



KARNATAKA CHAPTER

# Insights for Healthy Ageing

Volume Two

EDITORS  
VIJAYKUMAR HARBISHETTAR  
PT SIVAKUMAR





National Institute of Mental Health and Neurosciences  
NIMHANS  
(An Institute of National Importance)  
Bangalore

## VayoManasa Sanjeevani

Promoting Mental Health and Well-being in Older Adults

An outreach  
initiative of  
Geriatric Clinic  
& Services



HELPLINE NUMBER  
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### OUR GOAL

1. Promoting Age friendly community
2. Promoting Awareness on Aging and mental health
3. Training of lay counsellors, volunteers and caregivers on geriatric mental health
4. Psychosocial intervention by lay counsellors and volunteers
5. Psychosocial care program in old age homes
6. Integrative medicine for healthy ageing
7. Geriatric tele-psychiatric services



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# Insights for Healthy Ageing

VOLUME TWO

Editors:

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Assistant Editors:

**S P Goswami**  
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**Chandrika Anand**

Published by  
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Bengaluru 560029

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**Volume-2**

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### Foreword

With increased longevity and improvement in access to health care, the spotlight is now on understanding ailments, lifestyle and preventive measures in the preparation for later life. Geriatric Health Sciences has started to get its due importance globally. However, it cannot be just another separate specialty, but a specialty that could lead a collaborative multi-disciplinary holistic approach.

Realising the importance of increasing global population of older adults, the World Health Organisation (WHO) has announced the decade of 2021 to 2030 as the "UN Decade of Healthy Ageing". India is also ageing rapidly and it is estimated that by the year 2050, there will be one in five elderly people aged 60 years and above. Therefore there is a need to enhance understanding of the common health and social issues related to the older adults, by disseminating science and knowledge of the current understanding of different health issues from different disciplines to all the elderly people and also their family members.

I believe that the 'VayoManasa Sanjeevani' initiative of the Geriatric Psychiatry Services of the Department of Psychiatry at NIMHANS has taken a great forward step towards the cause of healthy ageing to educate the general public on healthy ageing through the collection of chapters from different specialties.

Prof Pratima Murthy,  
Director, NIMHANS.

Date: 18/04/2022





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### MESSAGE

Life is an intricate combination of matter and spirit. While the body grows with age, our spirit must also grow. Food and exercise nourish the body and the spirit is nurtured in a space of love and enthusiasm. We are born with a sense of innocence, an innate sense of security and openness to connect with all life around us. Keeping our innocence, wonder and the sense of belonging with everyone alive as we grow through diverse bitter and sweet life experiences is the Art of Living.

It is nice to know that this book addresses the topic of healthy ageing from all perspectives - of body, mind and spirit. Congratulations to all the contributors.

With best wishes and blessings

*-Gurudev Sri Sri Ravi Shankar*

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# Acknowledgements by Editors

**Dr Vijaykumar Harbishettar  
(On behalf of Editorial Team)**

This is a public health education work published by NIMHANS from its VayoManasa Sanjeevani Initiative in collaboration with Indian Psychiatric Society Karnataka Chapter (IPS-KC).

Following declaration of this decade (2021 to 2030) as Decade of Healthy Ageing by the World Health Organisation in January 2021, it was felt that there was scope and need for creating awareness of health and social issues of the older adults.

We received 40 chapters covering range of topics, through invite, based on their expertise and interests in working with geriatric age group. The articles were written in simple language, some based on case-based discussions style and many others Frequently Asked Questions style. All the articles underwent peer review process, done by three experienced, renowned experts who are senior citizens themselves, suggesting revisions, amendments make it more readable. The Editorial Team also added sketches, drawings many done by or about older adults.

In my role as one of the Editors, I must mention that some Doctors/ Specialists/ Authors wrote and contributed, while they were ill, infected with Covid-19, family members including children ill and during or in between



their Covid Duties in Covid Wards or ICU. So, a special thanks to all the authors. Should this book reach many older people and their caring adult children, then this will mean mission accomplished. This book support the need for multi-disciplinary holistic approach to educate, prevent and manage health issues in older people.

Disclaimers: Authors have made attempts to simplify the ailments, issues commonly encountered in their specialty (and not exhaustive), with an aim to educate and for health promotion work only. The Authors and Editors advice to use the information as knowledge and for preventive reasons only. These information in no way to be used as substitute for attending and consulting your Doctors or Specialists/ Experts in other disciplines. Authors do not recommend self-healing or self-medication methods. Inspirational Quotes in the book are submitted by authors from the google search, to engage the readers.

Thanks to Mr Srinivasa Murthy, Ms. Jeena Sabu and Mr S S Hiremath for their support

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1. Professor Dr C R Chandrashekar, Hon' Consultant Psychiatrist, Samadhana Counselling Centre, Bengaluru
2. Mr Kantharaj ML, Managing Director, Animal Feed & Nutrition Co, Bengaluru
3. Dr Usha Vashtare, Founder, YogaKshema Rehabilitation and Wellness Centre, Bengaluru





Sketch by **Dr Yamini Devendran**,  
Consultant Psychiatrist, Bengaluru





### **Image of the Art Work:**

#### **A little about the Painting and the Painter:**

This is Gavi Gangadhareshwara temple (in Bengaluru) more than few hundreds of years back when it was above the ground level. Now it is at a much lower level. The valley-like space between the two small hillocks is the place where Vrishabhavathi river was flowing.

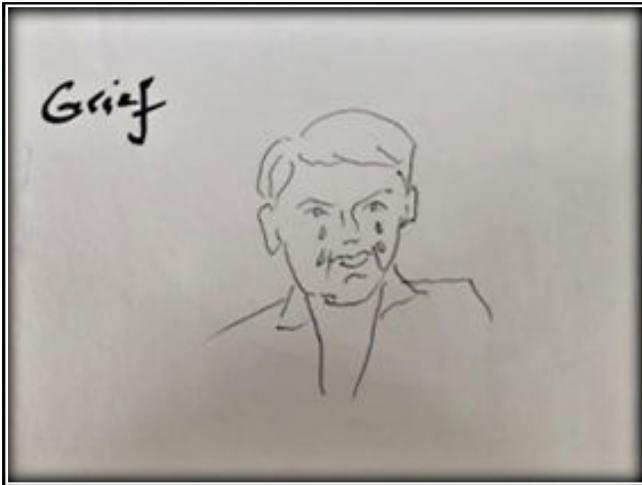
**Ms Vasantha Murthy** is a 81 year senior citizen and an active member of our Nightingales Elders Enrich-ment Centre, Malleswaram . She took to painting after retirement and actively took art sessions for elders at this centre.

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*This is an image of Painting of a Painting. The reference for Original Painting (<https://www.livemint.com/Sundayapp/X3uvXrojiRaPr31fhf6IQI/The-mysteries-of-Bengalurus-famed-Gavi-Gangadhareshwara-tem.html?facet=amp>).*

*(Above is submitted by Ms Swati Bhandary, Nightingales Medical Trust, Bengaluru)*





These sketches are drawn by  
**Dr Arun Arora,**  
Medical Practitioner and  
Older person with Early Dementia,  
who finds art helpful to express himself.

His work is submitted by  
**Dr Jayashree Dasgupta,**  
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## Stress and its Response

Dr Vasudha Rao

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‘It’s not how old you are, it’s how you are old’, said Jules Renard. While the relentless wear and tear on our body and mind is a given, we can certainly modulate how we choose to respond to life.

Stress is body’s adaptive response to an event or change. Stress can be internal, stemming from one’s own thoughts, beliefs and attitudes or external events like change, loss and tragedy. Old age is shown to bring unique challenges and key biological changes in functioning of body and mind. Positive changes (arrival of a grandchild) or negative changes (loss of a close friend), both can trigger a stress response.

**What exactly is stress response then?**

Under a possibility of a threat, brain



initiates what is popularly known as ‘fight or flight’ response. Under some conditions, ‘freeze or fawn’ response also can be elicited. It causes a surge in stress hormones like adrenaline, noradrenaline, causing increased heart rate, increased respiratory rate, and increased blood flow to the limbs, to facilitate ‘flight or fight’. Fortunately for us, there are no sabertooth tigers or woolly mammoths to run away from! Our stressors tend to be more chronic than an occasional appearance of a wild animal.

### **How does the stress of illness or loss of loved ones affect seniors, which alter our inner and outer worlds drastically?**

Any stressor which triggers a prolonged stress response can have detrimental effects, as the prehistoric programming of our brain is to tackle the stressor and then return to a relaxed state. Elderly citizens at risk for detrimental effects of stress are:

1. Living alone, no adequate social support from friends and relatives
2. Living in conflict ridden families with strained relationships
3. Are economically disadvantaged
4. Experienced recent losses of loved ones/ friends
5. Have progressive or chronic illness/ physical & mental disability
6. Have experienced head injury and brain damage
7. Two extremes: Lack of rest and lack of adequate exercise
8. Elders who are verbally, physically, financially and sexually abused
9. Neglect, no status, no respect



## What are the common stressors for senior citizens?

1. Loss and grief
2. Role loss (spouse, friends, work) and acquisition (grand parenthood, great grandparenthood)— mix of new demands and opportunities
3. Losses in physical capacity and reserve

A moot question arises at this point. If stress is part of a normal life and some stress is unavoidable, is there a necessity to consciously modulate our response to it? Unmitigated chronic stress is shown by studies to progress into depressive disorder, loss of memory and concentration, slower recovery from physical ailments, trouble eating and sleeping, poor self-care, use of alcohol, cigarettes etc.

It is shown to affect physical health too, contributing to cardiovascular disease, diabetes, hypertension, etc. Stress is also known to shorten telomeres in our chromosomes, like the plastic cap of shoe laces when worn out, causes shoe lace to fray. Shortening of telomeres accelerates the ageing process.

The goal of geriatric medicine is to not only prolong life, but to add years which have lively quality. We are coming of age in the sense that we, as a society, have begun our efforts to acknowledge our later years can be a stage of growth, fulfilment and wisdom. One couldn't agree more with Frank Lloyd Wright when he says, 'The longer I live, more beautiful life becomes'.

Effective management of stresses in later years contributes directly to physical and mental well-being, and succeed at the developmental task of elderly, that is to have a sense of accomplishment and meaning about their life, as posited by Erik Erikson, who first saw

ageing process as a developmental stage. During this stage, people reflect back on the life led, they come away with a sense of accomplishment over a life well lived or a sense of despair over a life mis-spent. A person harbors old sadness, unable to forgive themselves or others for perceived wrongs, dissatisfied with the life led. At any age, it is possible to reflect and work on the view we hold of life.

Now that the need to manage stress in later years is delineated, we could examine how to effectively do so.

1. First step to coping is to recognize one is stressed. If you have suffered a loss, struggling with an illness or a disability, feeling stressed is normal and not a sign of weakness.
2. Prolonged and persistent sadness or anxiety, loss of interest in previously enjoyed activities are not a normal part of being older. Seek help from a professional, in addition to seeking support from friends and family. Recognize that mental health needs are as important as physical health needs, in fact, they are not exclusive.
3. Stay active, mentally and physically. Exercise is the medicine which one doesn't have to pay for. Choosing the type of exercise is important. Any activity which one can do every day, preferably an activity one enjoys will be helpful. If one enjoys brisk walking and stretching, one can choose that. For others, it may be yoga or Tai Chi.
4. Mindfulness practice is helpful. To be here and now, and to be able to sit back and observe one's own feelings and thoughts is called mindfulness. Ability

to be mindful gets better with practice, like any other skill. It can be cultivated by practice, with as little as 5–10 min a day.

5. Relaxation exercises, breathing exercises and meditation practice also helps in handling stress.
6. Intentionality in one's relationships, like giving a car for service and daily maintenance at home keeps the car in good condition. Likewise close relationship, especially with one's life partner, one's children is an ongoing work throughout our lives. If there is a relationship problem, attempting to have conversations about it when both partners are calm is needed. It is important to try to listen to and understand one another. In case of long-standing conflicts, one may seek help of a mental health professional to resolve differences.
7. Maintain a regular and healthy diet and exercise schedule. Once retired, or when one loses a spouse, living alone may pose difficulty to stay motivated about healthy lifestyle. Stress may impede regular schedule, and lack of regular schedule may exacerbate stress. It may become a vicious cycle if uninterrupted. It is important to realise that we have an important responsibility towards self-care irrespective of the support system we have. We can interrupt the demotivation by doing precisely the things we are demotivated about.
8. Loneliness is difficult to endure, but not a death sentence, if we make efforts to handle our feelings, and make efforts to build and maintain a social circle in later years too. Seeking new friends, young and old is a fulfilling exercise.



9. Be aware of financial benefits offered to senior citizens. Keep track of your finances and properties. Be up to date with investments, taxes and legal particulars of your assets. Strive to preserve financial independence as much as possible.
10. Acknowledge that the world has changed for the future generation, and give them space to be themselves, to minimize 'generation gap' conflicts at home. Remember, You are always a source a wisdom when they seek it.
11. In case of persistent sadness, loss of interest and fatigue, seek help of a mental health professional to manage these symptoms.
12. No matter what is your health condition, you are always valued and regarded as a keeper of wisdom!
13. Divert your attention by involving in religious or spiritual activities.
14. One could consider becoming member of Voluntary Service Organisation.

As Victor Hugo said, “When grace is joined with wrinkles, it is adorable. There is an unspeakable dawn in happy old age”. How right he was!

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## Managing Chronic Pain

**Dr Vijayakumar M Heggeri  
& Dr Aparna S H**

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**O**lder people at some point in their life experience one or the other types of pain for long time, that is termed as chronic pain. It may be a joint pain, stiffness, bodyache, pain abdomen, headache, chronic irritation etc. Many times, pain may be severe enough to significantly hamper basic and daily routine activities. Minor activities like getting up, stepping forward, bending, going to wash room etc become very difficult without assistance. There are other associated multiple illnesses and there is chance to become dependent on multiple medicines (tablets) for their treatment. It is challenge for the treating physician to decide maintenance therapy for chronic pain.



### **What is chronic pain?**

An unpleasant feeling of physical irritation (pain) like throbbing, aching, stabbing, pinching, pricking or like a continuous mild headache type of pain which lasts for months to years is called chronic pain. Sometimes people may have to live with the pain for rest of their life if not diagnosed and treated appropriately.

Chronic pain may cause functional and emotional disturbances leading to drastic decrease in quality of life, and puts enormous burden and loss on economic status of the individual's family.

### **What are the causes of chronic pain?**

Causes of chronic pain include,

- Inflammatory (swollen joints) and degenerative ageing changes in the spine and various joints cause musculoskeletal disorders and arthritis pain. This type of pain is the commonest cause of chronic pain in older population.
- Pain due to neuronal irritation.
- Ischemic pain (caused to due to reduced blood supply), cancer pain etc.
- Problems in digestion, excretion, bowel and bladder dysfunctions also case chronic irritation and pain in elderly.
- Inter-vertebral disc bulge with Spinal cord and nerve compressions, vertebral fractures etc are common causes of chronic pain and discomfort in older women
- Masked Depression/ Somatisation disorder

**How does it affect people's lives?**

Chronic pain adds more to the sufferings of already compromised health status in old age. Other age-related physiological changes like loss or reduction of function of brain, heart, gut, liver, kidney etc. contribute for chronic pain. Associated chronic illnesses like Diabetes, COPD, heart, liver and kidney diseases make the whole scenario more challenging to treat. Chronic pain may be very much disabling. Many older people think that there will be no treatment and that they have to adjust with it and somehow lead the life. This may lead to decreased appetite, reduced concentration, lack of interest, disorientation, repeated falls, sleep disturbances, depression, confusion, agitation, and cause overall decrease in quality of life.

**What is generally done in pain clinics?**

Along with the primary treating physicians, multi-modality approach is followed in evaluation of chronic pain. The team of many specialists including geriatric experts, orthopaedic surgeons, anaesthesiologists, psychiatrists, other specialists such as physiotherapists etc will also be involved in systematic evaluation, diagnosis and management of chronic pain. This helps the patient in getting appropriate remedy for his long standing suffering.

**How is pain rated and assessed?**

Since intensity of pain is subjective perception of the person suffering, it is difficult to accurately assess the severity of pain.

Ageing process, associated chronic illnesses, impairment in hearing and vision collectively hamper

their ability to perceive and express pain effectively by older adults. This makes assessment of pain more challenging in elderly.

Available methods/ scales to assess pain are

- a] Visual analogy scale (VAS); Assessed by asking the patient to mark a place on a scale that fits with severity of their pain.
- b] Numerical rating scale. Assessed to number the severity from 0 to 10
- c] Verbal descriptor scale
- d] Faces Pain Rating Scale etc.

The verbal descriptor scale is a simple method commonly used in elderly to assess pain. It permits patients to use common words to describe what they are feeling.

### **What are the complications of chronic excessive pain?**

Chronic excessive pain in elderly can be severe and unbearable. It restricts daily activities of the patient and compels the family member to attend to their needs on a daily basis for a prolonged time. It can cause a myriad of family sufferings as due to non-availability or non-affordability to get house help, maids, reluctance of elderly to co-operate to get assistance and medical help, in fact one can say it to be a major family issue.

At one extreme, the nearest relatives may not able to care for the elderly at this stage. The older adults suffering the chronic pain and other clinical illnesses will not be able to take care of themselves, they will deteriorate further in health and suffer depression or anxiety too.

At the other extreme, dedicated family member



(caregiver) may even give up their job in order to take care of their dear elder family member.

A well-balanced approach by medical, social, and economic means is required to maintain the normalcy of the situation. Consider trained caregivers to provide personal supportive care at home.

### **Are these three; pain, sleep and depression linked?**

Elderly patients with chronic pain many times suffer from sleeplessness due to intolerable pain leading to day time drowsiness, anxiety. Many think that there is no treatment and they have to adjust with it and somehow lead the rest of their life along with pain. The vicious cycle of Pain, Sleep and depression is called 'Unhappy triad of chronic pain syndrome'. One of the three when becoming severe, worsen the severity of the other one or two, and therefore may require identifying all the three problems. Improving any two may improve the other two problems.

### **What are the tests done to assess causes of chronic pain?**

Your doctors will examine and assess carefully all the organ systems, and ask for specific laboratory and radiological tests to find the cause and severity of pain and to provide appropriate treatment as required. The tests may include complete physical examination, blood tests, ECG, Endoscopy, X-Ray, CT scan or MRI scan, nerve conduction studies. Even surgical procedures like diagnostic laparoscopy, urethroscopy, cystoscopy etc may be asked, if necessary, as per the guidance from your treating doctor.

## **Pharmacological management options for pain**

Various types of drugs are available to treat chronic pain. But their action last for few hours and has to be taken frequently. they tend to take it for long period which may lead to its side effects like kidney or liver damage, stomach ulcer, drug dependency, constipation etc. Hence, a registered medical practitioner prescribes these, who will keep a constant vigil on it.

**For mild to moderate pain:** the most commonly used are non-opioid analgesics like diclofenac, ibuprofen, etoricoxib etc are used. Paracetamol, the drug used to reduce fever has mild analgesic effect and can be taken during emergency, but one must consult Doctor.

**For severe pain like cancer pain:** Opioid analgesics like codeine, morphine, pethidine, fentanyl etc under careful supervision by doctor may be prescribed. One must be aware that Opioids may cause drug dependency, constipation, breathing difficulty due to respiratory depression.

