



จิตเวชศาสตร์ผู้สูงอายุในประเทศไทย

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บทคัดย่อ

ประชากรผู้สูงอายุไทยมีจำนวนเพิ่มขึ้นเรื่อยๆ ดังรายงานจากกองวางแผนทรัพยากรมนุษย์ คณะกรรมการพัฒนาการเศรษฐกิจและสังคมแห่งชาติ พบว่า แนวโน้มในปี พ.ศ. 2553 ประเทศไทยจะมีประชากรที่มีอายุ 60 ปีขึ้นไป จำนวน 7.6 ล้านคน คิดเป็นร้อยละ 11.4 ของประชากรทั้งประเทศ เพิ่มขึ้นจากเดิมซึ่งมีเพียง 4.8 ล้านคนหรือร้อยละ 8.1 ในปี พ.ศ. 2538 เมื่อมีแนวโน้มที่จะเป็นเช่นนี้ไปเรื่อยๆ หลายหน่วยงานควรเตรียมตัวรองรับการทำงานเพื่อประชากรผู้สูงอายุไว้ตั้งแต่เนิ่นๆ และทำอย่างต่อเนื่อง รวมถึงผู้ที่ทำงานด้านจิตเวชศาสตร์ก็ต้องมีการพัฒนางานด้านจิตเวชศาสตร์ผู้สูงอายุด้วย เพื่อให้ผู้สูงอายุมีสุขภาพจิตที่ดีและเหมาะสมกับการดำรงชีวิต

บทความนี้จะเป็นการนำเสนอข้อมูลที่ได้จากหลายหน่วยงานที่เกี่ยวข้องกับจิตเวชศาสตร์ผู้สูงอายุในประเทศไทย เช่น ข้อมูลจากรายงานการวิจัยเกี่ยวกับปัญหาสุขภาพจิตของผู้สูงอายุที่พบบ่อยจากการศึกษาโดยนักวิจัยในหลายๆ พื้นที่ในช่วง 3 ทศวรรษที่ผ่านมา ได้แก่ โรคซึมเศร้า และโรคสมองเสื่อมในผู้สูงอายุ ข้อมูลเกี่ยวกับบริการด้านสุขภาพจิตที่มีให้แก่ผู้สูงอายุ บุคลากรที่ทำงานเกี่ยวข้องกับประชากรกลุ่มนี้ รวมไปถึงการจัดตั้งองค์กรวิชาชีพทางจิตเวชศาสตร์ผู้สูงอายุ การจัดระบบการศึกษาและการฝึกอบรมด้านจิตเวชศาสตร์ผู้สูงอายุในสถาบันฝึกอบรมต่างๆ

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Geriatric Psychiatry in Thailand

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Abstract

The number of the population of the elderly in Thailand has been on the rise recently. According to the Human Resources Planning Division of the National Economic and Social Development Board, in 2010 the elderly population of 60 years old and up will be as many as 7.6 million or 11.4 percent of the total number of the population, an increase from 4.8 million or 8.1 percent in 1995, and the tendency to rise will continue. Therefore, it is advisable that all the relevant units be prepared to cope with the situation earlier and continually. This includes those who work in the psychiatric field to be prepared to develop the work involving geriatric psychiatry in order to ensure that they will be mentally healthy enough in their way of living.

This article, therefore, aims to provide the data obtained from various relevant units dealing with mental health for the elderly in Thailand, namely data from research reports concerning psychiatric problems commonly detected in several areas during the past three decades such as depression and dementia, data on mental health related services for the elderly, personnel working with the target group as well as the establishment of professional organizations concerning geriatric psychiatry and a great need of geriatric psychiatry educational systems and training in different institutes.

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Introduction

The United Nation's reporting on the population situation estimated that in 2050 the increase will be approximately 2.5 billion more worldwide and that the highest increase would be among those of 60 years old and up. Moreover, the rise would most obviously occur in the developing countries¹.

