can be affected by the work of the elderly who are no longer working. In accordance with research by Fitriana & Khairani (2018), it was stated that respondents who felt moderate depression were generally influenced by elderly work factors. Elderly who are reluctant to work have many free opportunities and often feel bored eventually resulting in depression. Not working also makes the elderly lose financial resources, eventually the elderly have low income. Depression is more often found in the elderly has low results because the elderly want to feel economic problems that want to add to their minds.

In the study, 1.2% felt major depression. This can be influenced by aging age, as explained in the questionnaire that the aging elderly find it difficult to witness the good state of an event and always feel pessimistic. In accordance with the research of Livana et al., (2018), stated that respondents who feel severe depression are influenced by the natural aging process, which results in the consequences of the decline of all anatomy and body use or negative consequences of aging effects, finally the elderly have a high consequence of feeling depressed. The state of aging coupled with the state of acquired disease, a psychosocial condition hindered by loss, will result in negative functional consequences for the elderly. The form of negative functional consequences in the form of self-esteem disorders can lead to severe depression.

Depression is an abnormal condition in which there is a person who has due to the inability to adjust along with a situation or event experienced that eventually has an influence on a person's physical, psychological or social life (Hadi et al., 2017). Depression in the elderly is caused by stress in the face of life changes. Changes that mean retirement, illness or physical disability, placed in the hospital, death of a spouse, and the need to take care of a partner whose health is declining, poverty, successive failures, long stress, or household or child problems, or other conditions such as refusal to have offspring who can care for them and others (Hemmawati, 2018).

The pathophysiology of depression starts from the situation of activating the hypothalamus then controlling 2 neuroendocrine systems, namely the sympathetic system and the adrenal cortex system. The sympathetic nervous system responds to impulses as well as the hypothalamus. Activation of various organs and smooth muscles lies under their control, expanding the heart rate and dilating the pupils. The sympathetic nervous system also signals to the adrenal medulla to release epinephrine and norepinephrine into the bloodstream. The adrenal cortex system activates when the hypothalamus secretes CFR, a chemical acting in the hypnotic gland located just below the hypothalamus. The pituitary gland then secretes the hormone ACTH, which is carried through the bloodstream to the adrenal cortex. Stimulates the release of groups of hormones, including cortisol, regulation of blood sugar levels. ACTH also signals other endocrine glands to release about 30 hormones. The combined effect of various stress hormones carried through the bloodstream plus the neural activity of the sympathetic branch of the autonomic nervous system has a role in the *fight or flight* response (Lestari, 2015).

Depression is caused by a combination of factors. If someone in their medical history has a family of depression, then there is a tendency to experience depression as well. The factors associated with the cause can be divided into: biological factors, psychological/personality factors and social factors. Where these three factors can influence each other (Dirgayunita, 2016). Treatment of depression in the elderly includes biological, psychological, social and spiritual environments. The importance of treatment is to prevent progression and prevent comorbidities with other physical diseases and aggravate physical illnesses. The selection of antidepressants needs to be based on minimal side effects and the lowest drug interactions. The provision of non-medical treatment is also important, and involving *caregivers* and families in the therapy process is very important to achieve optimal results (Maramis, 2014).

Providing information related to the causes of depression can be given to the elderly so that the elderly better understand the depression they experience. As a basis for knowledge in

carrying out efforts to prevent physical and mental health, because depression can trigger the emergence of physical and psychological diseases and can trigger the abuse of addictive drugs, and trigger suicidal ideation (Sulistyorini &; Sabarisman, 2017).

According to researchers, depression is something that often occurs in the elderly because of a decrease in the ability of the elderly. This is due to several factors of social support from the family, the work of the elderly who are no longer working and the aging age that makes it easier for an elderly person to feel depression. However, the social involvement of the elderly can have a positive influence on the mental status of elderly depression.