**For nerve pain or fibromyalgia:** gabapentin, pregabalin, which act on brain pain receptors, anti-epileptics (medications for fits) like carbamazepine and some antidepressants like tricyclic anti-depressants like amitriptyline or occasionally so called SSRIs or SNRIs may be considered by your specialist to alleviate pain.

**In localized severe acute pain:** some so called emollients for local application with non-opioid analgesic mixed with capsaicin (counter irritant) is used.

**For muscular and bone pain:** Non-opioid analgesics with muscle relaxants like serratio-peptidase, chlorzoxazone may be effective.



Treating physicians should be skilled and trained enough, with a knowledge of different pain mechanisms of chronic pain. They also must have the knowledge of multi-modality treatment to diagnose the case and to initiate precise treatment. It is also essential to individualize the treatment.

Alternate therapies along with pharmacological treatment include change in behavior and lifestyle, acupuncture, yoga etc are also to be considered.

The common approach to help relieve mild to moderate pain is to start with paracetamol and similar medication, by your General Practitioner. If this is inadequate, in case, if there is sleep deprivation or insomnia, then your doctor may prescribe you one of the antidepressants with analgesic properties. For neuropathic pain or fibromyalgia, then one of the higher-level pain medications such as gabapentinoids may be prescribed. When these above options have been tried, but the pain has not relieved, then an opioid analgesic may be needed. For moderate to severe pain, long term use of opioid medication may be recommended by your doctor with frequent monitoring for adverse effects. Sometimes those medications which makes the muscles relax and topicals (local application) may also be appropriate as single medication or in combination.

(ps: These medications being named here are for information and one must instead of self-medicating seek consultation from your family doctor to begin with)

### **Surgical options in pain management**

Most chronic pains are vague and involves most parts of the body and respond to medical management.

In rare cases of chronic pain which can be localized



like vertebra fractures, disc compressions, tumors, bowel and bladder dysfunction due to tumor compression can be treated by specific operations.

As some elderly who are terminally ill and have many co-morbid illnesses from which they are ineligible for specific surgery, their chronic pain is one of the important problems which has to be treated with specific analgesics like opioids as part of palliative care to keep them pain free and comfortable. Other modalities like Epidural infusions for pain relief, nerve ablations are also available.

### **Non-pharmacological management of chronic pain**

This is very simple and is patient based. First step is to understand the patient's interests and disinterests and any effort to make them happy should be considered. As we all know feeling happy, increases pain threshold and improves pain tolerance.

Some examples include,

- availability and dedication of near and dear ones,
- Lifestyle modifications
- Music therapy, Yoga, Meditation
- Spiritual and religious and activities
- Psychological talking treatment measures like behavioural therapy and Hypnosis

### **Role of Psychiatrist in pain management:**

Psychiatry is one of the emerging fields in managing elderly with chronic pain which invariably is associated with depression, anxiety, associated social and family conflicts. All these can be efficiently managed by



psychiatrists who provide cognitive behavioral therapy, psychotherapy, family counseling etc.

## Recommendations

- Do not neglect any type of long-standing pain; Seek medical help immediately
- Do not hide your problems including pain from your family members or caregivers; ask them request them to take you to a doctor
- Do not self-medicate especially with pain killers as it may cause severe problems like kidney damage, stomach ulcers
- Adopt healthy lifestyle like healthy diet, exercise
- Avoid tensions and worries
- Have regular visit to your doctor who can perceive your problems best possible and provide appropriate medications
- Take prescribed medications regularly; do not skip them as per your will or somebody's advice

---

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## Gait, Balance and Falls

**Prof K Pearlson**

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**T**oday around 125 million people are in the age group of 80 years and older who are at risk of falls. While some elderly enjoy good health and functioning others are frail and require significant attention.

According to a recent Study, around third of the elderly people fall each year. Ageing is associated with a reduction of the functional and physiological capacity of the musculoskeletal and nervous system which significantly affect the daily lifestyle.

### **Causes and Effects of Falls:**

<b>Causes</b>	<b>Effects</b>
<b>Musculoskeletal impairments:</b> <ul style="list-style-type: none"> <li>• Osteoporosis.</li> <li>• Muscle weakness</li> <li>• Ligament injuries</li> <li>• Osteoarthritis</li> <li>• Age – related degeneration</li> </ul>	<b>Physical trauma:</b> <ul style="list-style-type: none"> <li>• Fractures.</li> <li>• Concussions.</li> <li>• Contusions.</li> <li>• Life threatening injuries to brain.</li> <li>• Hemorrhages which leads to death</li> </ul>



<p><b>Neurological impairment:</b></p> <ul style="list-style-type: none"><li>• Cerebrovascular accidents (CVA).</li><li>• Seizures.</li><li>• Parkinsonism</li><li>• Cerebellar disorders that hamper balance and coordination</li><li>• Polyneuropathies</li></ul>	<p><b>Mental trauma:</b></p> <ul style="list-style-type: none"><li>• Fear of fall due to past memory of fall.</li><li>• Lack of confidence.</li><li>• Depression.</li><li>• Loneliness.</li><li>• Self-isolation.</li></ul>
<p><b>Cardiovascular impairments:</b></p> <ul style="list-style-type: none"><li>• Arrhythmias</li><li>• Ischemic heart disease</li><li>• Congenital heart disease</li><li>• Vertebro basilar syndrome</li></ul>	<p><b>Social effects:</b></p> <ul style="list-style-type: none"><li>• Lack of financial aid.</li><li>• Lack of family support.</li><li>• Lack of awareness about government schemes for elderly.</li><li>• Transportation barriers (improper hand railings, improper seat height, improper step height etc).</li></ul>
<p><b>Nutritional and Endocrinal impairment</b></p> <ul style="list-style-type: none"><li>• Malnutrition.</li><li>• Anemia.</li><li>• Vitamin deficiencies (vit D, Vit B12 etc)</li><li>• Hypothyroidism.</li><li>• Hyperthyroidism.</li><li>• Diabetes</li></ul> <p><b>Psychological impairment:</b></p> <ul style="list-style-type: none"><li>• Dementia.</li><li>• Alzheimer's disease.</li><li>• Schizophrenia.</li><li>• Confusions.</li></ul>	



- Paranoia.
- Psychosis
- Anxiety
- Depression

**Pharmacological:**

- Medicine side effects (drowsiness, confusions, weakness etc).
- Lack of follow ups for updating their medications.
- Self – prescription of medicines.

**Visual impairment:**

- Cataract
- Glaucoma
- Visual field deficits
- Failure to update their eye glasses

**Contextual factors:**

- Dim lighting
- Old or ripped rugs on floor
- Slippery floors
- Improper footwear
- Inappropriate infrastructure for elderly
- Ill-fitting of assistive devices (walker frames, sticks etc)

**Strategies for fall prevention:**

- Attention to the physical health by focusing on regular exercises to increase strength of muscles and bone thereby improving balance which boosts the confidence in elderly.



- Regular follow-up with the Doctor regarding the dosage and side effects of medication to overcome the side effects such as dizziness.
- Eye care by timely visits to eye doctor for updating their eyeglasses to maximise their vision.
- Making the home and environment safer for elderly by reducing tripping hazards which can be achieved by installing railings and grab bars for support, making the anti-slippery flooring, adequate lighting in the house and near the staircase, clearing the cords and other obstacles lying in the house, signages with bold and dark letters to be used, installing elevated toilet seat, keeping the frequently used household items at reach level, timely checking of the walking aids like cane, walker etc, wearing appropriate footwear with firm non-slippery soles with flat heel.
- Taking care of the diet which includes calcium and vitamins.
- Adequate exposure to sunlight for good bone health.
- Choosing healthy and active lifestyle over sedentary, can increase the life expectancy.
- Routine Health check-ups for vitals, blood sugar levels, hypertension, cholesterol levels, thyroid, vitamin D deficiencies etc needs to be done regularly.

### **Role of Physiotherapists:**

Physiotherapy plays a vital role in enhancing the integrity of the musculoskeletal, cardiovascular, Neurological systems in elderly population by educating them to improve their strength and balance which boosts their confidence so that they can experience active

lifestyle. Physiotherapy can be started as early as in ICU (after a fall) and to be continued until and after the recovery for a safe and healthy lifestyle. Physiotherapy needs to be carried out for prevention of falls as well as to help the elderly after a fall for better outcome.

### **Physiotherapy Assessment for Geriatric:**

It is a holistic assessment designed to evaluate the functional ability, physical health, cognition, mental health, and socio–environmental circumstances in the elderly population.

Screening of older adults is done by taking detailed fall history, risk factor assessment including osteoporosis, cognition, mental health by using the scales such as:

- Cognitive assessment (by using scales like MMSE–Mini Mental State Examination). In the Cognitive assessment they usually check for memory (recent and past memory, language, comprehension).
- Berg Balance Scale (it mainly assess the individual's static and dynamic balance abilities).
- Equilibrium and Non – Equilibrium tests (it tests the co–ordination of an individual).
- Timed Up and Go (TUG) Test (mainly used to measure balance and probability for the falls in elderly population).
- Tinetti balance assessment and many more evaluation test.
- Dynamic Gait Index (DGI–it assesses the gait).

### **Physiotherapy management:**

#### **Goals:**

- Boosting confidence and removing the fear of fall.



- Improving the overall strength.
- Improving the endurance.
- Educating regarding the strategies against the prevention of falls.

**Rehabilitation:**

A Physiotherapist conducts a brief screening of fall risks, & if the screening shows that the individual is at risk, then the physiotherapist will do a thorough evaluation and design a protocol for the same.

**Intervention:**

Stretching exercises: Adequate muscle flexibility is required to perform the activities of daily living. Stretching exercises needs to be included both in the warm up and cool down sessions of an exercise programme to prevent muscle soreness and improve flexibility.

At least 15 minutes of stretching should be done twice in a week for a better flexibility and posture. While stretching keep in mind that you need to take a deep breath and slowly breathe out while stretch, and hold the stretch position for about 30 seconds as the muscle is pulled but not to the point of pain.

Stretches can be done in a seated position for the neck muscles, shoulder muscles and chest. It is necessary to stretch the legs and back muscles before you go for a walk.

Aquatic therapy: It includes a variety of exercises in warm water that helps in reducing the anxiety, enhances the mood, also provides natural resistance, and loads the joints with the property of buoyancy to lessen the pain on joints.

With the help of aquatic therapy, the elderly people can perform the exercises with ease that was difficult to



perform on land, which in turn boosts their confidence level.

The aquatic therapy nowadays is well equipped with the safety measures (like grab bars, pool noodles, tubes etc) and upgraded with adding treadmills, virtual reality training (VRT), fun games incorporated in the form of exercises for elderly to perform under the supervision of the Therapist.

Otago Exercise Program: for reducing the falls in Elderly. It has 17 exercises, out of which 5 are strengthening exercises and 12 are balance exercises with a walking programme. It involves 30 minutes walking session which can be divided into three 10-minute sessions. It is performed 3 times in a week in a group or independently. Based on the person's strength the exercises can be progressed by increasing the repetitions or by increasing the resistance (by adding weights on ankle—such as ankle cuffs).

**Balance training:** It is an effective part of falls prevention.

When planning a protocol for elderly the physiotherapist will design the exercises in order to challenge the person's ability to balance so as to recover from the inability to balance.

### **Example:**

- Single leg standing (initially begin with a support from a solid object then slowly limit the support), stand on one leg and hold the position as long as possible.
- Tandem walking/standing (Standing or walking from heel to toe)

- Standing/walking on different surfaces (start the exercises on firm surface then slowly progress onto the foam surface, gradually increase the difficulty)
- Wobble board balancing
- Walking over obstacles
- Side walking
- Backward walking
- Standing on toes
- Marching in a place
- Squatting with help of swiss ball and maintaining the position

And many more exercises that challenges their balance.

### **Strength training:**

Individualized strengthening protocol to the focused group of muscles with help of manual resistance, therabands, weights with 10 repetitions of 3 sets, thrice a day and then slowly progress to 20 repetitions and so on.

Body weight exercises can also be incorporated for strength training which includes exercises like wall push-ups, bridging exercise in lying position, inclined planks with care, squats, lunges etc.

Pilates on mat can also be included for strength training in elderly with a customized pilate exercises under the guidance of a pilate instructor where the programme is designed for individual's needs.

Endurance training: endurance is the ability to withstand and carryout the task without easily getting fatigued.

It is achieved by aerobic exercises, treadmill training, jogging, swimming, cycling etc endurance training with recreation gives good outcomes. It seen commonly in elderly population that they get easily fatigued with little work, that is due to lack of endurance training in them. Hence, to improve their quality-of-life endurance is necessary.

At least a 30-minute endurance training in the form of jogging, cycling etc has to be performed by the older population most of the times in a week in order to improve their endurance.

**Fear management:** Fear is a major factor which impacts the elderly who are at risk of fall. It is necessary to take out the fear in them by proper counselling.

It is important for you to talk to your physiotherapist regarding fear of fall as the physiotherapist helps to boost confidence. Also education regarding falls prevention strategies need to be given for both elderly as well as their caregivers.

Relaxation techniques like yoga, soft music, tai chi, deep breathing exercises, aroma therapy, meditation, etc can be taught to elderly to overcome anxiety and emotional stress. As they say “a sound mind in a sound body”, once their mind is relaxed, they will overcome the fear and be able to focus on the physical health.

**Co-ordination exercises:** in order to carry out the daily activities like combing, brushing, self-care etc, there should be coordination between the mind and body to perform the task smoothly. Therefore, the co-ordination exercises help the elderly to have smooth uninterrupted movements.

**Here are few exercises to improve coordination:**

- Finger to nose exercise.
- Finger to finger exercise.
- Moving the hands in circular motion; first in clockwise direction and then in anticlockwise direction simultaneously using both hands.
- Tapping the foot on floor, and making circles with foot in clockwise and anti-clockwise direction simultaneously with both legs.
- Frenkel exercises: This is done by keeping markers on floor and asking them to touch with feet on command.

A Physiotherapist always guides you for early rehabilitation in ICU and hospital stay; as well as train you at your home convenience by home visits and guide you to make your home as safe as possible, and keeps improvising and designing an individualized plan for your fall – prevention needs.

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*To keep the heart unwrinkled, to be hopeful, kindly,  
cheerful, reverent—that is to triumph over old age.*

**—Thomas Bailey Aldrich**

*To me, old age is always fifteen years older than I am.*

**—Bernard Baruch**





## Loneliness; A Silent Suffering

Dr Jayashree Dasgupta

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### Understanding loneliness

A recent on survey by Agewell Foundation of 15,000 participants across 300 districts in India reported that 47.5% of elderly people reported being lonely. Loneliness is a sense of deep-rooted feeling of sadness or emptiness when you want to connect or be with someone, but cannot do so. We all feel lonely sometimes and are more likely to experience loneliness as we grow older. Loneliness is often accepted as being an inevitable part of ageing without realising the detrimental impact that it can have on physical and mental health. It is essential to identify when loneliness is having a negative impact on our lives and plan effective ways to overcome this.



## Some facts about loneliness

- About 6% of the elderly population above 60 years live on their own without the support of friends or family (Longitudinal Ageing Study).
- People who are lonely are more likely to have difficulty managing daily activities, with nearly 60% risk of decline in ability to manage basic activities like bathing, toileting and feeding
- Loneliness is associated with a 40% increased risk of dementia
- Loneliness is associated with increased risk for mental health problems like depression and anxiety. In India, 77% elderly with depression report feeling lonely (as found by Grover and colleagues in 2018)
- Loss of social relationships and loneliness have been associated with a 29% increase in risk for heart disease and 32 % increase in risk of stroke (as per review by Valtorta and colleagues in 2016)
- Loneliness is also an independent risk factor associated with death (Rico–uribe and colleagues in 2018)

## The example of Ms A

Ms A is a 73–year–old retired school teacher. She was an energetic person who enjoyed her work and socializing prior to retirement. Her husband died two years ago following a battle with cancer, and she has been living alone since then. She has arthritis but is able to manage all activities by herself. Her younger daughter lives nearby and visits whenever she can, while her elder daughter is settled in another city. Since the past one

year, Ms A has been experiencing difficulty in walking due to increased pain. As a result, she has stopped going to the temple where she was a member of the ladies kirtan group. She has also stopped going for morning walks with her friends and instead, prefers to do some exercise or yoga at home. She avoids going to the local market and relies on the door-to-door vegetable vendor for groceries. Previously an avid reader, Ms A has been experiencing difficulty with her vision, but hasn't mentioned this to her daughter yet. She feels her daughter has enough on her plate managing a full-time job and taking care of her family and in-laws. Ms A doesn't want to trouble her unnecessarily and keeps herself occupied watching TV serials. As a result of this, her sleep during the night is disturbed and she feels drowsy during the day. Her elder daughter notices that her mother is calling less frequently and seems quieter. She begins to wonder why her mother is trying to avoid her and raises this concern.

Learning from Ms A – Impact of Loneliness on physical and mental well-being

Ms A was an active and independent person prior to retirement. Her husband developed cancer and she became occupied caring for him until his demise. Within a couple of years, she has gone from being a busy school teacher to losing her spouse and living alone. Retirement, loss of a spouse and living alone are significant changes in her life that have reduced her social network leading to loneliness.

Although she continues to be independent, physical ailments, have further impacted her social interactions. By not going to the temple, avoiding walks with her



friends or going to the local market, she is becoming more isolated. She is also reducing activities that were part of her daily routine which she would look forward to, further leading to a loss of motivation. Although, the TV has become her constant companion, this is not a substitute for social interaction. Inter-acting with people is essential for our psychological well-being and reduces loneliness by making us feel valued and loved. Ms A has become withdrawn by not talking to her daughter, and has stopped sharing her problems for fear of becoming a burden, indicating this has already started to impact her psychological well-being.

If this continues, Ms A will be at greater risk for depression, and may neglect her physical health leading to other complications. Already, she is delaying an eye check-up which could lead to further deterioration in her vision that will affect other daily activities. In the long run, this could impact her ability to live independently and her self-confidence.

### **How to recognise loneliness?**

Common life events such as retirement, loss of a spouse and peers, or change in living environment can lead to feelings of isolation; and it is not always obvious when someone may be feeling lonely. Here are some signs to recognise loneliness:

- Becoming withdrawn or communicating less
- Changes in frequency of phone calls
- Avoiding going out and spending more time in one room
- Reduced motivation for activities previously enjoyed

- Difficulty following a routine
- Disturbed sleep
- Changes in appetite

Ways to overcome loneliness/help someone overcome loneliness

As we age, several life changes are inevitable, but there are things which can be done to overcome feeling lonely and minimize the detrimental impact that loneliness can have on mental and physical health. Whether you feel lonely, or notice the signs in someone you know, here are some things which you must do:

### 1. Remain socially connected

Social isolation is one of the most common reasons for loneliness and it is important to make efforts to remain socially connected as we age.

