

6. OLD AGE and ITS NEW PROBLEMS

This is emerging as a major medico-socio and psychological problem in many families where elderly people need to be taken care of because of their abnormal behavior, like wandering away, failing memory, difficulty in sight and hearing and inability to sleep at night. Most of them are over 75 years of age and may be suffering from poorly managed Diabetes and Hypertension. They do not have any respect for dietary instructions and can behave in an unacceptable manner in a family setting. They become irritable and may begin to shout at the top of their voice, they are usually very stubborn.

Though the relatives are caring and affectionate but their unacceptable behavior and difficult demands make it hard to cope with. If a spouse is dead then it becomes more difficult to handle.

When they are brought for management of this old age related issues, the relatives expect too much. They think that failing memory which is an irreversible process can be set right and they could be made to sleep properly at night and not disturb them.

When any medication is prescribed to correct this behavior disorder and insomnia, it would cause drowsiness and weakness, which looks bad to relatives, who say that till no medicines were given, he or she was moving around and with medication, he or she is now confined to bed. When we reduce the medication, aggression returns and this is a catch 22 situation.

WE TRY TO EXPLAIN TO THEM THAT MEDICINES WOULD CAUSE DROWSINESS AND THE PATIENT WOULD LOOK WEAKER AND FRAILER THAN BEFORE THE TREATMENT AND THIS THEY MUST EXPECT. IT IS THEIR CHOICE TO CHOOSE BETWEEN THIS AND BEHAVIOR BEFORE MEDICATION. IT IS A DIFFICULT SITUATION BETWEEN PREFERRING PATIENT'S SLEEP AND RELATIVES' COMFORT.

IT IS UNREALISTIC FOR RELATIVES TO THINK THAT MEMORY WOULD COME BACK TO NORMALCY. BEHAVIOR CAN ONLY BE REDUCED WITH MEDICINES WHICH TEND TO PRODUCE SLEEP.