

BASIC PRINCIPLES OF ORGANIZING GERONTOPSYCHIATRIC ASSISTANCE AND THEIR ADVANTAGES

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Abstract. *The prevalence of severe cognitive disorders in populations, the involvement of many people of working age in medical, economic, psychological and social problems associated with late dementias, the lack and inconsistency of information about the mechanisms of formation of these diseases. A model for organizing gerontopsychiatric care for individuals with cognitive disorders has been developed.*

Keywords: *cognitive disorders, gerontopsychiatric support, dementia.*

Introduction. In recent decades, epidemiological studies in the field of Gerontological psychiatry have focused primarily on identifying the prevalence of mental disorders in the population or certain forms of manifestation of mental pathology [1-3]. These studies are devoted to the study of a wide range of problems, including theoretical aspects of the problem of practical problems (planning the development of Gerontological profile units, assessing the effectiveness of rehabilitation measures, drug safety, etc.) and the problem of assessing effectiveness [4-6].

Previously, these patients were dispersed to all territorial plots of the dispensary. Increase and improve the quality of assistance to this contingent of patients. Special doctors work in the office gerontopsychiatric training. Methods of medical and social assistance are being introduced, for example, telephone patronage, brigade polyprofessional approach, group work with patients and their relatives. Free the doctors of other departments of the dispensary from a very complex contingent of patients who gave birth to special tasks in front of Psychiatrists [7-11]. Among the peculiarities of working with a contingent of patients of late age are multimorbidity inherent in this age period, poor tolerance of patients to psychotropic drugs, high risk of developing side effects and complications of psychopharmacotherapy, difficulties in diagnosis and therapy due to the need to include somatotropic drugs and geroprotectors in the treatment regimen. In addition, special social and psychological problems inherent in gerontopsychiatry, such as the loss of loved ones, living alone, material difficulties, the need for care [12-19].

In the formation of the cabinet, under his supervision, patients aged 60 years or older, who first applied to the dispensary at an evening age, who had previously been in other territorial precincts of the dispensary, were handed over [20]. Elderly and elderly people who were sick and aged in young and middle age were not included in the service group of the gerontopsychiatric cabinet, and the plot remained under the supervision of Psychiatrists and doctors. The organization

of assistance to the elderly in mental disorders of Old Age covers many issues of a medical and social nature [21-25]. In recent years, the problem of providing adequate gerontopsychiatric assistance in inpatient social service institutions has gained special importance. Due to the wide development of the system of social and medical and social assistance to the elderly at home, the contingent of individuals living in stationary institutions of a general type has significantly changed. As a rule, older citizens began to come to residential buildings, the condition of which does not allow them to continue living independently at home even when large-scale services are provided by social service centers and social housing. Currently, the contingent of residents of residential buildings of a general type is characterized by pronounced physical weakness, the presence of various somatic diseases, as well as age-related mental anomalies. An in-depth analysis conducted showed that the prevalence of mental disorders in the population of residential buildings for the elderly reaches 85%, especially since clear changes in the psyche were recorded in the centuries [26-31].

The mental disorders of late-age individuals living in inpatient social service institutions significantly complicate the lives of elderly people with preserved mental health and make the activities of elderly care workers difficult. The issue of establishing gerontopsychiatric support for this contingent has not been resolved to date. The transfer to psychiatric hospitals or neuropsychiatric boarding schools has a negative impact on these individuals. In addition, in accordance with the law "on psychiatric assistance and the rights of citizens in its provision", it can only be carried out voluntarily. However, as a rule, the elderly and their relatives do not agree to transfer to a psychoneurological boarding school. Effective service to elderly citizens with age-related mental disorders can be carried out within the framework of the gerontopsychiatric department as part of a general type of inpatient Social Service Institution-a boarding house (boarding house) for the elderly [32-38]. Currently, the gerontopsychiatric center is included in the list of stationary social service institutions as an independent form. A similar structure can be combined into a shared-type boarding house in the form of a gerontopsychiatric Ward. It provides a differentiated approach to the organization of medical and social care for elderly and elderly citizens, depending on the severity and nature, continuity, methodological unity of mental pathology. The peculiarity of this department is that the service of the gerontopsychiatric contingent of patients is carried out by specialists with appropriate training and experience with this category of patients. In addition, elderly people are provided with the necessary assistance from other doctors who have previously treated and monitored them [39-43].

The purpose of the study. The purpose of developing this organizational model was to increase the quality and size of gerontopsychiatric care, the need to organize the interaction of medical, expert (Hei), Social, public institutions and organizations in order to ensure the timely detection of cognitive disorders.

Materials and methods. The material of this organizational epidemiological study is population. The main provisions of the model include the organization of diagnostic and therapeutic assistance to persons with cognitive impairment in the psychiatric service of the pilot area; increasing the ability to identify cognitive impairment in the population; formation of interagency and interdisciplinary cooperation in the provision of diagnostics, treatment, social assistance to persons with cognitive impairment in the pilot area; epidemiological assessment of the prevalence of cognitive disorders in the general population in elderly people (in order to further

clarify the problem, develop strategies for the development of social services and health care in the experimental area); social Prevention of the development of mental disorders in late life.