- **Plan for your retirement** – Colleagues from work form a major part of our social network during years of service and retirement can lead to a void. Remaining in touch with former colleagues helps us feel connected with this part of our life.
- **Widen your social network** – Only 5% elderly above age 60 are members of a social or community organisation. Getting involved local organisations, NGOs, voluntary groups or senior citizen clubs are a great way to build new friendships and do something for the community
- **Meet family/ friends** – Try to meet regularly with family and friends. Spending time with loved ones is a source of joy and important for psychological well-being



- **Leverage technology to remain socially connected** – It may not always be possible to physically meet with friends or relatives due to distance, lack of transportation or health issues. Keep in touch via phone/ video calls.

## 2. Get regular health checks

People who are lonely tend to neglect their physical health which increases risk for many illnesses including heart disease, stroke, depression and dementia.

- Regular medical check-ups – if you have any medical condition continue with regular reviews to minimize future complications.
- Do not neglect sensory deficits – loss of hearing and vision can make one feel lonelier and cut off from the world. Use of a hearing or visual aid can help reduce this.
- Mental health is important – Loneliness is associated with increased risk for anxiety and depression. If low mood is persistent or you continuously feel very anxious and it interferes with your daily routine, it is important to meet a mental health professional who can guide you further.

## 3. Focus on self-care

Loneliness is associated with loss of motivation and decline in functional ability.

- Follow a routine – maintaining a routine provides structure to the day that allows daily activities to be incorporated in a planned manner. This



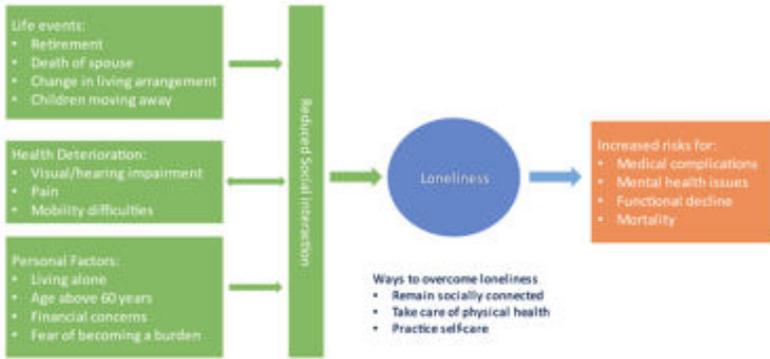
provides a sense of control and purpose which is important.

- Exercise regularly and sleep well – if possible, join a group or class which helps to keep you motivated
- Eat a balanced diet – many older adults who live alone find it difficult to cook or buy groceries and do not get adequate nutrition.
- Ask for support – If it is difficult to manage domestic chores/activities, request for help from friends/neighbours/relatives or get additional support for domestic chores.

## Summary/Conclusion

The figure below describes the relationships between loneliness and negative impact on health and wellbeing. As we age, several life events such as retirement, loss of a spouse and peers, as well as deterioration in health may not be avoidable. These may lead to social isolation and loneliness. Although loneliness itself is not a disease, the harmful effect that it can have on physical and mental health is enormous. Loneliness often goes unnoticed by family, friends or the elderly themselves, and therefore it is essential to recognize when someone may be vulnerable to loneliness. Luckily, simple efforts like making attempts to remain socially engaged by increasing circle of friends, or speaking with family over phone/video calls, and practicing self-care can go a long way in changing the harmful course of this silent illness.





**Image: Relationship between Loneliness and Well-being**

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*I don't believe one grows older. I think that what happens early on in life is that at a certain age one stands still and stagnates.*

**-T. S. Eliot**

*Whoever, in middle age, attempts to realize the wishes and hopes of his early youth, invariably deceives himself. Each ten years of a man's life has its own fortunes, its own hopes, its own desires.*

**-Goethe**

*It's not that age brings childhood back again, Age merely shows what children we remain.*

**- Goethe**



## Health Planning after Retirement

**Dr Shiva Shanker Reddy**

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**R**etirement is defined as “withdrawal from one’s position or occupation or from any active working life.” Retirement is a significant social life event that means it has a lot of impact on one’s life. All the years of hard work will come to an end in the form of retirement on one fine day. The age at retirement in the public sector varies across the states in India. The difference in age of retirement also depends on where one is working in the public or private sector.

There is an estimation that 10 million employees in Central Government service will retire in this decade. This figure will be much larger if we include employees in state government and the



private sector. According to a report, almost two-thirds of the elderly age 60 and above are currently retired.

### **Stages of Retirement:**

In 1976, Robert Atchley proposed five stages of retirement during the transition and post-retirement life. 1) The first stage is the 'Honeymoon Period' that is characterized by cheerfulness where an older adult enjoys their new freedom of time 2) 'Disenchantment stage' where the individual is experiencing emotional let-down, as they face the reality of everyday life in retirement; 3) third is the 'Reorientation stage' where older adult becomes realistic of socio-economic opportunities and constraints of retirement; 4) The 'Stability phase' occurs when one have achieved certain accommodation and adjustment to retirement; and 5) The last is named as 'Termination' which denotes the eventual loss of independence due to illness and disability.

### **Usual changes after retirement:**

After retirement, there are many changes a retiree experience in his daily life. First is loss of a structured daily schedule which been carried out for three or four decades. Second is, loss of companionship in the form of friends and colleagues at workplace. Third is decreased regular income and financial resources. Fourth is, loss of status, social identity and power which one possesses as part of his job. Fifth is, often transferring the family head position and change in power status in the family. Sixth is, decreased sense of purpose or self-worthiness in life after retirement.



**Psychological issues after retirement:**

The changes as discussed earlier happening after retirement will have a significant impact on the mental and physical health of older adults. The psychological issues that often emerge after retirement include boredom, isolation and loneliness. More seriously few individuals may develop sleep disturbances, anxiety and depression. Due to lack of stimulation to their minds, one might face a reduction in their cognitive (memory-related) reserve. The physical health problems in the post-retirement phase include developing obesity, worsening of existing chronic medical conditions due to more sedentary lifestyle with decreased motivation to continue a healthy lifestyle.

**Evidence on the impact of mental health after retirement:**

Many are of the view that job-related active phase of life as stressful period. This is due to the fact they have to deal with professional commitments, deadlines, daily hassles related to work and at the same time has to manage the personal life. Considering these issues in the pre-retirement phase, it is natural to feel, retirement phase is stress free and a period which gives older adults a lot of freedom. So, going by this in retirement period there should be positive impact on mental health.

Taking into consideration, the psychosocial changes in the post-retirement phase, it is difficult to generalise whether it has negative or positive impact on mental health. This is also evident in the research studies.

In the studies done in the western world among retired older adults, there was improvement in stress level and positive impact of mental health. Whereas,

research studies from some Asian countries reported that retirement has a negative impact on mental health. This could be due to cultural differences that exist in the western and eastern societies. In our culture, doing a job or associated with a responsible position is seen as purpose, pride, disciplined life and brings status to the person and family.

### **Planning for post-retirement life:**

Pre-retirement planning must focus on goal-oriented behaviour. This enables retired people to develop a realistic expectation of the changes that can happen during transition period. The planning could be related to financial, health, social life and psychological. We focus more specifically on health and psychosocial planning.

### **Health planning:**

Generally, some individuals believe they are old and their interest in physical activities and exercise may decrease. Physical inactivity is the leading cause of poor physical health and disease in older adults. People who are sedentary in late life have twice the risk of developing health problems compared to those who have good physical activity.

### **Points to maintain physical health after retirement:**

- Maintain regular physical activity. It is recommended to have 150 minutes of moderate physical exercise per week or 30 minutes every day for 5 days a week.
- Range of physical activities: walking, jogging, outdoor sport, swimming. To keep these interesting

older adults are suggested to plan for physical activities that can be done in groups.

- YOGA: Yoga is a body–mind activity. It is known to have multiple benefits on physical health. There are forms of YOGA which are modified for senior citizens keeping in mind their limitations.
- Regular physical health check–ups with one’s family physician help in monitoring the chronic medical illness and picking up any illness at an early state.
- People during the pre–retirement phase have to plan to choose a family physician or their nearest health centre closer to where they live after retirement for short or long–term treatment
- Taking medication, as prescribed for long term, could reduce complications promoting health. Procurement of essential medication and regarding its finances on monthly basis can be planned during the pre–retirement phase
- Regular check–up for their vision and hearing. Necessary corrections for any impairment in the preretirement phase will help to maintain older adult participation in activities

### **Planning related to social life:**

- Retirement is associated with many transitions in social life. Planning is necessary to make smoother transitions in these aspects.
- Planning related to living arrangement and place is an important one. This can be very varied depending on one’s preferences. However, one also need to keep in mind the accessibility to essential services while choosing a place to live.



- Another important transition is change in the power dynamics and position in the family after retirement. Instead of rapid transition, one can plan during the preretirement phase about their roles in the family. There can be gradual transfer of responsibilities and roles to their off-spring/ children.
- People usually lose contact of friends and colleagues at their workplace after retirement. It is important to keep social networks active. Social media and digital platforms can be utilised to keep social networks active after retirement.
- Joining a social group, non-profit organisation and involving in community activities are known to enhance self-esteem, purpose of life and self-worthiness. Persons in the pre-retirement phase can plan to join these activities.
- Organizing a family meet, lunch or family outing periodically will promote the social connectedness among the older adults.
- Plan to learn a skill, art, instrument or activity whichever one's feel close to their passion. This helps to keep oneself engaged, increase social network and satisfaction.
- Many older adults after retirement prefer to work. Older adults can take up a part-time job or less demanding job or honorarium-based work to share their knowledge with the younger generation.
- Spend time with children/grandchildren. Engaging kids and doing joint activities will rejuvenate one's health.
- Taking care of pets or spending time with pets is another activity people can do after retirement. Pets



are known to provide companionship and evoke positive emotions.

### **Planning to maintain/promote Mental Health:**

Mental health is an important aspect to keep overall well-being in late life. The changes in several domains during the transition phase of retirement and post-retirement can have negative impact on mental health. Here are few measures older adults can do to preserve their mental health after retirement.

- Ensuring adequate sound sleep
- Structuring their daily activities as per their preferences
- Continuing their hobbies, leisure activities and passions after retirement
- YOGA is known to promote mental health. YOGA has multifaceted beneficial effects on mental health. Older adults keeping their cultural values in mind can choose YOGA
- In people with pre-existing psychiatric illness, older adults are advised to consult their respective psychiatrist regularly. One may need to adjust the dosage of medication after 60 years

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## Catching Up with the Technology

Dr Swarna Buddha Nayok

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**T**echnology has now become a part of us. Keeping the risk–benefit debate aside, we cannot deny that technology is not important for us. However, the elderly population is often quite away from it, by themselves or by us. While teenagers are born in it and moulded by it, and the current middle–aged population has adapted to technology, it remains elusive for our seniors. Telling an elderly people that they have to now learn new things about technology is frustrating for them as well for us. The importance of technology in old age, the ways to increase digital literacy and the barriers and challenges to it are discussed below.



### Case 1:

*“Technology is the campfire around which we tell our stories.” ~ Laurie Anderson*

Mrs A has retired about 10 years back and now lives in her deceased husband’s ancestral home. Her sons and daughters are doing well in different cities across India. She spends time supervising agricultural work and is cared for by some helpers. Although not alone, she feels lonely. It has been years since she has seen her children and grandchildren. A routine weekly phone call from them is what she awaits. When she narrated this, her caretaker found it funny, and told her video calls are now the new normal. She showed her in her smartphone how with a few clicks she could see everyone she longed to. Mrs A quickly became familiar with the technology and now her granddaughter is going to tell her which smartphone to buy in the next video call!

This is one of the major concerns in the geriatric age group. Loneliness often builds to depression and anxiety and they are rendered helpless. It is also difficult to travel more often to meet the beloved once, and the grand family reunions are restricted to important festivals, maybe twice a year. This need not be the case if the elderly person is showed how easily video calls can be used. This removes the feeling of being left out, and seeing their family and interacting with them keeps a person satisfied. All smartphones now come with video call options, and numerous apps are there to help (WhatsApp, Skype, Zoom). These are often deliberately user friendly, and requires no more than a few clicks. Entertainment is often easily available by apps (SonyLiv,



Hotstar, Netflix) and reduces the further feeling of loneliness.

### Case 2:

*“We don’t grow older, we grow riper.”*

~Pablo Picasso

After his second heart attack in the last six months, Mr R is now more worried. He can choose to stay with his son in another city, but for how long? There is not enough space for Mr R and his wife too. Being with his son will be helpful in case of medical emergencies, especially the slowing of heartbeat that the doctor warned him of. In consultation with helping organisations, his son gave him a weird-looking watch that he should wear daily. This was a wearable sensor monitoring his heart rate and other vitals, conveying the data in real-time and was stored. Any abnormality would be detected and the son will be warned. By now, Mr R in his late seventies has found a dependable lifeline in his black weird watch.

A vital area where technology is helping is to make healthcare more accessible. Visiting doctors is often necessary but cumbersome for the elderly. Everyday monitoring of vitals and health conditions is important as it helps to get early treatment for emergencies. Wearables that measure health-related statistics are automated and easy to use, relaying information in almost real-time to family members and doctors. This makes monitoring much easier and probably less expensive. Numerous apps help to monitor sleep, food intake, heart rate, respiration, eye vision and what not (AliveCor’s Kardia, Viatome Checkme Pro, Magnifying Glass + Flashlight, Dozee, Google Fit).



### Case 3:

*“Anyone who keeps the ability to see beauty never grows old.” ~Franz Kafka*

Mrs S never really understood what her teenage grandson did all the time on phones. She found it distracting. When the grandson wanted to get a new smartphone for himself, the biggest challenge was to make the 65-year-old Mrs S agree to it. Determined to show the utility of the phone, he waited for his opportunity until one day an old friend of his grandmother was in emergency and wanted some money. With no one at the house to go to the bank, Mrs S was distraught, until her grandson opened a banking app and with ease helped her to transfer some money. No long queues, no signatures, no travelling!

Financial security is complete only when it is easily available. Most banks now are moving towards paperless and online platforms. This makes the older people be in danger of being left out. It is no longer how it used to be, going to the bank on a morning and chatting with the employees with news of the week over a cup of tea. The banking sector is now extremely busy. Smartphone apps (YONO SBI, CANDI) of each bank are now available, so are payment methods (Google Pay, Paytm). A serious issue with this is privacy and security, and now almost no transaction can be done without an OTP or email account. How to quickly find the One Time Password (OTP) on the phone and type it back and access accounts may take a while to learn, but it makes banking easier.



**Case 4:**

*“Count your age by friends, not years.”*

**~John Lennon**

After finding that his memory may be on the decline, the 72-year-old Mr L fanatically searched for something to stop its progression. He did not have a group of friends who could help him. The Doctors showed him a few computer games which would aid his memory. Moreover, he learned quickly to navigate through online videos and self-help group meetings through video-conferencing. He now has apps to remind him of his credit card payments and bills. He is planning to start his blog to help others of his age.

We have moved forward from crosswords and sudokus to be done in every day’s newspaper. Technology has made cognitive tasks and training simpler and more fun. Numerous apps keep you engaged with quality training of memory deficits (MindMate, Constant Therapy, Lumosity, Jigsaw Puzzles Real). Such cognitive training is effective and cheap. Technology also helps to find support groups and join them through video conferencing and email exchanges. The elderly, even the ones with lower education, should be taught how to at least join a video meeting online.

**Case 5:**

*“Getting old is like climbing a mountain; you get a little out of breath, but the view is much better!”*

**~Ingrid Bergman**

Mrs J now proudly teaches her friends about online apps. She finds it empowering, not to depend on anyone



but to get the right groceries and household things through smartphone apps. She now does not feel that her amputated right foot due to her diabetes has made her disabled. At the age of 63, she finds herself still relevant in the daily activities of the family, like shopping and deciding the menu of the day.

Technology is an always available helping hand, from choosing what to buy to choosing what food to order. Those with difficulty in locomotion will benefit greatly from this. There is plenty of groceries app (Instamart, BigBasket), general and clothing apps (Amazon, Myntra) and food delivery apps (Zomato, Swiggy). Although they cannot replace the joy of selecting the best vegetables, cooking and the mother's touch, they are very useful indeed.

### Case 6:

*“Age is an issue of mind over matter. If you don't mind, it doesn't matter.” ~Mark Twain*

Mr D was left alone in the streets after he missed the metro. Alone at midnight, it took about one hour to get an auto and one more hour to reach his home which was just 30 minutes away. This hassle left Mr D not only angry but afraid of further such incidents. It also made him ask his son to teach him how to use apps to find cabs and autos. In his 66 years of life, he did something that he thought he would never do, download a transport app on his new smartphone.

Travelling is now easier if we are used to a bit of technology. Several apps (Uber, Ola) are available. These reduce the hassle of bargaining and being cheated. Even



train and flight bookings are made online now, although they are a bit more cumbersome, they are bound to become better and better.

### **What are the drawbacks?**

Whatever has effects, has side effects and dangers of excessive use of technology is clear from the increasing internet and gaming addictions among the younger population. Increased screen time may reduce sleep, there is often information overload on the internet. Too many WhatsApp forwards to choose from and keeping up with the “exciting” new updates of each app may be tiresome. Then there is the risk of data leakage, tearing of privacy and frauds in financial lines. Giving away vital information like OTP and card security code (CVV) can lead to financial loss. Digital empowerment of the elderly will need assistance at many steps as cybercrime is the same for all. The elderly may be more vulnerable to cybercrimes and luring emails and advertisements. Thus, one needs to be taught what to do and what not to do as well.

### **What are the barriers?**

- Physical limitations: tremors, osteoarthritis, visual impairments
- Mental limitations: afraid of making mistakes, sharing the wrong pictures or emails, calling the wrong person, afraid of the phone falling or getting an electric shock from a laptop, afraid of long and cumbersome instructions, afraid of harmful radiations
- Personal: literacy, especially reading, language,



reduced motivation to learn, no support from others, unfamiliar with electronic gadgets

- Technology related: too complicated, not user-friendly, small buttons, small screen and letters, inappropriately sensitive touch screens

### **What are the basics?**

The basic of all technology is to identify key buttons, like how to start a Computer Processing Unit (CPU) and laptop, how to navigate with fingerprint locks and passwords. How to swipe the phone up and down, how to tap on the smartphone screens, how much pressure is too much or too little, how to troubleshoot or at least restart the phone apps is important to know. Each app has written boxes that are to be tapped. Thereafter, each app builds up its function on these basic features of tap, press and swipe. The problem seen often is in dexterity and tremors, common in the elderly. With minimal training, these difficulties can be overcome. Voice commands are available, in vernacular languages too. The basic of how to open the phone screen, select an app or phone number, which dial button or boxes to press and how to stop all of these are the basics that need to be taught. The recharging process and plug-in are to be taught.

### **What are the available options?**

Several organisations have understood the need of integrating at least basic digital literacy in the elderly. They organise workshops and have pamphlets and downloadable guides on how to use computers and phones. Some (HelpAge India) is in partnership with the Information and Technology Ministry's e-governance



services arm Common Services Centre (CSC). The Ministry of Science and Technology under the Government of India has started programmes like Technology Interventions for Disabled and Elderly (TIDE), which is an e-Tool to create awareness and impart health and hygiene-related information along with education and entertainment to overcome loneliness. A wearable sensor device has also been developed. We should also try to educate the elderly people around us about the basics of technology for their help.

**Disclaimer:**

The author declares that the apps, software, companies and websites mentioned in the chapter is only for educational purposes. The author does not endorse any of these products.

