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RESEARCH ARTICLE

APPROACH TO MENTAL HEALTH OF OLDER PERSONS AT THE FIRST LEVEL OF CARE: A PSYCHGERONTOLOGICAL VISION

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ABSTRACT

Introduction: Psychogerontological care is a current challenge in international health systems. This is due to the fact that affective and cognitive disorders are the most common conditions that older people have; being potential risk factors for health and quality of life. **Objective:** The objective of this article is to design a clinical care protocol for the psychogerontological approach of cognitive and psycho-affective alterations in older people who attend a mental health care center at the first level of care. **Material and methods:** A descriptive cross-sectional study was conducted with 18 elderly people attended twice a week in the psychogerontology consultation, in the period from August 2018 to November 2019. To do this, the initial interview and the application of the Yes avage Test of Geriatric depression, the Folstein Minimental Test and MOCA test to identify behavioral, psycho-affective and cognitive alterations. Subsequently, the results of both standardized instruments for geriatric population were interpreted. Thus, it allows to know the needs of psychogerontological care for the research and design of care models. **Results:** 93% of the elderly are female, with an average age of 75 years. 100% of older people had mild stage depression and 46.6% mild cognitive impairment. **Discussion:** Given the results identified, a protocol of psychogerontological care is proposed that comprehensively addresses older people, through cognitive psycho stimulation techniques, problem-solving therapy and the integration of mutual help therapeutic groups. **Conclusions:** Psychogerontological care is an effective strategy that will improve the quality of life of older people with depression and cognitive disorders. Consequently, it will provide specialized guidance for the proper approach by family members, caregivers and health professionals.

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INTRODUCTION

Psychogerontology is configured today, as an applied field of study; both in clinical practice and in scientific research. This is due to the interest on the part of academics, researchers and health professionals, in addressing the cognitive and psycho-affective alterations of the elderly. Thus, that psychogerontology focuses its efforts on studying the process of human aging and the changes that this phenomenon entails. To do this, it places a greater emphasis on understanding how this phenomenon affects cognitive, emotional and behavioral levels. And, therefore, make a differentiation between the psychological aspects of normal and pathological aging.

Role of psychogerontology in the care of cognitive and psycho-affective alterations in older persons: Old age is a stage of life that brings with it biopsychosocial modifications.

For this, specialized attention that promotes the adaptation of the individual to this phenomenon is necessary. With regard to the mental health of the elderly, Muñoz (Muñoz, 2018) mentions that psychogerontology is the field of study that analyzes the aging process and all those changes of a cognitive, behavioral, emotional and adaptive nature at the stage of old age. All this allows us to influence the functionality and design of strategies to improve the quality of life of the aged subject, the family and their social nucleus. Díaz (Díaz, 2018) mentions that the primary function of a psychogerontologist is to make an effective promotion of cognitive health and emotional well-being during the aging process. In such a way, that the psychogerontological intervention is intended for the elderly, the caregiver and the context in which they find themselves. Similarly, Santana (Santana, 2016) makes reference; that the psychogerontologist is the one who has made the most scientific contributions for the growth of gerontology and the psychological research of aging. In order to devote to the study of psychogerontology, thorough training in the foundation of the aging process and human behavior is recommended.

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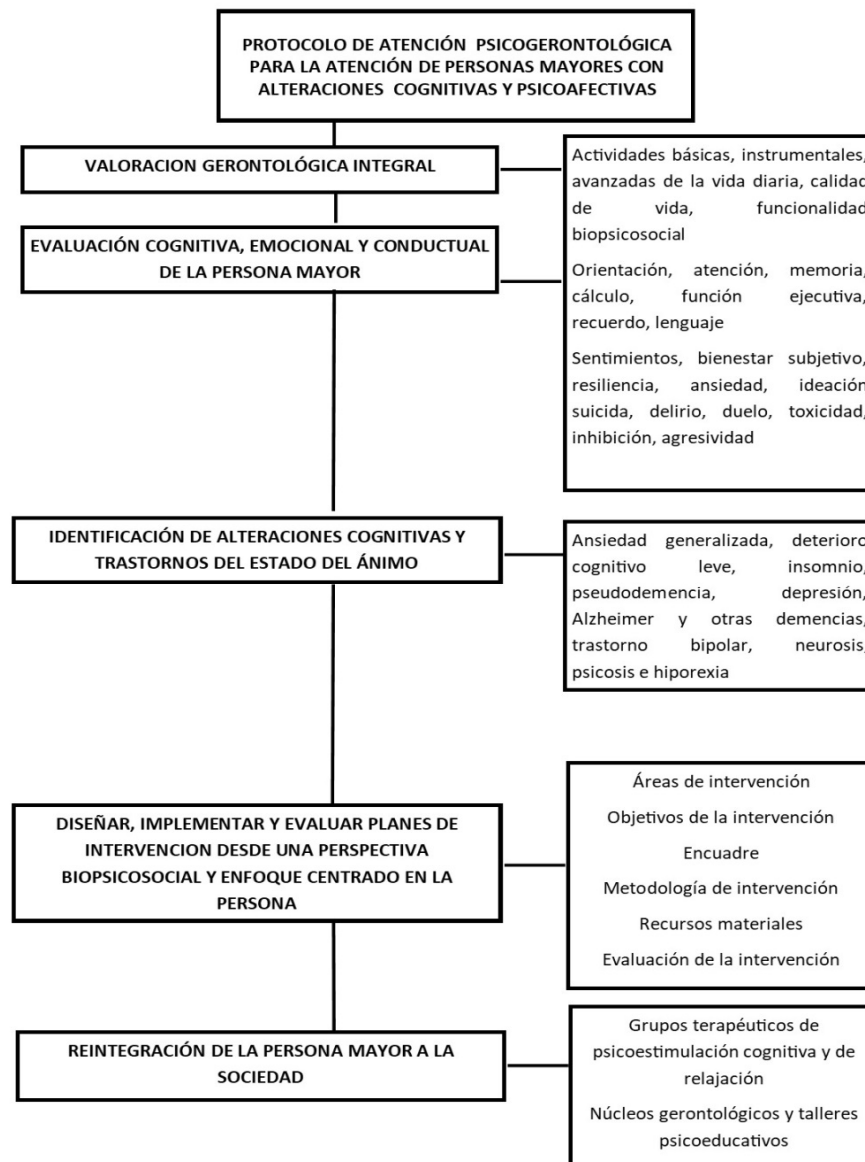