The study was carried out on the basis of the outpatient service of the dispensary through a comparative analysis of the contingent of the OPND gerontopsychiatric cabinet and the general psychiatric plot, which is comparable in total number to the gerontopsychiatric plot. The study included both dispensary-monitored patients and patients who make up the surveillance advisory group. Additionally, census data conducted in 2022 was used.

Results. Within the framework of the program, a separate direction is devoted to psycho – education of various categories of citizens of the city, from ordinary urban residents, real and potential users of the services offered, to specialists providing medical (including specialized psychiatry), social, legal assistance.

At the same time, in the dispensary observation at the gerontopsychiatr

At the end of 2022, there were 474 people (133 men and 341 women) or 13,3% of the entire dispensary contingent of dispensary patients. In terms of the number of dispensary observation group, the gerontopsychiatric plot is the second largest in the dispensary.

It is important to note that there is a significant predominance of representatives of the female sex in the gerontopsychiatric area (males are 133 people or 28,0%, and females are 341 people or 72,0%). The ratio of men to women in general psychiatry was: men 46,7%, women 53,3%. Among the total number of men under the control of the dispensary, the proportion of men in the Gerontology plot was 8,4%, while the corresponding figure for women was 17,1%.

Based on a comparison of data on the prevalence of mental disorders in the code of Civil Procedure and the General Department of Psychiatry, the Gerontological contingent is characterized by a general prevalence of mental disorders in the general territorial part of the dispensary in comparison with the prevalence of mental pathology. As for patients in the gerontopsychiatric cabinet of the dispensary, the largest among them is the group of patients aged 70 and older, at this age, the prevalence of mental disorders is highest.

Thus, after the age of 70, a sharp increase in the number of mentally ill people of late age who need dynamic dispensary monitoring begins. In turn, the highest prevalence of mental illness among individuals under the age of 60 in general psychiatry.

When analyzing clinical and nosological affiliation, it was found that the largest number of dispensary – controlled patients in GPC were patients with mental disorders within the framework of organic brain damage-up to 79,5%. At that time how functional mental disorders are diagnosed in only 20,5% of cases.

In the general psychiatric area, in contrast to gerontopsychiatric, functional psychoses (54,2%) prevailed, among which schizophrenia and schizophrenia spectrum disorders had the largest share, while mental disorders of organic nature accounted for only 23,5%, with dementia having a specific severity of 5.8%. In addition, patients in general psychiatry were diagnosed with pathologies such as oligophrenia, personality disorders, as well as neurotic and somatoform diseases, which were included in the group of other diseases and accounted for 22.4%.

This can be explained by the predominance of the working-age population working in various areas of professional activity in the general psychiatric area.

This, in turn, leads to the fact that these individuals turn to a psychiatrist, as a rule, in cases where the severity of mental pathology has reached a significant level and leads to a violation of social activity. With mild forms of mental pathology (called "threshold level"), patients try not to

seek specialized help from the dispensary and, if necessary, receive it from psychotherapists in clinics in the place of residence. This is primarily due to the phenomena of stigmatization of the mentally ill in society.

In conclusion, it should be noted that the information we receive indicates that it is advisable to divide gerontopsychiatry into an independent service. In favor of this, a huge foreign experience, which lasted several decades, testifies.

The main tasks of psycho-educational modules are to increase the level of identification of the main signs of cognitive disorders, carried out using the principles of a competency-based approach, which are included in the ideological and methodological base of this psycho-educational project.

With the Prevention of gerontophobic and age-related psychosocial personal relationships, a special place is given to the formation of personal competence of all participants in the project. Based on ideas about the boundaries of the age-related psychological and cognitive norm, creating a mood to identify the main manifestations of cognitive disorders on an urban scale as painful manifestations, timely appeal to qualified diagnostic, therapeutic and social assistance, their quality this is determined by interdepartmental interaction. In the development and implementation of this program, special attention is paid to improving the professional qualifications of Psychiatrists in the issues of providing gerontopsychiatric assistance on the basis of a diagnostic methodology and an age-specific approach to managing older patients.

Conclusions. The principles of the modern educational approach can be applied in the development of large-scale programs to improve the provision of gerontopsychiatric assistance.

The role of the age factor in medicine is universally recognized. The information contained in this post shows that late age brings important characteristics to the characteristics of individuals who come to the attention of Psychiatrists.

In elderly and elderly patients, a separate ratio of the main forms of pathology (functional mental disorders and organic diseases of the brain) is determined: among them, various degrees of mental disorders prevail due to organic damage to the brain with a high frequency of dementia.

As for functional psychoses, it is known that in late life these diseases pose a challenge for diagnosis, since some of them are endomorphic diseases that precede the development of organic dementia.

The presented materials clearly demonstrate the possibility of creating and developing a gerontopsychiatric service, which ensures the formation of a specific contingent of patients, an increase in the identification of late forms of mental pathology. It should be noted that in organizing the help of this category of patients, general psychiatric experience does not help to increase the level of diagnostics or improve patient management skills, since among them the younger forms of pathology prevail.

In addition, in recent years, it is known about the rapid development of Gerontological Psychopharmacology, the development of new principles of complex treatment of organic brain diseases.

The separation of the gerontopsychiatric problem from general psychiatric practice has a positive effect on general psychiatric services. Persons of late age must have separate subjects for observation and treatment, which requires special training of medical personnel working with this contingent of patients.

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