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*Old age, believe me, is a good and pleasant thing. It is true you are gently shouldered off the stage, but then you are given such a comfortable front stall as spectator.*

**–Jane Harrison**

*Old age equalizes—we are aware that what is happening to us has happened to untold numbers from the beginning of time. When we are young we act as if we were the first young people in the world.*

**–Eric Hoffer**





## **Older Adult as Caregiver & Caregiver's perspective of Older Adults**

**Dr Abhishek Allam &  
Dr T Sivakumar\***

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### **Introduction**

With the advancements in health care and increased life expectancy, the world's old age population is gradually increasing. As per World Health Organization report, between 2015 to 2050 old age population will nearly double from 12% to 22% i.e., it is expected to increase from 900 million to 2 billion. As the risk of dementia rises with increasing age, instances of elderly caring for their spouse with dementia is likely to increase.

### **Impact of caregiving on caregiver**

Caregiving has significant impact on physical, social, emotional, and financial



conditions of the caregiver. On a positive note, some caregivers report that caregiving is enjoyable and gives their life meaning. Caregivers may feel that they are a role model for the younger generation. Caregiving strengthens the bond with the person they care for and increases life satisfaction.

Despite gratifications associated with caregiving, it can be demanding, overwhelming and stressful. None is trained to be a caregiver. It is a responsibility imposed on them. Caregiver has to make alterations in their lifestyle, daily routine, habits and finance. This leads to increase in emotional and financial stress. Caring for an elderly family member with dementia or chronic neurological illness like Parkinson's, multiple sclerosis etc is even more challenging as these patients suffer from incontinence, confusion, aggression, poor oral intake, sedentary lifestyle, vision and hearing impairment. In addition, patient's apathy towards the already overwhelmed caregivers further worsens the caregiver's emotional status.

Despite key role played by the family caregiver, they are not acknowledged for their services. Caregivers are often called 'unpaid caregivers' or "second patients" (Carmeli, 2014).

### **Case Vignette 1**

An elderly couple from middle socioeconomic status live in the suburbs of Bangalore. The husband got retired 9 years back and the day-to-day expenses are met by his pension. The wife has been diagnosed to have Alzheimer's dementia 1 year ago. The husband finds it difficult to help his wife and manage day to day household affairs. Most of the family's income and savings have been spent on

investigations and treatment. Due to financial constraints, they can't afford a maid or paid caregiver. Though the husband initially felt good about taking care of his better half, he is now feeling exhausted. He has trouble relaxing, is withdrawn, has sleep problems, and feels hopeless about future.

### **Case discussion 1**

The scenario depicts plight of a sole caretaker who has no other social support system. He is taken away from his social life and recreational activities and his entire life revolves around taking care and providing comfort to the spouse. With the new role of caregiver, he is unable to look after his own physical health and recreational activities. He does not have time for his friends or for walking or yoga. This is typical dilemma of an elderly caregiver of a person with dementia.

Many studies have found that caregivers of persons with dementia have higher levels of burden than other caregivers. People with dementia typically require more supervision, are less likely to express gratitude for the help they receive, not going to improve which leads to significant negative emotions in the caregiver.

Financial strain caused by dementia is significantly high. Direct costs include medical visits, investigations, medications, therapies, provision of paid caregivers, and residential care in the later stages. Indirect costs include loss of earnings by patients and family caregivers as they reduce employment, hours of informal care and mortality burden.

### **Case vignette 2**

An elderly couple from high socio-economic status



stay in urban Bangalore. The father is a retired professor and mother is a homemaker. The elder son is a software engineer and the younger son, is a person with moderate intellectual disability with behavioural problems. The elder son is not involved in care of his younger brother and has settled abroad. Most of their assets are intended for their dependent son. They know that he cannot handle the assets and needs a guardian after their lifetime.

### **Case discussion 2**

The given scenario illustrates the elderly parents who have supported the son extensively in various aspects since childhood. They understood the special needs of their son and tended to them since childhood. Despite this, still parents are uncertain about the son's future "what will happen to our son when we get old", "who will look after him?", "whom we can trust in looking after his financial resources and future needs?". This is the typical dilemma of elderly caregivers who have dependent children with disability.

Elderly parents with dependent son/daughter with disability (intellectual disability or mental illness) feel exhausted in the long run. Seeing their wards unable to cross social milestones like education, job, marriage, is stressful for any caregiver. If there is a dependent son/daughter with disability, elderly caregivers should also think about "What after me" issues, and financially plan for next generation which also adds the burden to them.

### **Caregiver guilt**

Caregiver's guilt is one of the significant factors leading to caregiver burden and depression. Major factors



causing guilt are guilt associated with negative feelings, emotions or acts towards the care recipient, failing to meet caregiving expectations, guilt about neglecting other roles or relatives other than care recipient, guilt about having negative feeling towards the other relatives who don't participate in caregiving, guilt about taking time off for themselves rather than looking after the relative.

### **Anticipatory grief**

It is grief reaction that occurs before the actual loss. It can be either due to perceived impending death or perceived absence of patient. Perceived absence can be either due to current absence or future absence. Anticipatory grief secondary to current absence is caregivers had already started to feel the absence of patients in their day-to-day life, especially when patients stopped talking, become apathetic, or when they were admitted in hospital or old age home, which causes caregivers to feel a sense of loss even though patients are alive. Anticipatory grief secondary to future absence is caregivers anticipated loneliness, sadness about the future without patients. Caregivers worry about their future life being without the patient, taking decisions alone, fear of loneliness and preparation for new life.

### **Caregiver burden**

Many factors are associated with caregiver burden. Poor functioning of the patient and active symptoms leads to severe burden.

The symptoms of caregiver burden include the following

- Physical and emotional exhaustion
- Decreased productivity in their work



- Withdrawal from friends, relatives and family
- Loss of interest in activities they used to enjoy before
- Feeling fatigue, dull, hopeless, and helpless
- Changes in appetite, weight and sleeping patterns
- Neglecting their own needs (because of busy schedule or you don't care about them)
- Even though most of the time is involved in caregiving, the caregiver may not feel satisfied.
- trouble relaxing, even when help is available
- being impatient and irritable with the care-recipient

<b>Patient characteristics</b>	<b>Caregiver characteristics</b>	<b>Others</b>
Younger the age of patient	Female caregivers, poorly educated, employed, older age of caregivers	Cultural background
Severity of cognitive impairment	The closer the relationship with care-recipient/patient	Religious beliefs
Problematic behaviours like screaming, aggression, agitation, night time wandering, property destruction, asking repetitive questions, and reliving the past, losing or misplacing things	More hours spent in caregiving	Prior poor interpersonal relations in the family



More dependent on ADLs (Activities of Daily Living), immobility, incontinence, walking difficulties	Poor caregiver functional status, pre-existing medical conditions	Family's poor financial status
Severity of dementia	Poor coping strategies— avoidance/denial, escape	
Severity of patient suffering	Emotion focused coping instead of problem— focused coping  Lack of self—efficacy  Caregiver's guilt and anticipatory grief	

Caregiver burden can increase susceptibility to non-communicable diseases/ chronic illnesses, and reduce functional ability. Physical health has an impact on mental health and vice versa. Common mental illnesses in old age (like adjustment disorder, mild– moderate depression, anxiety disorders), substance use and other social factors like drop in socio-economic status with retirement, poor social support, bereavement, elderly abuse (often less reported), loss of leadership role in family, lack of emotional support, can additionally burden the caregiver.

### Caregiver depression

The caregiver depression is a complex, multi-faceted process influenced by many factors like cultural background, caregiver, and patient characteristics. The



following table illustrates some of the factors associated with increasing caregiver depression.

### Caregiver burnout

Burnout is a state of physical, mental and emotional exhaustion in response to prolonged stress, high aspirations and unrealistic goals. It is a gradual process by which the person gradually detaches from work and other meaningful relationships.

**The stages of burnout are:**

**The Honeymoon stage**

- Caregiver has boundless energy, is enthusiastic and loves the new role



**The Awakening stage**

- Caregiver realizes that their initial expectations were unrealistic. Slowly, disappointment buds. They question their competence, ability and start losing their self-confidence



**Brown out stage**

- Caregiver’s early enthusiasm and energy give way to chronic fatigue and irritability. They become indecisive, and productivity drops
- Caregiver’s eating, sleeping patterns change. Caregiver indulges in poor coping methods (including smoking, drinking, drugs, partying, or shopping binges)





### **Full Scale Burnout stage**

- Caregiver is exhausted physically and mentally. Breakdowns are likely. Despair is the predominant feature of this stage
- Caregiver is depressed, feels lonely and empty. They experience an overwhelming sense of failure, loss of self-esteem and self-confidence



### **The Phoenix Phenomenon**

- Caregiver takes their time but comes back from burn out like a Phoenix  
Caregiver is realistic in their approach and creates balance in life

### **What can be done to improve the caregiver's health?**

A. The effective management of a chronic disease for both the patient and caregiver is to approach a comprehensive care team of skilled professionals and make an individualized plan.

#### **B. Know more about the disease**

- a. The more you know about your loved one's disease, the more comfortable and efficient you become in handling the patient
- b. Seek information about caregiver support groups/ online groups, psychoeducational programs, books, workshops, local organizations, national organizations/ societies of specific diseases (like Alzheimer's disease)



### **C. Healthy lifestyle**

- a. Eat a balanced diet
- b. Get at least eight hours of restorative sleep
- c. Exercise regularly (150 min of aerobic exercise per week)
- d. Follow spiritual/religious practices for coping
- e. Spend time in hobbies
- f. Practice relaxation techniques like meditation, yoga, mindfulness
- g. Regular health check ups

### **D. Emotional support**

- a. Maintain personal/social relationships– Maintaining relations with children, relatives and friends also helps in mitigating the stress
- b. Share your feelings with people facing similar situations (like support groups) relieves stress and may offer different perspective about problems
- c. Identify and accept your emotions– persons in these situations can feel sad, hopeless, helpless, worthless, fatigue, tired. Acknowledge that these emotions are normal reactions to your situation
- d. Early recognition of caregiver stress may reduce the caregiver burnout

### **E. Caregiving Essentials**

- a. Ease the household task burdens (e.g.– hired help, recruiting other family members or friends, etc)
- b. Take a break/holiday



- c. Encourage the independence of your loved ones—with the help of modern assisted devices, technologies encourage them for being as independent as possible
- d. Embrace caregiving choice and practice acceptance
- e. Celebrate small victories in the day-to-day life
- f. Focus on things you can control
- g. Plan respite care

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*When grace is joined with wrinkles, it is adorable.  
There is an unspeakable dawn in happy old age.*

**–Victor Hugo**

*So different are the colours of life, as we look forward  
to the future, or backward to the past; and so different  
the opinions and sentiments which this contrariety of  
appearance naturally produces, that the conversation  
of the old and young ends generally with contempt  
or pity on either side.*

**–Samuel Johnson**





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## Good Nights Sleep

Dr Vijaykumar Harbishettar

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### Case vignette

A 70-year retired Government Official complains of not able to fall asleep till midnight, complains of sleeping till 5 AM only and feels he has slept only 4 hours at night. On enquiry, family members report he sleeps for approx. 3 hours post lunch every day. He has asked his General Practitioner for sleeping pills to fall asleep, who has refused to prescribe long term. He has been advised sleep hygiene measures. He takes medications regularly for his high Blood Pressure and Heart Disease.

### Case Discussion:

This elderly person is reporting sleeping in total of 8 hours every day by his own account. The average total requirement of sleep for Persons above



60 years of age is between 6–7 hours per day. It appears that this gentleman is sleeping over and above his sleep requirement. Despite this, he feels, he has not had adequate sleep.

Ageing is associated with reduction in amount of Dream sleep (called REM sleep) and Deep Sleep (NREM stage 3). The amount of stage 2 of NREM or otherwise called light sleep may be more in some people making them feel they have not had adequate sleep. Feeling having inadequate sleep despite sleeping adequate hours for their age, can also be because of sleep misperception syndrome. The worry over not sleeping enough than actual insomnia if any, can be troublesome and gives rise to anxiety or fear.

Their routine daily activities need to be monitored. Their lifestyle, spending more time home, not doing much of activity, and just waiting for the time to pass to be looked into. Probably not knowing the amount of sleep required by the elderly person, and counting hours at night, and then worrying over not having adequate sleep could have the main issue in the case. This can be dealt by appropriate counselling that includes clarifying his mis-conceptions about his sleep.

International studies have shown insomnia (which means not able to fall asleep or maintain sleep or waking early in the morning or inadequate sleep) is reported in up to 70% of the elderly people in the community. 15–20% could be taking one or the other sleeping pill. Sleep apnea and Circadian Rhythm Sleep Disorders are other common ones.

## **Sleep Apnea**

In Sleep Apnea, family members may notice there



are period of breaks in between the snoring could be because of discontinuation of breathing for few seconds following which the person wakes up for few seconds and then goes back to sleep. This pattern continues. Due to frequent awakenings at night, their total sleep period may be compromised. They feel sleeping during the day affecting their ability to perform in education or work.

### **Dreams and Nightmares**

Having frequent scary and bad dreams otherwise called nightmares can also occur. Nightmares can lead to avoidance of sleep affecting the total sleep duration. Occasional nightmares are welcome, and may help feel relaxed following day. This occurs during REM sleep or otherwise called Dream Sleep Phase. It is alright to dream but not frequent nightmares. Seek consultation with a Psychiatrist for frequent nightmares affecting behaviour or mood and this is treatable. Sometimes, these nightmare can be a sign of underlying anxiety or depression that needs treatment.

### **REM Behaviour Disorder**

There is another condition called REM Behaviour Disorder, where generally all muscles get paralysed (except eye muscles) when person is in dream sleep, unusually muscles become unparalysed and then they may enact during dreams, that can be dangerous to sleeping partners or to themselves. This condition can occur as part of early stage of Parkinson's disease and so need to see Neurologists at the earliest.

### **How is sleep and its quality assessed?**

Information from the person and family members is



gathered. Sleep diary for at least two weeks completed by the person is examined. This diary includes what time the person went to bed and got out of bed, approx. time of falling asleep, wake up times, and any awakenings including use of wash room and also use of coffee is also noted.

Use of excessive caffeine, drinking excessive water before going to bed, exercising before bed time will delay sleep onset. Alcohol use and Sleeping pills may appear to help by reducing time to fall asleep and increase sleep duration, but the quality of sleep that involves quantity of Deep Sleep (NREM Stage 3) and Dream sleep (REM) is reduced. There is no pill at this moment in the world that can mimic natural sleep.

If a person is sleep is deprived of sleep for last few nights, the architecture of the sleep which means the cycles involving light sleep, Deep Sleep and Dream Sleep phases adjust and adapt itself by changing its quantity and timings, to restore the overall quality of sleep. There is no need for the person to sleep that many extra hours.

Any physical or mental illness can impact on sleep. Sometimes, not able to sleep or excessive sleep or feeling drowsy most times can be the first sign of the underlying physical or mental illness. Common ones include stress related illness such as Depression, Anxiety or common physical illness like Diabetes, Hypothyroidism.

## **Insomnia**

Insomnia can cause irritability, headaches, lack of concentration and affect their behaviour during following day. Insomnia occurring for long time need attention as this can reduce the body's immune response, affect heart,



increase Blood Pressure and increase risk of overweight. Best to see General Physician or a Psychiatrist to sort out insomnia at the earliest. Doctors may prescribe sleeping pills like medication for short term, and this must not be made a habit. Many of these medications are supposed to be dispensed by Pharmacist at appropriate prescriptions only. After short term use of these medications, one should seek advice to come off these medications. Longer term use of some of these pills are known to affect memory and other related abilities.

### **Awareness of Normal Sleep**

There is lack of awareness about normal and abnormal sleep among people. People should discuss about their sleep and clarify their any beliefs or mis-conceptions with their regular Doctor they visit. Their regular Doctor will be able to manage in the first instance. If need be they may be referred to a specialist with experience managing sleep disorders. They may keep a diary of their sleep for two week period. This diary should include what time they went to bed, approximately when they seemed to have fallen asleep, any awakenings and what time their sleep ended. It should also include any medications they have used and amount of coffee intake.

Sleep is not a rest and brain is active during sleep. Sleep helps in improving memory function for the person. Adequate sleep duration with quality which means appropriate proportion of Deep and Dream sleep is important for the improving immunity, reduce chances of heart diseases and overall good functioning during the daytime. Physical well being leads to good sleep and vice-versa.



**Sleep Hygiene Measures:**

- Have a regular time to go to bed and wake up
- If in doubt maintain sleep diary
- Use bed/ bedroom only for sleep
- Use cotton bedsheets, comfort beddings
- Avoid excessive or Blue lightings in bedroom
- Make your bedroom noise free and free from excessive light
- No coffee or smoking after evening 6 PM
- No heavy meal before bedtime, avoid excessive spices
- Have enough fibre in your diet
- Avoid drinking excessive water before bedtime
- Avoid clock watching at night if you are not falling asleep
- Avoid painful and disturbing thoughts by practicing mindfulness
- Do not watch exciting movies or crime story or fear creating things on television
- You may watch anything that is boring
- Praying to your Almighty or chanting mantras before bedtime is good
- Many people benefit from practicing meditation before bedtime
- Don't dwell over not having had good sleep previously

Worrying is worse than the actual insomnia

Morning hours are best for exercise, best to expose self to early morning sunlight



- Coffee in limits especially in morning may be okay for some
- It is alright to use wash room in the middle of night, don't check messages on phones
- Avoid smartphones before bedtime
- Understand body has mechanisms to correct its sleep, have faith in it

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*Old age is not a disease—it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses.*

**–Maggie Kuhn**

*The great secret that all old people share is that you really haven't changed in seventy or eighty years. Your body changes, but you don't change at all. And that, of course, causes great confusion.*

**–Doris Lessing**

*Age is opportunity no less  
 Than youth itself, though in another dress,  
 And as the evening twilight fades away  
 The sky is filled with stars, invisible by day.*

**–Henry Wadsworth Longfellow**





## Diet in Older Adults

**Ms Prutha Handigol Deshpande**

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Ageing is a natural phenomenon that starts with conception and ends with death. A person's physiologic age reflects his/her health status, but may or may not reflect chronological age. Good sleep pattern, consumption of balanced meal, maintaining ideal body weight are the factors that influence physiologic age. Diseases and disorders are inevitable and can be one of the consequences of ageing.

Our body requires nutrients for day-to-day functioning. Eating a healthy and balanced meal provides good nutrition to our body. Nutrients are substances the body needs to function and grow. The nutrients are carbohydrates, proteins, fat vitamins and minerals.

The age, height, weight and the type of activity being carried out are the factors



on which the calorie intake depends on. Energy needs would change with ageing because the person has less lean muscle, more body fat and a sedentary lifestyle. Hence, the need for nutrients carbohydrates, proteins, fats, vitamins, minerals, fibers and also water will remain roughly the same.

## Energy

Energy or calorie requirement reduce with age because of changes in body composition and physical activity. Carbohydrates, proteins and fats are the three main nutrients used as energy.

**Carbohydrates:** It is the most important source of energy. When carbohydrates are depleted, the body can also use protein and fats for energy. The body breaks down nutrients into its smaller components and then absorbs them to use as fuel when we eat food. It is important to consume more complex carbohydrates like millets, wheat, whole grains, legumes, fruits.

