

Editorial: Psychogeriatrics in the 1990s

This issue of *International Psychogeriatrics* is the first in the last decade of this century. If progress in the field of psychogeriatrics during the 1980s is any indication, the 1990s should be all the more impressive. The 1980s witnessed a remarkable upsurge of psychogeriatric research and clinical interest in working with older patients. There was a geometric growth of scientific publications and a new infrastructure fostered by the growth and development of national and international professional societies emphasizing psychogeriatrics.

Understanding the interplay between mental and physical health in older adults—between biology and behavior in later life—burgeoned during the 1980s. New research and knowledge in these areas should be particularly robust in the 1990s. Our recognition of the adverse impact of mental illness on the course of somatic disorders and on recovery from surgical intervention in the geriatric population is growing. Similarly, studies continue to mount on the alleviating influence of mental health interventions on these physical health problems. The compounding effect of depression on cardiac disease and the effect of mental health consultation on shortening the length of stay of hospitalized hip fracture patients stand out in psychogeriatric studies.

Pathophysiological mechanisms that underlie these observations will become better understood. Recently, research findings have pointed to the association of increased morbidity with aberrations in immune system functioning among older relatives experiencing prolonged stress in caring for loved ones with Alzheimer's disease. Decremental psychoimmunologic changes are also being reported in older patients with depressive symptomatology in the hospital setting. The risk resulting from following either a biomedical or a psychosocial approach *alone* in the treatment of older patients is more apparent than ever.

Studies of behavioral changes in later life are also gaining attention as to their value in locating biological pathology. The observation of patient behavior reflecting impaired cognitive function in association with anticholinergic drug side effects contributed to the hypothesis and subsequent discovery of an acetylcholine deficit in the brains of Alzheimer patients. Related observations of depression in Alzheimer's disease led to the search and identification of exaggerated loss of locus ceruleus cells in these patients; cells of the locus ceruleus produce norepinephrine, the neurotransmitter which, at altered levels, is associated with mood disorders. The understanding of the influence of biology on behavior and that of behavior on biology, with aging, should leap ahead in the 1990s.

Moreover, the reciprocal relationships between biology and behavior in later life will become better understood not only in the realm of illness but in health promotion as well. During the past two decades we have gone through two major conceptual turning points in geriatrics and are now engaging a third. The differentiation of clinical changes reflecting underlying illness rather than normal aging was the first such turning point, achieving momentum in the 1970s. In the 1980s the ability to identify disorders in later life further advanced, and to this was added a second turning point through awareness of the opportunity

to *modify* illness and disability in older adults. As the 1990s approached, a third turning point emerged in attention to modifying not only illness changes but *normal aging* changes as well.

This latter emphasis on promoting health or adaptive or successful aging through modifying normal aging changes is illustrated in reaction-time research. Reduction in speed of response has been long described in the literature and found to be a normal change with aging. But recent studies have illustrated that with practice, older adults can improve both the rate of response and the accuracy of their response selections. Such findings coupled with observations of other areas (e.g., vocabulary), which can actually *improve* with aging, point to whole new areas for research and service development relevant to health and effective functioning with advancing years.

All of this speaks to an exciting and challenging decade ahead for psychogeriatrics and all of gerontology. It will very likely be a period whose scientific developments will define new societal directions in treating illness and promoting health for older individuals.

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