‘It is a pleasure to introduce a book which I have found both good reading and a stimulus to think more about the non-organic mental misery which is so common and often so remediable, in old age. I see this volume as a timely exercise in stocktaking. Depression, not dementia is still the commonest mental disorder of old age.’

From the foreword by Tom Arie.

Psychiatry in old age is no longer a field solely concerned with the ‘Everest of Dementia’. Until now, however, the literature has sadly neglected the broad field of mental illness in the elderly which, lacking a demonstrable organic basis, has tended to be called ‘functional’. Professor Chiu and Dr Ames provide us with the first comprehensive text to deal with all the nondementing psychiatric disorders in a practical guide with exhaustive reference for practitioners from all clinical disciplines related to geriatric psychiatry.

‘It is the functional illness in the elderly that we should be able to help now. This text clearly outlines our ‘core knowledge’ about the clinical problems, discusses appropriate treatments and also describes gaps in the knowledge where future research is needed’.

From the concluding overview by Brian Davies.

This multidisciplinary work is of international significance. It links psychiatry and somatic medicine and confronts issues of comorbidity. Mood disorders are the commonest psychiatric illnesses encountered in the elderly and as such they receive the greatest coverage, but the text also focuses on the controversial area of late life paranoid disorder and schizophrenia, the neglected field of neurosis in old age and the emerging problem of substance abuse in the older patient. Several chapters feature case histories to bring the subject into lively focus. All chapters are neatly cross-referenced and rich in practical advice for the multidisciplinary team.
FUNCTIONAL PSYCHIATRIC DISORDERS OF THE ELDERLY
FUNCTIONAL PSYCHIATRIC DISORDERS OF THE ELDERLY

Edited by
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This book is gratefully dedicated to those psychiatrists in every continent, who have pioneered the work of geriatric psychiatry, paving the way for our generation.
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Preface

The Geriatric Psychiatry Section of the World Psychiatric Association held its 1990 Symposium in Melbourne, Australia, with the theme of ‘Functional Psychiatric Disorders in the Elderly’. Having regard to the constant exposure of dementia in recent conferences all over the world, it was noted that the functional psychiatric disorders had received far less attention. As any practising clinician in geriatric psychiatry can readily attest to the number of patients whose functional psychiatric disorder requires attention, such a situation of neglect requires some redress.

Cambridge University Press, through the perspicacity and energy of Dr Richard Barling noted this conference theme and requested E. C. to make a proposal for the publication of a multi-authored volume on this subject. D. A. agreed to be a co-editor to accomplish the task. Some individual chapter authors were recruited on the basis of papers presented at the Melbourne Symposium, while others who had been unable to attend that meeting were invited to contribute because of their acknowledged expertise in particular areas which the editors considered pertinent to the theme of this text.

The editors are very grateful to the chapter authors, who took to the task given to them with goodwill and enthusiasm.

In the process of planning this book the term ‘functional’ exercised our minds as, in the context of geriatric psychiatry, such terms give rise to considerable debate. As early as 1971, Tom Arie noted ‘There is nothing to be gained and a lot to be lost by thinking separately of organic and functional disorders; even were such a distinction always clinically realistic, which it is not’. We sought suggestions for alternative titles from all chapter authors but there was clear consensus that at present there is no term that can easily replace the word ‘functional’. Other terms suggested were more cumbersome, inelegant and lacked clarity. Therefore, until a better term emerges (as it inevitably will) we have chosen to keep this word in temporary usage.

We hope that this volume will provide the first book to deal exclusively with all
the non-dementing psychiatric disorders for practitioners from all clinical disciplines related to geriatric psychiatry. We have aimed the book to help clinicians in their day-to-day practice. Thus there is an extensive section devoted to multidisciplinary management strategies, which in other volumes have not been given such prominence. We have also attempted to highlight the interface between psychiatry, somatic medicine and the issues of co-morbidity which confront clinicians. The relative lack of information in the area of neurosis in the elderly is highlighted by the chapter authors, while the chapters on psychotherapeutic treatment strategies address an area which has suffered marked neglect to date. Most authors have indicated potential directions for future research, and as academic geriatric psychiatrists, we will feel privileged if this book prompts further research on the functional psychiatric disorders of old age.

It would delight us if this book rapidly became outdated as geriatric psychiatry advances towards a more sophisticated and dynamic understanding of these disabling disorders.

Edmond Chiu
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Reference
Introduction: A personal note

TOM ARIE

This book originates in Australia, but it is of international significance. Deriving from a World Psychiatric Association meeting hosted in Melbourne, this is no mere text of conference proceedings; Edmond Chiu and David Ames have used the theme of that conference as the basis for a carefully planned series of commissioned contributions to a well-structured book.