**Proteins:** These are important for building muscle mass. Proteins when broken down help fuel muscle mass, which aid in metabolism. Proteins help strengthen the immune system. When the right amounts of protein are consumed it keeps the stomach full, and does not make one feel hungry often. The protein rich foods are meat, poultry, seafood, beans and peas, eggs, nuts and seeds, milk and milk products.

**Dietary fats:** These are found in foods from the plants and animals. Fat is as much essential to the diet as protein and carbohydrates are in fueling the body with energy. Some bodily functions require fat for their metabolism in the body. But one has to keep in mind to



eat limited portions of the fats to avoid unnecessary problems to the body.

Sources of good fat are nuts like almonds, walnuts, pista, cashewnuts, seeds like sunflower seeds, melon seeds, chia seeds, pumpkin seeds, flax seeds, oils like groundnut oil, rice bran oil, sun flower oil etc.

Avocado is the fruit which has some good healthy fats in it.

### **Healthy bones and teeth**

It is well known that the proteins are essential for the building, repairing, and maintaining healthy bones and muscles. Vitamin D is also essential for maintaining healthy bones. The best source of vitamin D is sunlight. If the body doesn't receive sufficient sunlight then ask the doctor for the vitamin D supplement.

### **Atherosclerosis**

Unhealthy lifestyle and bad eating habits are factors leading to atherosclerosis, that is common in elderly people. Antioxidants play a very important role in reducing the risk of atherosclerosis. So, consume a variety of antioxidants like vitamin C rich foods like lemon, sweet lime, orange, guava or amla. Along with this regular intake of a variety of green leafy vegetables, different coloured fruits, whole grains, legumes, lean meat, nuts, seeds are helpful in keeping the heart healthy. Limit on the intake of sodium. It is recommended to avoid alcohol, fried food, high fat foods processed foods, packaged foods, canned juices etc.

### **Dementia**

Foods that help boost memory are green leafy



vegetables, fish, berries, olive oil, cold pressed virgin coconut oil. Recent evidence has shown that omega-3 fatty acids helps in bringing down the risk of Alzheimer's disease and maintain the brain alert.

## **Sleep**

Falling asleep for some older people is a difficult task. Few guidelines to improve sleep are to limit caffeine intake, avoid alcohol, avoid sugary foods just before bedtime, and avoid spicy and big meals. The foods that can help sleep are warm milk with turmeric before bed time, almonds, kiwi, fatty fish, walnuts, chamomile tea. Some physical activity as recommended by the doctor to be done to improve sleep.

## **Diabetes Mellitus**

The food guide to eating healthy with diabetes is to consume foods from all the food groups in required quantities. The focus of the diet should be on whole grains, sprouts, vegetables, fruits, lean meat, fish, egg, low fat dairy products. Consumption of fried food, foods high in salt, sweets, bakery foods, ice creams, candy, beverages with added sugars, red meat should be avoided.

## **High blood pressure**

Foods that should be included to control high BP are citrus fruits, fatty fish, pumpkin seeds, beans and lentils, berries, amaranth, pistachios, carrots, tomatoes, herbs and spices, chia and flax seeds, beetroot, spinach.

## **Arthritis**

Foods rich in Omega-3 and omega-6 fatty acids are good for arthritis. If one is a non-vegetarian fish can be



consumed twice a week, take a supplement prescribed by the doctor.

### **Osteoporosis**

The key nutrients for osteoporosis are calcium and vitamin D. The key building block for the bones is calcium and is best absorbed with the help of vitamin D. Foods such as milk, yogurt and other dairy products have high levels of calcium. They also have phosphorus and protein for bone health. Other sources of calcium are green leafy vegetables, broccoli, spinach, salmon, oysters, clams, crab and shrimp.

### **Healthy bowels**

Include plenty of fibre in the diet to have healthy bowels. Some excellent sources of fiber are wholegrain cereals, fruits, dried fruit, dried peas, beans and lentils. One has to drink enough water that also prevent constipation. Older people require 8 to 10 cups of water per day.

### **Healthy teeth**

The teeth or dentures should be checked regularly. Choose foods that are naturally soft. Always choose soft and moist foods. Enjoy soups and porridges.

### **Healthy Food choices**

#### **Foods High in Omega-3 Fatty Acids**

Fatty acids are important to all age groups. They help prevent inflammation which could lead to cancer, heart diseases and rheumatoid arthritis. The main sources of omega 3 fatty acids are fish like tuna, mackerel, salmon



and sardines. The vegetarian sources are canola oil, soya, almonds, walnuts and flax seeds.

Supplements are also available but consult the doctor before consuming the supplement.

### **Foods Rich in Calcium**

Calcium is an important mineral for body functioning. If the body doesn't get enough calcium, it starts to reabsorb from the bones. This makes the bones brittle and fragile and may lead to osteoporosis. It is known that calcium helps lower blood pressure. The main food source of calcium are dairy products such as milk, curd, sesame seeds, green leafy vegetables and cereals fortified with calcium. If sufficient calcium is not available from foods, then a supplement can be consumed upon doctor's recommendation.

### **Foods Rich in Vitamin D**

Vitamin D helps absorb calcium in the body. Absorption of calcium helps slow down the calcium loss and maintains bone density thus reducing chances of osteoporosis. Sources of vitamin D are egg yolks, sea fish, mushroom. Talk to your physician for a supplement.

### **Foods Rich in Fiber**

The digestive system slows down as one starts to age. As the walls of the digestive system may thicken with age, the contractions become slower and lesser leading to constipation. To ensure proper digestion, foods rich in fiber should be encouraged in the diet of the elderly. High fiber foods are known to reduce the risk of diabetes, heart diseases, other lifestyle and metabolic diseases. Foods sources rich in fiber include vegetables, fruits, nuts, wholegrain cereal, whole grains, brown rice, etc.



## **Water**

Adequate intake of 8 glasses of water is important to one's health. One doesn't feel thirsty as one grows old. This happens because of the decrease in the body's ability to conserve water. But the body still requires water. It is important to stay hydrated, as dehydration may cause drowsiness and confusion among other side effects. The water can be taken in small quantities every one hour to ensure one meets the daily requirements. Seniors suffering from liver and kidney diseases should seek doctors advise on the quantity of water to be consumed.

## **Foods Rich in Iron**

Haemoglobin is a protein in red blood cells. Iron is needed for haemoglobin to carry oxygen in the blood from lungs to all the organs. If enough iron is not consumed, there will be reduction in the supply of oxygen to the body tissue, which results in tiredness and fatigue. The sources of iron rich foods are green leafy vegetables, beetroot, carrot, dals, sprouts, ragi, beaten rice, dry fruits. To aid better absorption of iron, consuming vitamin C rich foods (orange, lemon, sweet lime, amla, guava) is recommended.

## **Foods Rich in Vitamin C**

Vitamin C is one of the antioxidants that, also helps promote wound healing and importantly helps absorb iron into the cells. It is an immune booster, important for bones, skin and is believed to help prevention of heart diseases and cancer. It also provides skin elasticity, help eliminating the dead skin cells thereby ensuring healthy skin. This essential vitamin is found in all citrus fruits like gooseberries (amla) guava, lemon, sweet lime, oranges,



papaya, kiwifruit, strawberries broccoli, peas, tomatoes, etc.

## **Foods Rich in Vitamin B12**

The main function of vitamin B12 is to maintain the nerve function, development of red blood cells as well as DNA. Absorption of the vitamin from food slows down as one ages. Therefore, consult the doctor for supplements. The sources of vitamin B12 are dairy products like milk, meat and poultry products.

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***Disclaimer:** All above mentioned foods are guidelines but it is necessary and important one consult the dietitian for an individualized diet plan to suit the requirements based on various factors.*

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*It is an illusion that youth is happy, an illusion of those who have lost it.*

**-W. Somerset Maugham**





## Sexual Intimacy

**Dr Sandip Deshpande**

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At the outset, let's play a guess if the following are True/False game, shall we?

1. Older Adults are not interested in sex and don't enjoy it
2. Women have no interest and cannot get aroused sexually after attaining menopause
3. Men are not capable of having ejaculation after the age of 70 years and do not have any semen left
4. Once a sexual problem has started after 60 years of age or more, nothing can be done, one has to accept it and live with it
5. All men need medicines after the age of 65 years to get a good erection (for answers, please read the following pages. If you are impatient, go to the last line of the chapter!)



Talking about sex and sexual intimacy is a taboo topic in the Indian households across all age groups. This is magnified manifold when it comes to the elderly. They are somehow thought of as being devoid of any sexual desire or wanting to be intimate. The elderly too end up not voicing any concerns about their privacy and give up on these needs. In this chapter we will look at some of the commonly held beliefs and misconceptions about this topic and hopefully get the right information about intimacy among the elderly.

### **What is sexual intimacy?**

Sex is misunderstood as the act of penetrative sex only. In reality it should be viewed as being on a spectrum. Intercourse is to be seen as one end of the spectrum, while ‘outer-course’ which involves several things like hugging, kissing, intimate touching and anything else that the couple would like to do, is the wider portion of the spectrum. Sexual activity is not just for procreation, but can serve other purposes such as for recreation, relaxation and relational purposes.

### **What changes in sexual functioning can seniors expect with ageing?**

The sexual response cycle has four broad stages: desire – arousal – climax – rest. Let’s look at some of the changes that happen at each of these stages in the elderly.

**Desire:** There is no upper limit or an age cut-off for both men and women to enjoy intimacy. The desire may deplete over time, but, does not completely vanish due to ageing.



**Arousal:** For sexual arousal to happen (indicated by erection in men and vaginal lubrication in women), senior couples may need more physical stimulation by way of foreplay, and it may take a little longer to get aroused. After menopause, due to hormone changes, women may complain of vaginal dryness for which they can use a water based lubricant or consult their gynaecologist for any hormone treatments.

**Climax:** There is no significant change to either men or women when it comes to attaining climax among both the sexes. In men, orgasm coincides with the act of ejaculation and among women it is either through vaginal orgasm during penetration or through the stimulation of the clitoris.

**Rest stage:** this is when, after climax, the mind and body come to a baseline restful state. Among younger age group, in men, the ability to get another erection, after ejaculation tends to be within a few hours to a day. While in the elderly, men may take a few days to be sexually ready again.

### **What are the physical or medical reasons for sexual dysfunctions in the elderly?**

There can be several medical reasons for sexual dysfunctions in the elderly. These could vary from the use of some medications to having a variety of health conditions that can affect the mind and body. The male sex hormone – testosterone levels can lower with age, thus affecting both desire and the ability to get an erection. Diabetes among men affects blood flow to the penis thus causing erectile problems in men. Arthritis and other joint related pain conditions can pose challenges to the person with regards to sexual positions. Certain



medications used for depression, hypertension and gastric problems among others can affect the sexual response cycle.

### **What can senior couples who have intimacy issues do?**

The key to improving intimacy is to improve the communication with your partner. There has to be an openness to discuss about each other's needs when it comes to sexual intimacy. It is also very useful to remind yourselves here that a good relationship and a fulfilling life with sexual intimacy always go hand in hand. Hence, a mutual effort at improving the couple relationship is paramount for improving sexual intimacy.

Where relevant, please seek medical assistance from the respective medical specialists. Do not hesitate to bring it to the attention of your doctor about any sexual difficulties and ask if the medications prescribed are likely to cause any sexual side effects.

If the issues are not getting resolved, then, it is alright to see a sexual and relationship therapist. The discussions there are done in a non-judgemental and a professional way with confidentiality maintained at all times.

Answers to true/false questions: all the statements are false! Unfortunately, due to myths and misconceptions like these among people, sexual needs of the elderly are not spoken about or addressed.

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## “The love that remains”; Bereavement and Grief

Dr Ravichandra Karkal

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*“Do not think of me as gone – I am  
with you still– in each new dawn”.*

–from the Irish poem

“**Forget–Me–Not**”,

Author unknown

“**A** sense of heaviness has taken over me. My heart hurts and there is a darkness which has shrouded my being. I keep looking for him everywhere. Every little thing reminds me of him. A painful longing to be with him.”, said a woman in her 60s who lost her husband few days back. Her children got her for counselling as they got worried about her well-being.

Bereavement – the loss of a life partner or other loved ones is an inevitable life event in elderly and grief is a natural response to this. Just as a



wound is intensely painful, then becomes bearable and heals gradually; so does the pain of losing someone. The majority would naturally adapt to the loss, garner resources for healing and move forward in life. But this journey is not always simple or linear. The whole process can be messy at times and not fit into the predictable framework as was propounded earlier by researchers—the stages of denial, anger, bargaining, depression, and acceptance. Grief can take myriad forms and an understanding of its manifestations is an important step towards healthy coping.

“The sadness is paralysing. All I can think right now is why she had to leave. It seems unfair. I just cannot believe that she is not there anymore. I keep asking myself what is the point of continuing. Life has come to a standstill.”, said an elderly man who lost his seemingly healthy wife due to a sudden heart attack. This surge of grief right after one comes to know about the passing away is filled with painful emotions— sadness, anger, fear, and anxiety. It is also likely if the loss was sudden and unexpected. The grief is especially intense and long lasting if an elderly loses their child. Shock and disbelief are common in the beginning. The thought of their child’s journey ending and their dreams for them not fulfilled can bring anger and resentment. One may find no meaning in life and question their faith and religious beliefs.

Grief can also gradually creep without one’s notice even before the actual death of the spouse when they have been suffering from a terminal illness or progressively irreversible illness like dementia. “Each day for the last five years I have been losing him gradually. It has come to a point where the person I knew is not there anymore. He physically looks familiar but a



stranger lives inside him.”, said a lady about her 70-year-old husband living with Alzheimer’s disease – an illness characterised by loss of memory, thinking abilities, intellect and personality. An inevitable loss may also provoke grief long before one’s partner has parted away. If the older adult themselves suffer from a terminal illness or senility, they may experience grief provoked by the eventuality of their mortal life.

As the individual mourns the loss through rituals and ceremonies unique to every religion, culture, and region– the intensely painful emotions fade away over months and years. They can however make a comeback especially on the anniversary or other days which are a strong reminder of the person. As time passes by, the sharp emotions are replaced by the bitter–sweet longing for the beloved, an emotion beautifully captured by the Portuguese term “Saudade”– a state of nostalgia, melancholy and yearning for someone who might never be had again. The individual accepts the reality, focuses on their well–being, and grows spiritually.

Sadly, for a few elderly grieving is not a smooth process and they feel stuck in it for months or even years. The sorrow remains intense and dominates the day–to–day life. The individual does not come to terms with the reality and personal life and well–being is side–lined. Guilt, denial, anger, blame, emotional numbness, avoidance of reminders of the loved one, inability to experience joy and isolation from one’s social circle can be seen. This is known as complicated grief and when it goes unchecked it can lead to significant mental health and physical health costs. According to one estimate, nearly 10% of those bereaved by natural causes experience a prolonged grief disorder. Medical attention becomes inevitable in

such scenarios to restore the individual's capacity to live a fulfilling life.

### **How to know that you or a bereaved loved one is healing?**

The individual accepts reality and opens about their emotional pain. They seek company of others and connect with their community to mourn. They respect their own needs and pursue their personal interests and goals in life. Although there may be ups and downs in the healing process, with grief coming in waves on some days, these individuals have a smooth resolution of their grief.

### **Red flags which may foretell unresolved grief:**

The bereaved carries anger and bitterness about their loss. They keep imagining scenarios where their partner was alive. They keep wishing that they could change the events which led to the demise or doubt whether they did enough to save their partner. Feeling guilty to have survived and wishing they were dead instead. Although these signs can be commonly seen in every bereaved individual especially in the immediate aftermath of the event, they tend to go away in a short time.

### **Grieving during the corona virus pandemic:**

The whole world is grieving during the pandemic with everyone having lost at least one friend or family to the virus. The elderly community has taken the brunt of the brutalities of the virus. The last days of our beloved have become lonelier than ever with many saying their last goodbyes over a video call. Not being with the dying can be extremely distressing for the bereaved. The



traditional rituals and mourning which form an essential part of the grieving process are also disrupted. The pandemic, travelling restrictions and limits/ban on gatherings have meant that the grieving has become an isolated affair. The support from the family and the community during the ceremonies such as cremation/funeral is not possible in the traditional way. Although online video conferencing has been the only choice to commemorate the lost individual, it can not fully replace the physical interaction of a traditional ritual.

### **Helping a grieving elder:**

Our instinct makes us want to take the suffering away when we have a bereaved elder in our circle. But when you are trying to help a grieving person, you must share space and be with them in their sorrow. Being present with them and showing a willingness to spend time will tell that you care. A lot of comfort is provided through non-verbal gestures and body language. Helping is not always about giving advice but listening attentively and make them feel understood.

Elderly grieving loss of a child may find meaning in creating legacy for their child. Volunteering for a cause their child was passionate about, planting a tree in their fond memory and doing charity in their name are all ways to cope with their loss. Elderly may also grieve the loss of a beloved pet and others need to be sensitive about this. An elder who is terminally ill may need support from family and peers to navigate the difficult emotions which arise when one is faced with death. Avoiding having these difficult conversations is not a good idea. It is a myth that such an open discussion will disturb the individual.



Lifestyle changes such as meditation, exercise, yoga, listening to music, joining an elder's club, spirituality and spending quality time with friends and loved ones can be practical strategies to cope with grief. Elders not familiar with technology can be trained to receive support from online forums and social networking sites.

### **Grief Counselling:**

It is a specialized form of talk therapy which is undertaken by mental health professionals such as grief counsellors/therapists, psychologists, social workers, and psychiatrists. It involves empathetic listening, normalization of emotions, support and building coping skills to build resilience. The individual may be asked to create rituals which help them grieve, commemorate and strengthen the relationship with the departed individual. The therapist may focus on “unfinished business” or unresolved conflicts using role-play or empty chair technique where the bereaved expresses his thoughts and feelings to the deceased. Art, music, and dance in various forms, can be used. Pets as companions for bereaved elderly can be a good idea.

### **Medical treatment:**

There are set of elderly individuals who develop frank psychological symptoms and distress which amounts to psychiatric disorders such as anxiety disorders and depression. In addition, individuals who were previously diagnosed with any psychiatric disorder are especially at risk for exacerbation of distressing psychological symptoms. Treatment with medications for a short duration along with talk therapy may be tried in these situations. Medications such as Antidepressants and for



Anxiety may be prescribed judiciously by Psychiatrists in case of significant symptoms.

Bereavement and grief handled in a healthy manner may ensure that our elderly integrate the loss of their loved ones with acceptance and grow as an individual. Compassion, being present during the tough times and emotional support from the family and social circle of the elderly goes a long way in the journey of healthy ageing.

### **Key Messages:**

1. Grief is a universal and natural response in the face of loss.
2. Mourning helps process grief, but it takes a unique course in everyone.
3. Accepting reality and working on one's well-being are crucial for healthy ageing.
4. Grief counselling must be offered to elderly who are struggling to cope.
5. Technology can be a great support during the unprecedented times of the pandemic.

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## Spirituality; Exploring Inner Self

**Dr Saraswathi N**

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Swami Vivekananda has said that spirituality is the science of soul. And quotes “you have to grow from the inside out. No one can teach you; no one can make you spiritual. There is no other teacher but your own soul. Realize your true nature. That is all there is to do. Know yourself as you are an infinite spirit. That is practical religion everything else is impractical, for everything else will perish”.