As for Thailand, the population at present is approximately 63 million². The Resources Planning Division of the National Economic and Social Development Board³ projected that by 2010 the number of elderly people would be as high as 7.6 million or 11.5 percent of the total number of the country's population. In fact, twenty years ago (1990) there were only 4.6 million or 7.2 percent and in 2020 it is projected to reach 10.8 million or 15.5 percent. This means that within 30 years the number of the elderly people will double. Therefore, Thailand needs to get ready to handle the situation to develop both the education and care for the elderly. This includes those who work in the psychiatric field to be prepared to develop the work involving psychiatric care for the elderly in order to ensure that they will be mentally healthy enough in their way of life.

Common mental health problems among the elderly

During the past three decades, it was found that depression and dementia are the most frequently detected health problems among the elderly. Most research conducted in Thailand has dealt with epidemiologic studies in various areas and factors related to the diseases.

Late-life depression

The prevalence of depression among the Thai elderly in the community ranges from 17.5% to 82.3%⁴⁻¹² depending on the setting and measurement utilized. A rate of 19.9%-80.3% was found in the urban areas^{5-7,9,10} while a rate of 17.0%-84.8% exists in rural areas^{4,6-9,11}. According to the above studies, elderly depression is associated with a number of factors. The prevalence of depression increases with age^{4,6,7,9,12}. Other demographic factors related to depression tended to exist in the urban areas among the female elderly who were married but lived by themselves with little education and inadequate income or who were not satisfied with their income^{6,7,9}. It was also found that depression could be related to medical illness, including dementia, and poor health as well as lack of exercise⁹. The same types of factors were found among the elderly people in the rural areas^{4,6-9,11,13}. This included people who had retired from their work or who were unemployed. Moreover, sleep disturbances was also found to be associated with depression among this group of people⁴.

It was noted that the factors related to depression among most Thai elderly was similar to that of their counterparts in other countries concerning demographic factors. However, some psychosocial factors are believed to be specifically associated with the Thai culture⁷. The depression among elderly in the urban areas tended to be related to the lack of chance to give advice to other people. The depressed elderly were also less included in certain associations or groups. A lack of good relationships with family members, social acceptance and activities could aggravate depression as well. The same could happen in some

rural families with similar factors, especially where the number of children, grandchildren or relatives seemed to relate to depression. Some research found that the lack of ownership of their houses or residence was related to depression. As for the elderly in the rural areas, their monthly expenses did not much affect their depression.

Dementia in the elderly

In 1998, a report from the Thailand Health Research Institute of the National Health Foundation and the Public Health Policy Planning Office of the Ministry of Public Health¹⁴ projected that between 2000-2030 the prevalence of dementia among the elderly would be stable, approximately 3.0-3.4% and it would be two times higher among the females in the group.

However, according to research data, it has been reported that the prevalence of dementia in the community was 3.2-27.3%¹⁵⁻²¹ as measured by some relevant screening tools for dementia, and the prevalence would increase as the elderly got older. According to Jitapunkul S et al²², It was found that the prevalence of dementia in people aged 60-64 was only one percent whereas that of those 70 and 80 years and upwards was 3.5% and 7.5% respectively whereas the prevalence reached 30% among the elderly who were 90 years old and upwards.

Besides age and gender, dementia is also related to the patients' level of education and living alone^{15, 21} and the ability to give advice to others¹⁹. Activity of daily living and health conditions, *i.e.* a history of head injury, and visual and hearing disability, as well as alcohol use and smoking are also the associated factors^{15,19,21}.

There is lack of data on other mental illness among the Thai elderly. Therefore, research related to geriatric psychiatry must be enhanced. However, one significant obstacle is the limitation of research tools, particularly those that must ensure precision. In practice, most of the tools are related to translation and adaptation of those from other countries to be used for screening for mental conditions *i.e.* depression, mania, dementia, etc. The most popular one used in several studies is the Thai Geriatric Depression Scale (TGDS) which reliability and validity is quite good²³. It was developed from the Geriatric Depression Scale by Yesavage et al²⁴. The version popularly used at present is the 30 items, whereas several countries prefer the short versions. However, the problem in Thailand at present is the lack of research to test the reliability and validity of the adapted versions. Moreover, it is recommended to develop a suitable test for the elderly in various situations, for example the elderly in a specific community, those suffering from physical illness or those in the nursing home. Some test scales for screening dementia have been constantly developed to suit the Thai culture, *i.e.* Thai Mental State Examination (TMSE)²⁵, Mini-Mental State Examination-Thai 2002 (MMSE-Thai 2002)²⁶, Chula Clock-Drawing Scoring System-CCSS²⁷, etc. For diagnosing of depression and dementia, as well as other mental disorders, the criteria used for psychiatric diagnosis of the 4th edition, text revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), or the 10th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), has been the same as those used with adult patients.