Figure 1. Psychogerontological care protocol for the care of elderly people with cognitive and psycho-affective disorders

Thus, Aristizábal (Aristizábal, 1999) considers essential basic training in undergraduate and specialized during postgraduate studies. On the other hand, Pérez, Oropeza, López and Colunga⁵ establish that this study requires establishing a critical reasoning regarding issues such as sexuality in the elderly, old age as a synonym for illness, the inability to acquire new learning and detachment. For this, it is necessary to approach and research topics that promote interdisciplinary such as: retirement, slave grandmother's syndrome, widowhood and the duel experienced by the gerontological subject. Sotelo, Rojas, Sánchez and Irigoyen (Sotelo, 2012) mention that depression is the affective disorder that has the greatest impact on people over 60 years of age and women, which characterized by the presence of sadness, concentration and problems with the reconciliation of sleep. Thus, adequate attention is not provided because depression and memory disorders are always associated as normal changes in old age. However, Bolaños and Helo (Bolaños, 2015) mention that the lack of attention in this type of illness predisposes the elderly person to the deterioration in functionality; which decreases their quality of life and increases the expense and use of health services. On the other hand, dementia is a disease that significantly affects those who experience it, the family and health systems. According to Sosa (Sosa, 2014) data, the

prevalence of dementia grows exponentially from 65 to 85 years, doubling every 5-6 years and stabilizing from 85-90 years; women being the gender that present a higher risk of suffering from Alzheimer's dementia. The World Health Organization (<http://www.who.int/es/news-room/factsheets/detail/dementia>) recognized dementias as a public health priority. To do this, its mission is to work to improve and expand the care of older adults with dementia; prevent and delay its dependence and functional impairment, and increase research on the subject. According to Torrejón (Torrejón, 2016), nations such as Canada and Chile work collaboratively to develop care programs for older adults. These programs develop research to detect, prevent and address health problems, as well as the management of public policies for the health care of the elderly. However, in Mexico there are still no protocols for psychogerontological care in the primary health care units. To itself, as the specialized personnel to carry out the functions of prevention, care, intervention and research of the mental health of the elderly. That said, in a medical unit of the first level of care; A specialized care protocol was designed for the care of the elderly. Based on the fact that the elderly population goes to the clinic and requires timely attention for conditions such as cognitive impairment,

Alzheimer's disease, depression, generalized anxiety, insomnia, slave grandmother's syndrome. Thus, it is intended to identify and act regarding situations such as physical and verbal abuse, suicidal ideation and attempt and all those psychosocial risk factors that this age group could experience. According to Villar and others (Villar, 2010), the psychogerontological intervention has been designed for application in health centers belonging to the first level of care. Consequently, follow up in the community and in homes. To this end, Pérez (Sotelo, 2012) refers to the importance of including family and caregivers in the process of psychogerontological care that leads to the realization of group and focal strategies (Aristizábal, 1999). Psychogerontological care protocol for the adult of older adults with cognitive and psychoaffective alterations in the first level of care. The psychogerontological care protocol begins with the comprehensive gerontological assessment integrated by scales that allow the evaluation of functionality such as the Katz index, the Barthel scale and the Lawton and Brody scale. All this is applied by a psychogerontologist. Himself, who is a gerontology professional, with training in clinical psychology. In this way, it allows to identify health alterations and risk factors of biopsychosocial vulnerability in the elderly. Subsequently, an exhaustive evaluation of the elderly person is made cognitively, behaviorally and emotionally. For this, we proceed to interview the gerontological subject and to the application of tests, scales and inventories standardized for this age group and destined to evaluate the cognitive and psychoaffective capacity. These scales are the Yesavage Test of geriatric depression, the Folstein Minimental and the MOCA Test. This allows us to design a plan of psychogerontological intervention focused on the person and its implementation in the health center. Thus, the family and the caregiver are involved in this intervention process and, therefore, the results of its application are evaluated. Finally, the main objective of this protocol of psychogerontological intervention is to integrate the elderly person into society. To this end, therapeutic groups are formed that have the purpose of carrying out activities of cognitive psychostimulation, relaxation techniques, and group psychotherapy and psychoeducational workshops; depending on the interests of the elderly and their affliction. All this, in order to improve their quality of life. (Figure 1)

Conclusion

What is expected with the application of this psychogerontological care protocol in the mental health center; it is to offer elderly people a decent and specialized treatment by the professional of psychogerontology. So that this age group is valued and intervened according to their special needs and in an inclusive way. Similarly, be a protocol that is replicated in the units of the first level of health care, community centers, gerontological centers and memory clinics. All this, with the purpose of attending to the cognitive and psychoaffective alterations in this age group and which are the cause of suffering other types of organic disorders; compromising their health and being a risk factor for mortality in this sector of the population.

Conflicts of Interest: There are no conflicts of interest.

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