Globally and India’s population as well is greying. The population of 60+ years as per United Nations was 900 million in 2015, representing 12% of overall global population. Given the fact that elderly people are living longer, it is important to give precedence over positive and healthy ageing. Ageing is a



multidimensional journey with spirituality being one such dimension. This dimension is about the understanding and meaning of life, purpose of living.

### **What is spirituality?**

The Latin origin of the word spirit “SPIRITUS” means breath. Like breath, Spirit is essential to life. Spirituality is a broad concept which has different meaning for different people. Spirituality can be considered as sense or a belief that there is something greater than oneself. The Cambridge dictionary defines Spirituality as “the quality that involves deep feelings and beliefs of a religious nature, rather than the physical parts of life”.

India known with its “unity in diversity”, is rich in culture, tradition and heritage. And is famous for multicultural, multilingual and multifaceted lifestyle. Though socio-cultural and religious differences can be found everywhere, there’s a sense of inter-connectedness and togetherness among the people. India is a rich storehouse of spiritual knowledge and wisdom.

Spirituality means self-awareness and the surrounding world we are living. So, it is important to find the meaning and purpose of our lives. Spirituality should be an integral part of everybody.

Spirituality is different from religion but at the same time, there are concepts inter-linking the two together. Spirituality has a meaning which is larger than the self, something bigger and higher than self and gives rise to positive emotions. Emotional well-being is integrated with spiritual well-being.

Mindfulness is one of the ways of discovering



spirituality. Mindfulness creates self-awareness, understanding the body and the mind in the present. Many Elderly people in India are suffering from loneliness, financial dependence and depression. They have invested in the education and well-being of their children who have left them for better job opportunities. Some elderly people may become highly dependent needing care in 24 hour residential care homes

Hindu tradition advocates three ways of spiritual practice which is through jnana the way of knowledge, bhakti, the way of devotion and karma yoga which is the way of selfless action. Generally speaking, Spirituality means self-awareness and the surrounding world we are living. So, it is important to find the meaning and purpose of our lives. Spirituality should be an integral part of everybody.

The spiritual dimension focuses on meaning in life, hope and purpose. Many elderly people are suffering from life style diseases like diabetes, hypertension, gastric troubles, chronic backache, headache and other pain conditions and stress. Spirituality helps in reducing pain, understanding self and strengthening the mind, and preparing for a peaceful journey till the end. When a person embraces spirituality his whole approach towards life changes and he starts feeling that life is an amazing journey and dying, death are part of better existence. There is a transformation in thinking about dying. Rather than fearing death he prepares himself for a greater existence working towards “moksha or enlightenment”.

For a positive and successful ageing along with healthy diet, physical activity social activity and positive thinking, therefore spirituality is also essential. Adding



spiritual dimension will go a long way in psychological and emotional health of the elderly.

### **Spiritual needs of the elderly:**

Apart from the basic needs like food, shelter, finance, physical health, the elderly also need spiritual care or holistic care.

The needs vary among the elderly the needs can be summed up as follows:

- They need support when they are dealing with loss, grief, and
- They need to learn ways to forgive others and be forgiven
- They need guidance to find meaning and purpose in life
- They need to be loved and to love others unconditionally
- They need to feel there is hope and be thankful for whatever they have.
- They need to be respected for Dignity and feel sense of worthiness.
- They need to be given opportunity to express their emotions freely.
- They need to be given personal space for their religious behaviours.

### **Ways of practicing spirituality**

1. Active participation in religious activities
2. Spending time in nature
3. Reading spiritual books.



4. Discussing or engaging in active conversation with friends about spirituality
5. Participating in social service activities
6. Teaching young children about the customs and values of the society
7. Being compassionate and non-judgemental. Helping needy persons.

### **Introspection**

Take a moment to understand your spiritual wellness by asking yourself the following questions.

1. What is the purpose of my life?
2. What is the meaning of life?
3. How can I help myself and my children to face difficulties in life?
4. I need to understand life from others point of view?
5. Am I taking efforts to understand my awareness about different ethnic and religious groups?
6. Do I make time for relaxation in the day?
7. Do my values guide my decisions and actions and further influence the actions of my children?
8. Am I teaching moral and ethical values to the future generation?
9. How I can become Role-model to the younger generation?

### **Spiritual practice**

Spiritual practice encompasses the all-round lifestyle of a person. Lifestyle includes the way a person eats,



dresses, talks, thinks and behaves in public and in their personal life.

1. **Ahaar (Eating)** – What we eat, how much we eat and how we eat and when and where we eat.
2. **Vihaar (Relaxation)** – These are the ways we spend our time for relaxation, entertainment and leisure time activities.
3. **Vichaar (Thought)** – our actions are guided by our thoughts and hence we should focus on our emotions, approach to life.
4. **Vyavhaar (Action)** – What we actually behave or practice in public and personal life.

### **Benefits**

1. Spirituality guides a person live in peace with oneself and the surroundings.
2. The elderly will find inner peace with a happy and meaningful life through spirituality.
3. Quality of life of elderly is better and improvised upon by spirituality.
4. Spirituality promotes social relationship which helps in reducing loneliness and depression.
5. Spirituality maintains and improves overall physical and mental health.

### **Death, dying and spirituality**

Though many scientific discoveries have been made, exploration of earth, sky and ocean have been undertaken, man is yet to unravel the mysteries of death. So far, the scientific exploration about death and after-life is still



beyond the comprehension of human mind. Death is not just an event but a process, inevitable to every living being. Many people have experienced end-of-life experiences. Some of these experiences include, being visited by their relatives, friends, even by gods or some heavenly places which seem out of the world. Many people feel that they should resolve any unfinished issues with the family members, visit places of religiosity and participate in spiritual activities.

Death is an experience that can only be imagined. This is the time when people prefer to end any pre-existing conflicts, seek forgiveness from others and to express love and gratitude towards life. Religions like Christianity, Buddhism and Judaism believe in the existence of after-life. This belief helps with anxiety about dying, reduces uncertainties of life.

The after-life can be defined as any state of mind or state of being that occurs after a person leaves this earth, as advocated in various religions. Many people believe in heaven and hell and that everybody will go to one or the other after death based on their karma. Buddhists and Hindus believe people are incarnated or people come back to their world in a new body or form until they attain enlightenment. This belief in the concept of after-life and the consequences of deeds of this life actually helps in the way people think and behave. Many elderly people seek refuge in spirituality to attain enlightenment. Spirituality and religion go hand in hand in successful healthy ageing.

## **Conclusion**

Older adults have spiritual needs apart from the other requirements towards healthy ageing. It is essential



that they are engaged in hobbies and consider adopting spiritual practices in their day-to-day life. The spiritual practices could help derive meaning and purpose, exploring their own selves. Also, they may under the law of nature, the impermanence, and help finding the answers of fundamental questions in their lives.

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*Life should begin with age and its privileges and accumulations, and end with youth and its capacity to splendidly enjoy such advantages.*

**–Mark Twain**

*The old believe everything, the middle-aged suspect everything, the young know everything.*

**–Oscar Wilde**

*Ageing is always through tough journey, so old age is a success that must be celebrated!*

**–Vijay Harbishettar**

*AGEING: Always Gain Experience in Negotiating the Growth*

**– SP Goswami**





## Maintaining Cognitive Health

**Dr K Gopukumar**

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The brain is the seat of cognition in the central nervous system. Attention is a major factor which determines cognition.

Brain training and mindful practice can be conceptualized as self-governing strategies for attaining insight into the principles of cognitive health that explain the nature of its functions and training activities. This awareness helps us to analyze and maintain cognitive health. It aids to train our brain regardless of the happenings in our daily life and helps us to modify these for our well-being.

The brain is a collection of neurons. The neurons have three parts: 1. Cell bodies, 2. Dendrites and 3. Axons. The neural networks are necessary for exchanging information and for the normal functioning of the brain.



**The ageing cognitive abilities:**

Research indicates that processing speed, memory and reasoning start to decline in our late 20's. According to the research, the brain's white matter starts to reduce around the age of 50 years. After the age of 60, our brain shrinks – 0.5 per cent to 1 per cent of its volume each year. As we age we get better at dealing with the familiar, but worse at dealing with new information. Absent-mindedness increases, difficulty to process and respond to information shoots up, and also difficulty in decision-making gets higher.

**What contributes to the decline of our cognitive functions?**

Various factors are responsible for the decline in our cognitive functions like high blood pressure, heart disease, stroke, diabetes, acquired brain trauma, chemotherapy, dementia, Alzheimer's disease and the normal ageing process. In addition, our lifestyle habits also largely determine the acceleration of the decline of cognitive functioning. For example, vices like drinking alcohol, smoking cigarettes, and doing drugs spoil optimal brain functioning.

Learning capacity often has three parts: a cognitive, an associative, and a pre-programmed part. Research has shown that different learning stages engage different brain areas and networks.

**The importance of neuropsychological evaluation in older adults**

Neuropsychological assessments provide great insights into cognition, normal and abnormal brain functioning, and in understanding the nature of cognitive



impairments and the age-related neuro-behavioural changes. Neuropsychologists are mainly concerned with the treatment of senile impairment, cognitive, emotional, and physical dimensions and other symptoms. They can also arrange for therapeutic and cognitive training/re-training services to persons in need of neurological, cognitive, psychological status improvement, and in the treatment of age-related brain-behaviour changes. Cognitive training interventions must begin at a suitable and appropriate time in order to make the best use of its benefits. Also, appropriate cognitive training activities can reduce age-related cognitive difficulties in old age, which may be helpful to maintain balanced cognitive health in older adults.

## **Essential Activities for Cognitive Health**

### **1. Physical Exercise and Cognition:**

Exercise improves blood flow, which improves the availability of energy to neurons; it slows down age-related shrinkage of the frontal cortex (front part of brain) which is responsible for administrative function. Physical activity helps in body detoxification, and promotes better cardiovascular health which in turn stops heart attacks and strokes. Exercises rise levels of nervous activity in the body, which support the development and growth of brain cells. Studies have found that older people who started exercising showed faster reaction times, better ability to concentrate; aerobic exercisers really increased their brain size by about 3% and for people who exercised regularly for 3 months, blood flow increased to a portion of the hippocampus which is key for memory.



## **2. Ensuring Restful Sleep and Managing Stress:**

Stress management is important – stress has been shown to actually kill neurons and reduce the rate of creation of new ones. Neuroscientists have found that prolonged elevation in stress hormones damages the hippocampus (involved in memory and learning).

The root cause of most sleep problems is stress. If you go to bed disturbed, you're most likely to wake up in the middle of the night; waking during the night is a real problem, it leads to a psychiatry complaint. This anxiety causes our brains to get disturbed even further. Scan your body. If you have an increased heart rate, body pain, cramps, feeling of weakness or fatigue, you might be thinking about upcoming events and might be restless. One way to challenge your fears is to ask if they are true, and see where you can take back control. Otherwise, negative thoughts can disturb your mind and aggravate the severity of the situation. Feel that you can handle the disruption and you will feel rested.

Initiating any routine that you do before bed – taking an aromatic bath, sipping a cup of tea, listening to music, concentrating on your breathing (just breathing) and not checking your WhatsApp, Facebook, Instagram or e-mail, and repetitive work aid your brain and body for falling sleep. Simply sitting in the spot where you do your deep (30 seconds long) breathing, listening to rhythmical music make it easier for us to sleep.

Auto-suggestion is the simplest and a powerful technique to re-program your subconscious mind. It is easy to do, and it can be done anywhere, any time, needs no special preparation, training or skill and it's the body's programming clock.



Practising relaxation, yoga and meditative exercises can reduce tension, high blood pressure, stress, severity and amount of negative thoughts, and brings about a balanced state of mind. Mindfulness exercises and activities increase a sense of well-being that is related to more telomerase activity in immune cells, which is linked with balanced health and longevity. Laughing reduces stress, relieves pain, and maintains the immune system. Music has been found to help with anxiety, stress, depression, and migraine.

### **3. Train your Brain – Cognitive Stimulation**

Neurobehavioral training activities induce not only functional changes in the brain but systemic changes as well.

Neuroplasticity is the focus of a growing body of research with significant implications for neuro-rehabilitation and it is not a concept unique to occupational therapy. There are a variety of cognitive stimulation activities. Exercises/games will keep you away from overthinking, help thinking and decision making, keep you engaged, entertained and your brain stimulated. Cognition stimulation activities improve planning skills; they help manage time, enhance awareness, attention, concentration, listening skills, visual-spatial skills, word retrieval skills, speed of mental processing and reasoning skills.

Additional improvements can be made in daily life tasks, that is, remembering names and phone numbers, where you had left their keys by auditory/motor exercises that improve internal clock, communication abilities and feelings of self-confidence, based on a variety of perception and memory skills which include visual immediate memory, spatial ability and reaction time. Improvement



is regularly tested and modifications are made to the activities that you have been entrusted to do.

### **Multidisciplinary approach to cognitive health**

There is a common consent amongst neuro-psychologists, specialists in geriatric psychiatry and related service providers that in order to optimize the potential of older adults, a combined activity is required that answers both their physiological and psychological requirements. No single/particular training activity can be effective for enhancing cognitive domains of older adults. The techniques of training activities will vary from different functions according to the needs of the older adults, the demand of the situation, the nature of the problem, the nature of the capacity and the nature of the facilities available for it.

For treating older adults, the cognitive training/ re-training team usually includes the neurologist, geriatric psychiatrist, neuropsychologist, physiotherapist, occupational therapist, speech therapist, rehabilitation psychologist, and social worker, with the accessibility of other facilities such as a dietitian and respiratory treatment facilities.

Combined integrated training activities for older adults are essential to placement and maintenance in a cognitive training or re-training set-up. The instructions are given through a multidisciplinary approach that integrate abilities across different cognitive domains into a single activity. The order of events for the integration of skills within activities allows professionals to address the individual needs of older adults with one task. This guides the professionals to develop new, flexible and activity-oriented training and learning, that



is, “Multidimensional activity–based integrated training and learning”. This consolidated approach calls for experimentation covering all cognitive domains for a successful outcome.

Cognitive stimulation activities are effective exercises for those struggling with neuropsychiatric, neuro–behavioural and old age–related problems. The goal of cognitive stimulation is to create a mental shifting and cognitive flexibility approach to life so that individuals become more aware of themselves, self–motivated, positive towards life, more stress–tolerant, emotionally aware, socially intelligent, with a happy–go–lucky attitude and can maintain cognitive health at the highest levels. Cognitive stimulation activities can be learned, trained and developed, and they allow you to construct a plan of action, execute and meet the targets. It may need some preparation, practice and execution to find the right course of action. In general, cognitive stimulation has the potential to improve your cognitive functioning, overall well–being and quality of life.

### **Tips to exercise your brain regularly**

- Keep learning! You could learn a new recipe, a new mobile application, a new hobby, a new game, a new language, a new culture, dance, Sudoku, Mahjong, Tetris, Chess, crosswords, puzzles, gardening, craftwork, etc.
- Create something new each week.
- Reverse counting, mental arithmetic and unfamiliar tasks boost short–term memory and build up the parts of the brain that encode information.
- Eat with your non–dominant hand; take a different route to shop or work.



- Spend 15 to 30 minutes six times a week to do a variety of brain gym (mental stimulation) activities. You could change between reading different newspapers, magazines, learning a new function or application on your mobile phone.
- Travel and explore new areas – pay attention to the environment.
- Collect quotes and write about short interesting events and experiences or write stories or keep a diary.
- Read the newspaper or watch television channels with a partner and it will be easy for you to narrate different aspects who regularly who regularly talks about current politics and activities.
- Maintain socio–emotional networks with family and friends. Social Links promote an experience of integration, safety and protection.
- Improve and sustain friendships.
- Constantly expose yourself to new stimulating experiences.
- Make an effort to get out of your comfort zones.

It is not at all too late to reverse faulty habits & live a cognitively rich life!

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## Yoga for Healthy Ageing

**Dr Ram Bokde &  
Dr Hemant Bhargav**

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### What is Yoga?

Yoga is an ancient mind–body practice which originated in India around 5000 years ago. Contrary to popular belief that yoga means just ‘asanas’ or complex physical postures. Sage Patanjali advocates yoga as a holistic lifestyle that has eight coherent components to it. These are:

- 1) Yama (five disciplines of interacting with others to prevent unnecessary dissipation of energy): truth, non–violence, moderation in activities, non–stealing & non–hoarding;
- 2) Niyama (five disciplines to interact with one–self and channelize one’s own energy constructively): cleanliness,



- contentment, austerity, self-introspection and surrender to a higher principle in life;
- 3) Asana (stable and comfortable bodily postures);
  - 4) Pranayama (regulation and slowing down of breath);
  - 5) Pratyahara (observing moderation in the use of sense organs);
  - 6) Dharana (concentration of the mind);
  - 7) Dhyana (effortless flow of awareness towards the object of concentration);
  - 8) Samadhi (a state of deep mental calmness and joy).

### **Why yoga-based lifestyle for older adults?**

According to yoga philosophy, the word ‘hatha’ comes from roots ‘ha’ which means the sun and ‘tha’ meaning the moon. Basically, all yogic practices aim at aligning an individuals’ bio-rhythm with that of the nature, thereby improving overall health. Practice of yoga leads to integration of body, breath, mind and emotions. Scientific evidence shows that regular practice of yoga brings stability and flexibility to the body and mind. It improves motor coordination, balance and exercise capacity along with enhancement of lung functions and cardiac health. Regular yoga practice also enhances memory and quality of sleep. Group practice of yoga brings a sense of “connectedness” that may help prevent loneliness and depression. In addition, yoga helps combat common medical illnesses in elderly such as hypertension, type 2 diabetes mellitus, osteoarthritis and obesity.



## Which yoga practices are useful and safe for older adults?

The yoga practices that are advised to elderly include the whole domain of yoga including behavioral components of yama and niyama and practice component of asanas, pranayama, meditation and relaxation techniques. The asanas in elderly should be performed after warming up the body with walk followed by gentle joint loosening practices from head to toes (head movements up and down, sideways, shoulder rotation, elbow bending, wrist rotation, finger-joints contraction and relaxation, back twisting, hip rotation, butterfly, knee bending, ankle rotation, toe-joints contraction and relaxation, cycling and reverse cycling). The loosening practices should be performed by coordination of body, breath and mind. In general, the rule is to breathe in when the joint is bent and to breathe out when it is relaxed. Attention should be on the joint that is being loosened.

After loosening practices, simple asanas that enhance muscle strength and balance are advocated (with modifications for those who need to use chair). Asanas each can be performed in standing, sitting, lying prone and the supine. Such useful asanas are:

- 1) **In standing:** ardha chakrasana (half-wheel pose) and ardha-kati chakrasana (half-waist wheel pose);
- 2) **In sitting:** vakrasana (sitting twisted pose);
- 3) **Prone position:** bhujangasana (snake pose) and viprit naukasana (reverse boat pose);
- 4) **Supine position:** sputa udarakarshanasana (supine abdominal twist), pavanmuktasana (wind

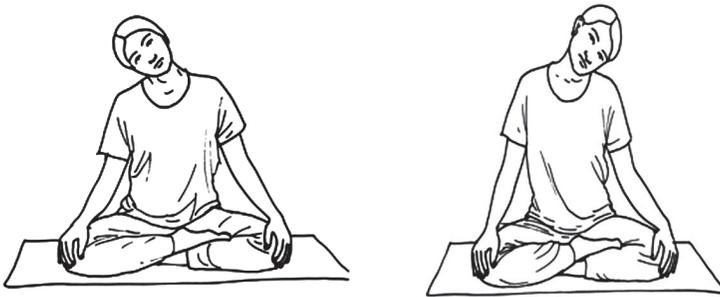


releasing pose) and setubandhasana (bridge pose).