Dementia Level in Elderly

This study showed that most respondents experienced mild dementia. This can be influenced by the social involvement of the elderly in the surrounding environment, as explained in the questionnaire that the elderly still know the day, date, month and year, and know where they are. With social involvement can affect the ability of the elderly considering the time and location. In accordance with the research of Sopyanti et al., (2019), it was stated that most of the elderly feel mild dementia because the elderly are still at the time and location of the study. The development of elderly activity designs can foster the elderly on supervising cognitive and psychological uses such as sports, reading books, and carrying out skills activities**.**

The results of the study found that 20.9% felt moderate dementia. This situation can be influenced by aging age factors. In accordance with the research of Adha & Nurhasanah (2016), it was stated that most of the elderly feel moderate dementia. Age is one of the factors influenced by the presence of dimension in old age. Usually, the disease often occurs in a person over the age of 65 years and will increase to 50% in the elderly aged 85 years and over. Over time, the age of many body cells dies and feels degeneration. Finally, there are functional disorders and various major organs in the nervous system such as memory disorders, intelligence (cognitive) disorders, impaired movement and taste functions, and balance and coordination disorders**.**

In the study, 5.8% felt severe / bad dementia. This can be influenced by nutritional factors received by the elderly. In accordance with the research of Alfatihah et al., (2019), stated that most of the elderly feel they have dementia. Dementia can be influenced by various dietary factors (intake of macronutrients and intake of micronutrients), among micronutrients vitamins or minerals that often feel deficits or deficiencies, namely in vitamin B6, folic acid, and B12. Micronutrients such as vitamins and minerals are needed once in the elderly, to regulate the body and launch the oxidation process, maintain normal use of muscles and nerves, tissue vitality and support other uses.

Dementia, which is a syndrome of decreased intellectual usefulness compared to before, is large enough to eventually interfere with social and professional activities seen in daily life activities, usually there is also a change in nature and is reluctant to be caused by delirium or major psychiatric disorders (Anam et al., 2015). The most important factor that becomes a factor is the age factor. Where the age is increasing, the potential to obtain this symptom is even greater. The greater stage of aging in an individual begins with the individual in his early 20s again. But it is not so visible. Where the human brain is getting worse is the increase in total cells that have died. The sooner brain cells die, the faster an individual acquires symptoms of dementia (Husmiati, 2016).

The pathophysiology of dementia starts from A-beta nerve spots, peptides, there are 39-42 amino acids. A-beta is obtained from the process of defending *amyloid precursor protein* (APP) by proteases. APP is processed by 3 types of proteases: alpha-, beta-, as well as gamma-secretase. Increasing the process of APP cleavage through beta-secretase suggests increased A-beta production eventually forms plaques in the nerves. Normally, A-beta has *soluble* properties. The greater the fibrilisation that occurs, the A-beta has zero *soluble* less soluble, eventually forming plaques. The plaque that occurs disturbs the homeostasis of Ca2+ in nerve cells, eventually causing nerve cells to be vulnerable to free radicals. Per an ApoE (Apolipoprotein E) on the pathogenesis of dementia. ApoE has a cholesterol cycle role, ApoE is bound to lipoproteins as well as LDL receptors. The binding affinity of ApoE to lipoproteins and LDL receptors varies, depending on the ApoE isoform (el-e4). ApoE is also part of A-beta

and tau protein, ApoE and A-beta want to make fibrils as well, but the fibrils that are made are not the same as the A-beta fibrils themselves feel fibrillation (Wicitania, 2016).

The most frequent causes of dementia in individuals over the age of 65 are Alzheimer's disease, vascular dementia, and a mixture of the two. Other causes that reach approximately 10 percent include *lewy body* dementia, *pick's* disease, frontotemporal dementia, normal pressure hydrocephalus, alcoholic dementia, infectious dementia (eg *human immunodeficiency virus* (HIV) or syphilis) and Parkinson's disease (Kumalasari et al., 2018).

The new view of dementia management in general especially focuses on individuals who experience it along with the habits they usually do so far, their personality, abilities and strengths that can be utilized. Comprehensive therapy including pharmacological and non-pharmacological therapies should be given to dementia, considering the risk of death due to the use of antipsychotics (Wardani, 2018).

Counseling is an effective way to prevent dementia in the community. People need to recognize early symptoms of dementia such as forgetfulness, language disorders, disorientation (time, place, people), difficulty making decisions, setbacks (motivation, initiative, interest) and signs of depression. If dementia is severe, there will be dependence on others in the event that the patient has difficulty eating, does not know family members, difficulty holding urination and defecation, and very severe behavioral disorders (Muliatie et al., 2021).

According to researchers, dementia is something that often occurs in the elderly due to the presence of aging age factors and nutritional factors received by the elderly. However, the social involvement of the elderly can have a positive influence on the mental status of elderly dementia.

Conclusion

Most elderly do not experience depression and suffer from mild dementia. It is expected for the elderly to always maintain social activities such as participating in elderly integrated health center activities held by public health center or elderly gymnastics which are routinely carried out every week in order to avoid depression and dementia.

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