Mental health related services and mental health personnel who work for the elderly

A report from the Institute of Geriatric Medicine, Department of Medical Services, Ministry of Public Health²⁸, discovered that the health service systems for elderly people was an urgent problem to be addressed to ensure adequacy to cope with the elderly health problems at all levels in Thailand, *i.e.* geriatric psychiatric clinic, in-patient unit for the elderly, etc. There is also the need to establish a network of support community participation in looking after, treatment and rehabilitation of the elderly patients who have returned to the community to ensure constant cooperation and coordination of various physical health service units, such as day hospital, home visit, including relevant personnel who provide support for the elderly in terms of knowledge and potential enhancement.

The health care team looking after the elder must be a multi-disciplinary team comprising geriatric psychiatrists, nurses, social workers, occupational therapists, etc. They have to coordinate with geriatricians and gerontologists as well. The lack of such personnel has currently posed an urgent problem. Arayawichanont A et al²⁹ conducted a study on diagnosis of dementia by attending physicians, and found that the attending physicians were delayed in recognizing dementia. This data could be evidence confirming the lack of relevant personnel in this area.

Professional organization in geriatric psychiatry

The significant factors affecting the number of personnel involved in geriatric psychiatry are knowledge

and skills in diagnosing, managing and treating the problems related to Alzheimer's disease and depression as well as other psychiatric disorders in the elderly. The evidence can be seen from the fact that the number of psychiatric related practitioners in Thailand at present is only around 500, which is inadequate to provide service for 63 million people. The number is far less when considering those working in the sub-specialty. The Psychiatric Association of Thailand (PAT) has the vision and is attempting to encourage Thailand's psychiatrists to develop the skills and exchange knowledge related to the field to keep up with their counterparts in other countries.

The Geriatric Psychiatry and Neuropsychiatry Interesting Group - GeNPIG was established around 2006 by the initiation of Prof. Pichet Udomratn, the president of PAT. The group members are the psychiatrists who are interested in or have expertise related to geriatric psychiatry or neuropsychiatry from universities and training institutes throughout the country. They come together with support from the PAT of Thailand with the goal of building a connection at the national level among psychiatrists who share the same interest. They started their first meeting and academic activity as of March 2007. This has resulted in boosting academic exchange of knowledge and development of a body of knowledge related to geriatric psychiatry through all kinds of academic meetings among psychiatrists, residents in psychiatry, neurologists and those in other relevant medical fields. The group provides advice in terms of knowledge and production. In the future, it plans to affiliate with other associations and international organizations working in geriatric fields to broaden the exchange of knowledge and academic experience and to

build relationships with other professional organizations at an international level.

Educational systems and training in geriatric psychiatry

Although many countries in Europe, America and Australia regard geriatric psychiatry as a sub-specialization and require additional training, in Thailand at present there is no such curriculum as a sub-specialty or fellowship training required in geriatric psychiatry, unlike in child and adolescent psychiatry, addiction psychiatry, consultation-liaison psychiatry or even neurology. The curriculum for residents in psychiatry and students in the undergraduate level depends on the readiness and consideration of each institute. Psychiatrists who are interested in this field have to further their studies abroad. Thus, there are only a few psychiatrists who graduated in this field in Thailand. Therefore, in order to achieve a high quality in providing good mental health for the elderly people it is advisable to have a national education plan and to grant official certification for all healthcare professionals whether it be for psychiatrists, psychologists, occupational therapists, social workers, etc.

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