Each pose should be maintained for 10–15 seconds without holding the breath.

After asanas, pranayama practices should be done. Only slow gentle pranyama practices should be performed within comfortable limits. Recommended safe practices are: nadi shuddhi pranayama (alternate nostril breathing; 5 minutes) and bhramari (humming breath; 5 minutes).

Relaxation should be practiced towards the end in shavasana with deep abdominal breathing and part by part relaxation of the body from toes to the head. Meditative practices such as chanting of mantras as per the cultural inclinations should be practiced after that (Figures 1 to 12).



**Figure 1: Loosening of the neck**



**Figure 2: Loosening of the joints in upper limbs**



**Figure 3: Loosening of the joints in lower limbs**



**Figure 3: Ardha-chakrasana (to be practiced with eyes open with wall support)**



**Figure 4: Ardhakati-chakrasana (to be practiced with eyes open with wall support)**



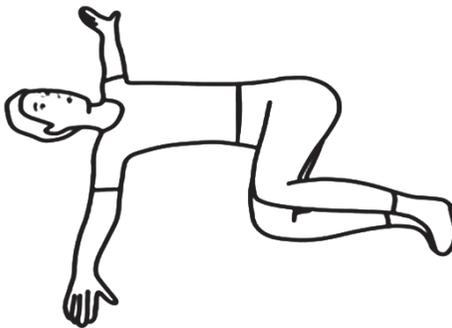
**Figure 5: Vakrasana**



**Figure 6: Bhujangasana**



**Figure 7: Viprit Naukasana**



**Figure 8: Supta Udarakarshanasana**



**Figure 9: Pawanmuktasana**



**Figure 10: Setu Bandhasana**



**Figure 11: Nadi shuddhi pranayama**



**Figure 12: Bhramari Pranayama**

## **What is Tele-yoga?**

Tele-yoga involves offering yoga practices through a video-conferencing platform. Numbers of studies demonstrate that tele-yoga is a feasible option for both healthy individuals as well as diseased patients, especially during COVID times. Authors have clinical experience of teaching yoga to older adults through online mode and they have observed good adherence.

## **What are the precautions that should be observed by older adults while practicing yoga?**

- Practices should be learnt from a trained yoga teacher (with a formal degree in yogic science from a recognized institute) in the beginning and then the self-practice should be continued
- Practices should be performed within capacity: Avoid over-exertion.
- Better to perform yoga in empty stomach condition i.e. 2 hours after full meal and 1.5 hours after snacks
- Standing poses should be done with eyes open with wall support.
- Acute Forward Bends should be avoided in patients with low back pain, cardiac co-morbidities.
- Inverted poses such as headstand and shoulder stand should be avoided by the elderly due to increased risk of injury
- Fast breathing practices should be avoided in elderly with epilepsy, hypertension and heart diseases.
- Chair should be used to modify the pose. Comfort in the final yoga pose is a must.



- Perform deep relaxation towards the end of the session for atleast 10 minutes
- Group sessions are better

**Ps:** VayoManasa Sanjeevani, NIMHANS, is going to launch an online yoga program especially for older adults from 1st October 2021. This will be an ongoing event with 1 month training in the safe and useful yoga module for the elderly. An email can be sent to [yogaforstress.nimhans@gmail.com](mailto:yogaforstress.nimhans@gmail.com) to register for the program.

## Conclusion

Yoga is an ancient holistic lifestyle that can play an important role in improving quality of life of older adults. There are safe and useful yoga practices that can be learnt by the elderly population at any age. Tele-yoga is a feasible option for older adults to learn yoga through online mode.

*(Acknowledgements: All the images are drawn by volunteers at NIMHANS Integrated Centre for Yoga; This is being used for health education purpose only)*

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## **Concept of Healthy Ageing Through Ayurveda**

**Umesh Chikkanna, Kavya Shree,  
Akhila Soman & Dr Kishore Kumar R**

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### **Introduction to Ayurveda**

Ayurveda is an Indian system of medicine, has his roots for more than 5,000 years. In the terminology “Ayurveda” – “Ayu” denotes “life” and “Veda” denotes science or knowledge. Thus, Ayurveda denotes the science of life. The concepts of universal interconnection, the body's constitution (Prakriti), and the humors (doshas) are the principal basis of ayurvedic medicine. Elimination of impurities, pacification of symptoms, increasing disease resistance, calming the mind, and improving harmony in life are the foremost treatment goals of Ayurveda. The holistic treatment approach comprises



panchakarma therapy (Bio-cleansing), followed by unique dietetics, lifestyle modifications, herbs, and yoga.

### **Ageing and Ayurveda**

Ayurveda is divided into eight major specialties wherein Jara chikitsa (management of elderly) is an important part. This branch deals with how to make ageing healthy. Human beings in their life span cruise through the various stages such as Balya (Childhood), Tarunya (Adolescence), Youvana (Youth), Proudha (Middle age), and Vardhakya (Old age) as a result of time. The basic structure of all the manifestations in the Universe is made up of Panchamahabhuta (five basic elements – earth, water, fire, air, and space). The entire course of human life experiences various bodily transformations due to the interaction of time. These are natural phenomena and remain unchanged. Based on the interaction between the basic elements and time the lifecycle has been divided into three stages, known as Vaya; these are Balayavastha (childhood), up to the age of 16 years; Madhyamavastha (middle age), from 16 years to 60 – 70 years; and Vriddhavastha (old age), is the period after 60 or 70 years of age.

### **Concept of Ageing in Ayurveda**

The word Jara denotes a process of ageing. Vardhakya (senility) is also used synonymously with Jara. Ayurveda explains Jara/ageing as a natural phenomenon such as hunger, thirst, or sleep. Vardhakya or old age is characterized by diminished Dhatu (tissue status), Indriya (special senses), Bala (strength), Veerya (vigor), Utsaha (perseverance), Pourusha (sexual competence), and parakrama (Courage) on the physical front, Grahana



(grasping), Dharana (retention), Smarana (memory), Vachana (vocabulary skills), on the intellectual front and Sheeryamana dhatu (fatigability of the body tissue). In addition to these physical characteristics like Vardhakya also exhibits a predominance of Vata dosha.

## **Factors affecting Healthy Ageing**

### **Key factors affecting healthy ageing:**

**Time factor** (Kala) is an important factor influencing ageing. Time refers to changes in physical and mental characteristics as a part of ageing. Disturbance in the rhythms and stages of nature affects the body by causing disequilibrium in the humors making the body susceptible for diseases and unnatural ageing. Several changes occur during each stage of growth period hence, lifestyle adopted in each of these phases has a significant effect on the ageing course.

**Biological constitution** (Prakriti) is the salient feature which is unique to each individual. It comprises of anatomical, physiological, psychological aspects of each individual. The biological constitution reflects each individual's genetic make-up, metabolism, personality trait, inherent strength and predispositions. Thus, biological constitutions have a key role in influencing individuals' strength or transformations at physical, physiological and psych levels which intern interact with the external and internal factors where in all of these factors affect the process of healthy ageing.

**Doshas** (biological energy systems) are the bio forces which regulate the body functions at the cellular level. They are responsible for the entire cellular transformation. All life functions including various biological activities



and movement are governed by Vata dosha, which is closely related to life force. The process of digestion and metabolism are regulated by Pitta dosha. Kapha provides structural integrity to the body and is involved with immune and anabolic functions. Interactions between the Doshas in the body directly reflects the health and disease status of an individual. The normal physiological process tends to alter owing to the influence of these humors on the body which in turn influences the ageing process. Thus, an appropriate lifestyle comprising of humor balancing diet, exercise, and behavioral creates an environment for healthy ageing.

**Dietetics** (Ahara) Humans are substratum of food. Ayurveda treatises indicate a person becomes what he/she eats. Hence the quality of food directly influences ageing. Gramya Ahara (substandard food) and erratic lifestyle provoke the humors, which in turn cause physiological disturbance in the body leading to various pathological which affect the normal lifespan. Dietary practices like over eating, untimely eating, taking mutually incompatible foods, processed food and mental aspects like taking food in an unfavorable environment, unwholesome food leads to formation of ama (Intermittent byproducts of metabolism) which have the capacity to trigger inflammation in the body leading various somatic and psychological conditions. Hence, dietetics followed by an individual during his lifetime has a direct impact on quality of ageing.

**Ritual/ethics** (Achara) are activities of daily living. Daily regimes, seasonal regimes an individual adopts during his life time impact the ageing process. The bodies internals clock synchronize with the day–night cycle in



accordance with sun and earth movement governs the health of the individual. Depending on the activity of this biological clock, Ayurveda provides several guidelines in relation to time and seasons called dinacharya (daily regimens), ratricharya (night regimens), and ritucharya (seasonal regimens). The regimes include optimum awake up time, sleep, brushing, excretion, bath, massage, exercise, dietetic rules, study, travel, and other routines. All these lifestyle measures help to synchronize with the circadian rhythm resulting in a balanced state of mind and body, improve vitality and immunity thereby delay biological ageing.

**Digestive fire** (Jatharagni) is the bio-fire that governs the process of digestion, absorption, and assimilation of food. It has a profound influence on the lifespan and health of an individual. Being the foremost digestive fire, Jatharagni serves as the principal component representing all metabolic functions in the body. It comprises the digestive functions at the level of gastro-intestinal tract, tissue metabolism and cellular metabolism. The diminished state of Jatharagni alters the metabolism, absorption and assimilation and an excess state of the bio-fire leads to enhanced catabolic process leading to dhatu paaka (degeneration). Thus, the state of the bio-fire influences the ageing process. Hence, proper dietetics and proper methods of intake of food like intake of warm food, unctuous food, proper quantity food etc. should be followed for healthy ageing.

Apart from the above the factors which bring in growth (genotype and phenotype) and the factors which influence the healthy growth and development of fetus also have a potential role in the process of healthy ageing.



## **Concept of early ageing**

According to Swabhavoparamavada (theory of natural destruction), there is a cause for the manifestation of a being but the cessation of which occurs naturally without any cause. Jara signifies a periodic reduction in various tissue elements in the form of degenerative changes. Intellectual blasphemy (Prajnaparadha), Improper usage and disequilibrium of five sense organs (Pancha jnanendriyas), inappropriate regimens causing unhealthy changes in the body and mind (Parinama) are the three major causative factors of mental and physical disease. Various diseases occurring due to these etiological factors deteriorate homeostasis in the tissue elements, resulting in untimely ageing/ early ageing (Akalaja Jara).

## **Ayurveda recommendations for Healthy Ageing**

Ayurveda recommends wide-ranging therapeutics that includes dietetics, proper lifestyle, Rasayana (Rejuvenators) and ritual/ ethical practices for a healthy life. The foundation for such a wide range of therapeutics is to maintain homeostasis among the humors, tissue elements and also at the level of the mind. The comprehensive approach includes a personalized regimens which enhance the life span of an individual. The following are the comprehensive and personalized recommendations for healthy ageing:

### **Seasonal - Dietetics**

**Spring season** (Vasantha) – Due to the seasonal effect of spring Kapha dosha gets provoked. To mitigate the Kapha bitter, hot potency and astringent diet is advisable while sweet, salty, and sour food should be avoided. Wheat, barley, honey syrup, red meat, and fruits like mango, jack fruit having hot potency can be consumed.



**Summer season** (Greeshma) – Vayu begins to accumulate due to the dry climate and intense heat of the sun. Diet pacifying Vata and pitta having cold, liquid, sweet, and oiliness is advised. An extremely hot, spicy sour, and salty diet should be avoided. Intake of rice, milk, ghee, sugar, grapes, coconut water, and chicken meat is recommended.

**Rainy season** (Varsha) – In this season previously accumulated Vata gets aggravated and pitta starts accumulating. Hence Vata pitta pacifying sweet, sour, and salty food and drinks are preferred. Therefore warm, dry, and easily digestible food articles are suggested. Preserved (old) rice, wheat, barley, and mutton soup can be taken.

**Winter season** (Hemantha) – Kapha dosha gets aggravated in this season due to a cold, dry, and frigid atmosphere. Therefore, Kapha pacifying diets such as hot, sour, and pungent foods can be taken. To satisfy the increased digestive fire slightly heavy foods like milk, sugarcane, rice, oils, fats, and meat soup are also advised.

**Autumn season** (Sharad) – Pitta dosha gets aggravated in this season. Therefore, it is ideal to take ghee processed with bitter drugs; a coolant and light diet is advised. Bitter, sweet, astringent dominant food articles to be consumed.

### **Achara Rasayana (behavioral medicine)**

Achara Rasayana (rejuvenation) is a unique concept in Ayurveda that implies behavioral, moral, and ethical conduct for emotional wellbeing. They include honesty, non-violence, personal and community hygiene, mental hygiene, devotion, compassion, and a harmonious lifestyle. These behaviors impart rejuvenation in both body and



mind. As per Ayurveda by adopting these measures one can gain all benefits of Rasayana therapy even without consuming any Rasayana recipe. The people who are truthful and free from anger, who are devoid of alcohol and excess indulgence in sex, who practice non-violence (Ahimsa), devoid of lethargy, who are peaceful and pleasant, who practice Japa (incantation) and maintain hygiene, who are stable and steady, who regularly exercise charity and tapas (penance); who regularly practice invocation, worship teachers, preceptors and elders, who are absolutely free from ferocious acts, who are empathetic, whose sleep-wake cycles are regular, who habituated to milk and ghee, who are well aware of their living space and oriented to time, who possess the quality of thinking rationally, who are non-egoistic, broad-minded and having good conduct, who are passionate towards spiritual knowledge, who have an excellence of sense organs, who have reverence for elders, Astikas (those who believe in the existence of God and cogency of the knowledge of the scriptures), and persons having control over self and who regularly study scriptures, get maximum benefit out of rejuvenation therapy. These are the most important factors in maintaining optimum mental health.

### **Rasayana Therapy (Rejuvenation Therapy)**

Rasayana (Rasa = nutrient portion + Ayana = transformation/circulation) is a unique branch of Ayurveda which deals with the science of nutrition, geriatric repair, and rejuvenation. The definition of Rasayana denotes delaying the process of ageing and the prevention of diseases. Rasayana measures aim at producing the most excellent qualities of Dhatus (tissues). They improve



the nutritional status of cells and tissues thereby contributing resistance against various diseases, enhanced mental abilities, promoting positive health and longevity. Rasayana measures have a multisystemic effect, they are specific to each organ system. Some of them are Medhya Rasayana (Nootropics), Hrdya Rasayana (Cardiotonic), Vrishya Rasayana (Aphrodisiac), Twachya Rasayana (skin health promoters), Keshya Rasayana (hair tonics), Chaksusya Rasayana (eye health promoters), and Kanthya Rasayana (speech and voice promoting tonics). Rasayana according to the age group is also prescribed to delay the process of ageing. The degenerative changes, laxity of the body, and reduced mental capabilities will be prevented by age-specific Rasayana. Delaying the process of ageing will in turn promote longevity.

The Rasayana drugs possess antioxidants, immunomodulators, anti-stress, nutrient tonics and they are apoptogenic. All these properties will eventually influence ageing. Recent research on Rasayana drugs like Ashvagandha Amalaki, Yashtimadhu, Guduchi, Brahmi, and classical Rasayana compounds like Chyavanaprasa and Brahma Rasayana have shown their efficacy as anti-ageing remedies.

### **Panchakarma Therapy (Bio-purificatory measures)**

Bio-purificatory measures consist of periodic detoxification and rejuvenation. These measures effectively impart strength and enhance nutrition to the tissue elements, prevent illness that tend to occur as a part of ageing. Most common geriatric health problems such as degeneration in joints, dryness of skin can be prevented by regular medicated oil massage (Abhyanga) that is prepared with herbs according to the individual's



constitution. Massage strengthens the body and delays the signs of early ageing and prevents pathologies due to ageing. Body massage should be undergone daily as a routine practice; it helps to restore the Doshic equilibrium, promotes well-being and longevity. Snehana & Svedana (Oleation and fomentation) therapies counteract the coldness and dryness in the body produced by Vata which is dominant during old age. Bio-purificatory measures improve blood circulation through the body, and enhance removal of toxic matter through increased lymphatic drainage.

## Conclusion

As per Ayurveda ageing is a natural phenomenon and suggests dietetics, lifestyle-based regimes for healthy ageing. Ayurveda acknowledges the Synchronization of bio-rhythms with nature. Harmonious living, universal consciousness, individual constitution, interconnection of human and environment are the aspects which influence ageing. Erratic Diet and lifestyle are the cause for most of the diseases in the present era. Hence, adopting a healthy lifestyle and disciplined diet pattern based on ancient wisdom can contribute significantly in preventing both psychic and somatic conditions and lead to healthy living. Hence, healthy ageing requires a balanced state of body and mind by adopting proper dietetics and lifestyle practices that enhance well-being and healthy transformation of body and mind.

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## Healthy Ageing during Covid-19 Pandemic

Mr Swar Shah and  
Dr Shabbir Amanullah\*

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While ageing is inevitable, opting for a healthier option is a choice. The COVID-19 pandemic has taken a toll on many, and amongst the most vulnerable are the elderly. The virus, and the advice by health agencies to avoid public and crowded areas but also an emphasis on isolation, has changed the way ageing occurs.

Humanity has to learn how to deal with the impact of COVID or similar such infections in future on all aspects of our existence including, socialization, the economy, research, surgeries and many more. These aspects have brought about the need to outline ways in which the negative effects of COVID-19 on the



elderly can be mitigated. In this chapter, we will explore what healthy ageing is, factors that affect healthy ageing, how the COVID-19 pandemic has affected healthy ageing, and what we can do to promote healthy ageing in such situations.

### **What is healthy ageing?**

The World Health Organisation (WHO) has defined healthy ageing as developing and maintaining functional capabilities that can enable future well-being. These functional capabilities include social relationships, contribution to society and meaningful pursuits, physical mobility and exercise, diet, and cognitive ability. Healthy ageing will enable well-being through limiting co-morbidities, effectively managing chronic conditions, and allowing for the elderly to maintain a sense of intrinsic value. The ultimate goal of healthy ageing is a longer, more fulfilling life.

### **What is Unhealthy ageing?**

Failure to develop and maintain those functional capabilities necessary for healthy ageing in the elderly will lead to unhealthy ageing, that is detrimental to future well-being. This impacts in 3 major ways: psychologically, socially, and physically. Psychologically, this can lead to neurocognitive (memory related) decline and risk for dementia or mild-cognitive impairment (MCI), with signs such as decreased problem-solving abilities, declining functional mobility, and forgetfulness. Decreased functional mobility can lead to a greater risk of falls and injury in the elderly. Socially, lack of meaningful relationships and feeling of contribution to society leads to isolation in the elderly, ultimately causing

a decreased sense of fulfilment and happiness. Physically, unhealthy ageing also leads to more co-morbidities and illnesses such as cardiovascular issues, strokes, and cancers that lower quality and length of life and increase healthcare burden.