The early years of psychogeriatrics were dominated, rightly and inevitably, by the 'Everest of dementia'. It is evidence of the maturity and confidence of this branch of psychiatry (now an official subspecialty in the United Kingdom) that it here steps back from its concern with the insistent burden of the organic psychosyndromes, and focuses on the hugely important functional disorders of old age. Dementia in its most obvious manifestations obtrudes itself in a way which is hard (though too often still not impossible) to ignore; the sometimes more personal misery of functional mental disorders is too easy to overlook, or to confront inadequately amid the pressure of the needs of sufferers from the organic disorders and those who look after them.

Yet there were times when it was to functional illness that most of the attention of those working in the field of old age mental disorder was being given: prognosis here is generally better, the course often (not always) shorter, and the gratifications of successful treatment more direct. Today, the nettle of the dementias has generally been firmly grasped, but most 'psychogeriatricians' now see themselves as psychiatrists to the elderly, dealing with organic and functional disorders alike, and recognizing that both types of disorder (and sorting the components of one from the other) are part of the responsibility of good old age psychiatry services.

A much earlier World Psychiatric Association symposium, which took place well before old age psychiatry had become defined as a discrete branch of psychiatry, focused on the mental disorders of old age, and in a book (which is now a collector’s item) arising out of that meeting, attention was given alike to the functional and organic disorders (WPA 1965). A quarter of a century later, psychogeriatric services have developed with vigour in most developed countries.
Introduction

-- even as they are beginning to do in the third world (as I write a request arrived for help with planning psychogeriatrics in Indonesia).

Research too has moved apace, and is by no means confined to clinical psychiatry. It is clear that the relevant basic sciences have a crucial contribution, as do the many other applied specialties and professions which have contributed richly to the growth of knowledge. Progress has of late been greater in understanding the organic disorders of old age, and in the functional disorders the basic science disciplines have so far contributed rather less, and are consequently less prominent in this book than they would have been in a text on the dementias; yet it is surely reasonable to expect that the basic sciences will soon be contributing as richly to this field as they have already done towards unravelling the organic syndromes.

Several chapters in this book are concerned with the relationship between functional and organic factors in the brain disorders in old age. Much of what we took for granted about the relationship, for example, of depression and organic brain disorders has had to be rethought, and few firm conclusions are yet available. It is clear that research in this area will be much aided by greater access to powerful new techniques, ranging from molecular biology to brain imaging. Thus, new light has begun to shed on the role of organic brain changes in paranoid states in old people: long reported, this has only of late been the subject of study by the newer imaging techniques.

At the other pole from basic science research is practical provision of services. This book is strong on this topic, both in its emphasis on, and in the range of contributions from, the different members of the mixed team. Like most research, services are rarely effective if they are not rooted in teamwork: this text is in some measure a handbook of good teamwork.

Perhaps these introductory words should mention a topic which impinges on several of the book’s themes. I refer to the ‘graduates’ – the chronic psychotics who have ‘graduated’ into old age with their disease, often over decades spent in large institutions, or hovering around their edges. The natural history of schizophrenia as the sufferer ages, and the implications and options for local services – and the sometimes vexed question whether this large group of elderly people should all be wholly looked after by local psychogeriatric services – all these are important questions. This topic has recently been well tackled by Campbell (1991), and there is not much at present that can now be added; but the issue persists.

I see this volume as a timely exercise in stocktaking. Depression, not dementia, is still the commonest mental disorder of old age – and despite the inroads of dementia at very high ages, the prevalence of depression remains as high among the ‘old old’ as the ‘young old’. This book is important as a reminder of these matters, and as evidence of the enormous growth in interest and knowledge in the
quarter of a century since that 1965 WPA symposium in London. It is satisfying that the book should have originated from the initiative of colleagues in Australia, where psychogeriatrics flourishes and where developments move hand in hand with those in the rest of the world, as the list of contributors demonstrates. But the invitation to introduce the book is particularly gratifying to one who has been able to follow, and even share a little, in the development of our discipline in Australia and New Zealand from its beginnings. Five years ago I had the good fortune to be present at the inauguration of the Specialist Section on Old Age Psychiatry in the Royal Australian and New Zealand College of Psychiatrists, and I am grateful for the frequent and generous hospitality of colleagues in those countries. It is a pleasure to introduce a book which I have found both good reading, and a stimulus to think more about the non-organic mental misery which is so common, and often so remediable, in old age.

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Acknowledgement

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