### **What are the factors affecting healthy ageing?**

The major risk factors that roadblock healthy ageing include social isolation, unhealthy eating, sedentary lifestyle, falls and injuries, and smoking.<sup>1</sup> There is a lot of interplay between these risk factors, therefore ideal solutions must address all of them to maintain healthy ageing.

#### **Social isolation:**

Isolation can occur due to loss of mobility, retirement, and declining health. Environments that demonstrate ageism can also lead to isolation for the elderly. Furthermore, the COVID-19 pandemic demonstrated a need for regulatory isolation. Lack of meaningful relationships and interconnectedness with others hinders motivation for healthy living such as appropriate exercise and diet. Isolation also drastically increases the risk of developing depression, dementia, impaired cardiovascular function, and diminished immune function.

#### **Lack of exercise and healthy diet:**

A sedentary lifestyle and a lack of a healthy diet can lead to increased risk of cardiovascular disease, obesity, and type 2 diabetes, amongst other issues. It may also predispose an individual to frailty, which is a physiological decline that may also lead to fall and injuries. Loss of



functional mobility due to ageing processes can further contribute to lack of exercise. Missing environmental support, such as lack of elderly exercise programs or inappropriate walking conditions may also contribute to a sedentary lifestyle. Healthy diet can help offset issues such as obesity or malnutrition, which may go on to negatively affect self-image and worth, as well as decrease functional independence. Unhealthy eating may occur due to promotion of calorie-rich foods, lack of accessibility to healthy food, or as unhealthy coping mechanisms developed against conditions such as depression.

**Falls and injuries:**

One major cause of loss of functional independence in the elderly due to injuries, are falls in the elderly. This can lead to a loss of social opportunity due to pain management and lack of mobility, which can cause social isolation. It can also impact exercise in the elderly either directly through loss of mobility or through fear of falling, exercise or pain.

**Smoking:**

Tobacco, nicotine or vaping have been shown to affect the lungs and lead onto well known consequences. Vaping has recently been source as detrimental to one's health. Smoking can lead to premature ageing of the skin and wrinkles, cardiovascular disease, lung cancer, reduced life expectancy, and decline in cognitive and physical function. Smoking is a major cause of unhealthy ageing, and can be exacerbated through promotion of nicotine products, inadequate smoking rehabilitation, and lack of support channels for quitting smoking.



## **How COVID–19 affect healthy ageing?**

COVID–19 has impacted the elderly directly and indirectly. Directly, the COVID–19 virus has demonstrated higher morbidity rates in the elderly due to their co–morbidity and weaker immune systems. The direct impacts of the virus on the elderly include physical institutionalization (in hospitals and long–term care homes), loss of mobility, and mortality. These aspects affect healthy ageing directly through lowering life expectancy and diminishing overall quality of life.

The repercussions of the health care directives to prevent the spread of the virus has led to lockdowns and social isolation measures globally. The impact may vary from region to region and between cultures but data is lacking at this point. This has led to indirect effects of the virus on healthy ageing. These regulatory measures have led to a disruption in daily routines and behaviours and a requirement to adapt to a novel situation, which has led to greater agitation and aggression in the elderly. The social isolation from friends, family, volunteering groups and clubs have also led to negative mental effects on the elderly. These situations can lead to poor diets due to unhealthy coping mechanisms, sedentary lifestyle due to closure of physical rehabilitation programs, loss of social purpose due to lack of interaction, development of depression and dementia, and increased stress.

## **Healthy ageing guidelines prior to COVID:**

Guidelines prior to COVID focused on major domains such as:

- 1) **Management of co–morbidity and maintenance of health:**

Examples: caregiver education, healthy eating,



appropriate medication, regular follow-up with healthcare workers, hydration

2) **Mental health:**

Examples: psychotherapy, social inclusion, volunteering, clubs, meditation/yoga/Taichi etc

3) **Physical health**

Examples: regular walking and exercise, oral health, aerobics

4) **Cognitive health**

Examples: stimulatory activities such as exercise and reading, reminiscing, social discourse, debates, current affairs but also, no cell phone days/’silent Saturdays’

5) **Social, spiritual and cultural engagement**

Examples: interactions with friends, family, clubs, volunteering, attending pooja, salaah, church sermons etc.

With COVID-19, social isolation measures lead to effects on mental and physical health and social engagement. For example, volunteering, interactions with family, and exercise options have been severely limited. This can lead to a sedentary lifestyle and prevalence of social isolation, ultimately affecting cognitive health and decreasing functional independence to affect falls and injury. Directly, the COVID-19 virus also leads to higher mortality in the elderly.

### **How can we keep following these guidelines during measures of social isolation?**

To effectively promote healthy ageing during situations such as the COVID-19 pandemic, multiple



steps must be taken. Here, we provide some recommendations on tackling each component of healthy ageing during the pandemic. Due to the interplay between each aspect of healthy ageing, techniques may impact more than one aspect.

<b>Aspect of Healthy Ageing</b>	<b>Goal of Technique</b>	<b>Techniques During COVID-19 Pandemic/ Social Isolation</b>
<b>Maintenance of health and management of co-morbidities</b>	Management of co-morbidities, chronic conditions and reduction of mortality	<p>Regular follow-up with their Family Physician and medication management through virtual/telephone consultations.</p> <p>COVID-19 Vaccination + other vaccinations (ex. annual influenza)</p> <p>Healthy dietary education to caregivers and elderly</p> <p>Hands-free delivery services for medication and groceries; support from Food delivery staff</p>
<b>Mental Health</b>	Maximizing self-fulfilment and happiness; minimizing the impact of stress	<p>Use of technology to combat loneliness</p> <p>Education on substance abuse (ex. alcohol) to caregivers and elderly</p> <p>Engaging in virtual yoga and other therapeutic exercise</p>



		Journaling, therapeutic writing
		Virtual cognitive-behavioural therapy
<b>Physical Health</b>	Managing functional independence and conditions more common with age (eg. osteoporosis, arthritis)	Routine exercise through online classes or while complying with health regulations (eg. walking with social distancing, home gyms/workout equipment)
		Online support groups for management of conditions such as arthritis,
<b>Cognitive Health</b>	Mitigating cognitive decline and behavioural symptoms (eg. dementia, agitation)	Keeping routine exercises shown to stimulate cognitive health (eg. aerobic exercises, deep breathing)
		Encouragement for stimulatory activities that may be done while socially distancing (eg. reading books, completing puzzles)
<b>Social, Spiritual, and Cultural Engagement</b>	Maintaining social relationships and feeling of contribution to society	Technology to communicate (eg. Zoom, Skype)
		Engaging in hobbies such as reading, art, music, online gaming
		Online religious services to maintain spirituality



Holistic therapy is therapy that targets a person's mind, body, and spirit, and may be effectively used for many aspects of healthy ageing during the pandemic. This include exercises based upon cognitive-behavioural therapy (CBT), in which self-positivity is reinforced to help mental health and physical health. Meditation in its various forms and variations across the globe is easily accessible through online classes can also allow the elderly to maintain mental health with numerous physical and cognitive benefits.

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## **Palliative Care & End-of-Life Care**

**Dr Sunil Dhaliwal**

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### **What do you mean by Palliative care?**

Palliative care (pronounced pal-lee-uh-tiv) is an inter-disciplinary holistic care primarily aimed to provide relief from the suffering of the person with an advanced stage of a particular disease. The motive is to improve the quality of living and also for their caregiving family members. It involves a multi-disciplinary team approach, with a focus on to provide relief of physical symptoms and also providing the support in their social, psychological, spiritual life and also support for the families.

It is one of the medical fields that deals with the caring, that can also be provided along the entire course of any illness. The palliative care principles can be used in any illness regardless of



whether treatment is focused on cure or making a patient comfortable at the end of their life.

### **General principles of palliative care**

- Clear communication with the patient and family/primary caregiver is of prime importance.
- Symptom management is the main focus, physical and psychological.
- Timely discussion over the treatment plan with realistic approach is of utmost importance.
- Correct the correctables (e.g., treating oral candidiasis, a fungal infection contributing to pain during swallowing), counselling to help patients coming to terms and understand and accept the limitations caused by the disease (e.g., a patient with COPD, lung problems when they may not be able to walk outdoors, but supplying a wheelchair may allow them to go out enjoy the outing, that improves the quality of life), and drugs to control some of the symptoms that could reduce the distress.
- Treatment is planned and tailored for each individual as per the needs, and is continued till it is effective in reducing the problems.

### **Who can provide Palliative care?**

Palliative Care is a multi-disciplinary approach, provided by trained and educated Palliative Care Specialist Physicians, Nurses, Social Workers, Counsellors, occupational therapists, physiotherapists, home care and personal support workers, and volunteers are just some of the people who may be involved.



This team approach focuses on improving Quality of Life of the patients and their caregivers, promoting well-being and enables patient to live as well as they can with their life-limiting illness.

### **When is palliative care provided?**

Palliative care can be provided to patients of any age & at any stage in a life-limiting illness. Palliative Care should be provided early in the course of illness trajectory to facilitate good symptom control and improve Quality of Life and makes the journey of illness experience positive.

### **Where is palliative care provided?**

Palliative care can be provided Anywhere, wherever patients are living – at Home, in a Residential Hospice, in Hospital or in a Personal Care Home. The best place to receive care is usually the place that best matches your needs.

Most of the people/patients choose to stay at home for as long as they can. Family members, with support from the Palliative Home Care team, may decide that they want to be the main caregivers in the home. Cities like Mumbai–Thane have supports in place and services to help patients and families provide care at home.

### **Who all can Benefit from Palliative Care?**

Palliative care is beneficial for patients diagnosed with any life threatening/serious illness, regardless of the stage of illness. It is ideally provided early and throughout the illness, together with life prolonging or curative treatments.

### **What is the main difference between palliative care and hospice care?**

Palliative care can begin right from the diagnosis



along with the curative treatment whereas hospice care begins after the treatment of the disease is stopped and when it is clear that the person is not going to survive the illness.

Hospice care is primarily for the end-of-life care management.

### **What is the main goal of palliative care?**

The main goal of palliative care is to relieve the suffering of the patients and their families. The suffering could be physical, psychological, emotional and spiritual.

### **Two important points to note during advanced stage of illness:**

#### **Dehydration**

- the patients who are terminally ill or actively dying tends to drink less water primarily due to extreme fatigue, nausea, low level of consciousness. When this becomes chronic, the body slowly acclimatizes and thirst is not felt.
- Oral hygiene (clean mouth) that plays a vital role when there is decreased intake of food is a part of the dying process.
- Reassure caregivers that it's not the dehydration but the disease that is killing the patient.

#### **“Death rattle”**

- The patient is generally unaware. Assure the family of this.
- If there is increased secretion that is causing distress or discomfort to the patient or the family, the treating Doctor could prescribe hycosamine, glycopyrrolate or a scopolamine patch.



**Important FAQ's:**

**1. By agreeing to palliative care will that mean 'I am giving up?'**

No, Never.

The goal of palliative care is to make you comfortable and help you achieve the best possible quality of life. You can have palliative care while you are undergoing treatments that may cure or reverse the effects of your illness.

In fact, Palliative Care can help you cope with aggressive treatments by getting your pain and symptoms under control to help you fight the disease.

Palliative care also helps patients to complete their disease related treatment

**2. How do I know if palliative care is right for me?**

Palliative care may be right for you if you are experiencing pain, distress and other symptoms due to any life-limiting illness.

Life-limiting illnesses include but are not limited to: Cancer, Cardiac Disease, Respiratory Disease, Kidney Failure, Neurologic Conditions, etc.

The focus is on symptoms, pain, distress, etc. Palliative care is appropriate at any stage of a life-limiting illness and you can get it along with treatment meant to cure you.

**3. Should I wait for my doctor to discuss palliative care or hospice care?**

Absolutely NOT



As a consumer, you're encouraged to explore all of your healthcare choices. Palliative care professional services with your physician, when necessary, as he/she directs your care.

There are many levels of care to consider when diagnosed, and medical care is provided under the direction of your personal physician or by the palliative care team member, as appropriate.

**4. Could I be addicted to the medication used for my pain and symptoms?**

No.

Addiction to medication prescribed for pain relief is a common fear, but is highly unlikely. Palliative Care Doctors are experts in preventing problems and side effects of strong pain medications.

**5. Could taking pain medicine hasten my death?**

No.

Appropriately prescribed medicine will not hasten death.

Your Palliative Care Doctor has the expertise to devise a medication plan that makes you comfortable, and is safe.

**6. If I receive palliative or hospice care, will I still be able to see my personal doctor?**

Absolutely.

Your Palliative Care Doctor coordinates care with your other doctors and helps you navigate the often-complex health care system



**7. Is hospice just for last few days or weeks of life?**

Patient's are eligible for hospice care if they have very short time to live (as prognosticated by the treating doctor)

Unfortunately, most people don't receive hospice care until the final days of life, possibly missing out on weeks of helpful care and quality time.

**8. Does hospice and palliative care centre only serve patients who have cancer?**

No.

Hospice & Palliative Care Center also provides care for patients with chronic and life limiting conditions such as Chronic Lung Disease, Neurological Conditions, Heart Disease, and others.

The focus is on symptoms, pain, distress, etc., and on those who have any illness.

**9. Does palliative and hospice care serve only adults?**

NO.

The programs and services of Hospice & Palliative Care Center are designed to meet the needs of anyone dealing with a life-limiting illness.

Children and their families are offered a specialized pediatric program, created to meet their unique needs and challenges.

**Guidelines for End-of-Life Care**

A "Good death" is the right of every dying patient. The world-wide survey done by researchers in UK for Quality of Death in 2015, found India was ranked 67th



amongst 80 countries. This led to the implementation of “Guidelines for End-of-Life Care, AIIMS, New Delhi” was developed by task forces from various disciplines of healthcare followed by internal peer review.

The aim of developing the document was to develop practical procedural guidelines to identify the terminal stage of illness, ensure care at all levels – physical, emotional, social and spiritual, to minimize the symptoms and enable dignified dying process for chronically and terminally ill patients.

**The document includes the following seven steps–**

- **Step 1:** Recognition of “Futility of Further Management” by primary clinician.
- **Step 2:** Clinicians Consensus on futility of further management.
- **Step 3:** Early and detailed explanation of prognosis with proper communication and documentation of disclosure by patients and/or family members for withholding life support.
- **Step 4:** Assessments before initiation of end-of-life care
- **Step 5:** Continuous assessment of daily supportive care plan
- **Step 6:** Documentation of daily progress note
- **Step 7:** Feedback

**Bereavement**

The period after a loss of a loved one during which grief is experienced and mourning occurs. Palliative care specialists deal chiefly with patients devastated over the



loss of a precious one. They also help patients deal with grieving over the expected and real loss of their health, their future, physical abilities, roles, and relationships. Even the Doctors mourn the loss of patients they have cared for.

There is a normal grieving process that everyone experience. Most get accustomed to the new normalcy, but a section will develop depressive illness or complex grief reaction that needs attention.

*(For More information, visit our website [www.painpa-lliative.org](http://www.painpa-lliative.org); ps – some information here has been taken from our website for public health education purpose)*

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*The young always have the same problem— how to rebel and conform at the same time. They have now solved this by defying their parents and copying one another.*

**–Quentin Crisp**

*By the time we hit fifty, we have learned our hardest lessons. We have found out that only a few things are really important. We have learned to take life seriously, but never ourselves.*

**–Marie Dressler**



## **Elders Helpline; Community based Intervention for Elder Abuse**

**Ms Swati Bhandary**

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....“I am 80 year old. I have only one son. I am completely dependent on him. He has been forcing me to sell the house so that he can invest the money. But if I sell this house where will I go? Every day he keeps hurling abuses at me. I feel so helpless.”

....“I am a senior citizen eligible to get government pension. I had applied one year back. Till now, I have not received any pension in spite of my repeated visits to Tahsildar’s office.”

....“I have three children but now when I have health issues, none of them want to help me out. I wonder why I am alive to see such days ...”



These are some of the calls received at Elders Helpline – a toll free Helpline for elderly in distress run as a joint program of Bengaluru City Police and Nightingales Medical Trust – a Not-for-Profit Organization engaged in Age care since 1998. The Helpline is also partially supported for the Department for the Empowerment of Differently-Abled and Senior Citizens. The Elders Helpline was initiated in 2002 to reach out to elders in distress. With a toll free number 1090 / 100 all services of the Helpline are free. The objective of Elders Helpline is to provide prompt service to elders in distress. Since its inception in 2002, the Elders Helpline has received more than 2,26,000 calls from senior citizens. A total of 11258 complaints have been received and 6398 have been resolved successfully. More than 40,000 counselling sessions have been taken up at the Helpline. Every day the Elders Helpline receives more than 40 calls and visitors.

Today, senior citizens are facing a lot of problems in every sphere of their life. The social support system is changing due to rapid globalisation, migration due to economic reasons, change in work culture and increased trend towards nuclear families. This has reduced the support system when people get old with increased longevity, but with limitations to their societal roles and overall reduced the quality of their later life. The society's focus seems to prioritise the needs of the young than the elderly. Based on experiences shared, they feel they are slowly losing the respect and feel left out, from the role from which they had once commanded. Elders are faced with reduced family support, experiencing deprivation of their self-respect and more so feeling lonely. Due to spiraling cost of living, they face financial insecurity.



Elder abuse is a serious problem which largely remain within four walls of the homes and rarely gets reported. Due to their frailness and inability to protect themselves, elderly are an easy target for violence & crime. Many elders are harassed by their own family and deprived of their legitimate rights. Older persons who are abused, rarely come out and share their problems with those outside their family environment. As many of them are dependent on the family for physical and financial support, they don't take the risk of sharing their problems and exposing their vulnerabilities. Cultural norms prevent them from talking about what they are going through and they are forced to suffer silently. In most cases, the abusers are their own close, trusted family members. It is rather surprising that elder abuse and our cultural values that emphasizes respect for elders co-exist in our society.

Seeing elder abuse as a growing concern, the Elders Helpline intervention was established to provide a strong and reliable support system and redressal mechanism to provide relief to elders in distress. The Helpline also provides verified and reliable information for services required for elderly and guidance for various government services and schemes for the benefit of senior citizens. The Elders Helpline is manned by trained team of counsellors, social workers, legal experts and volunteers. Police staff are also deputed to attend calls and to do home visits. A systematic methodology is followed for resolution of complaints received. Complaints are categorized as verbal or written complaints based on the severity of the issue. All cases are well documented and step by step procedure is followed to resolve the cases within acceptable timelines. Home visits are done to help



elders who are in trouble and are unable to come to Helpline office or to verify information given in certain cases.

For written complaints received from the elderly, call notices are sent to opposite party and they are advised to come and share their response to the complaint. As the Helpline is located in the police station, this helps to put moral pressure on the opposite party and they usually respond to the notice issued. For many cases, a joint counselling session is conducted and efforts are made to resolve the issues between the senior and the opposite party in an amicable manner. Although all possible efforts are put in to resolve the issues, the success rate of the Elders Helpline is about fifty to fifty-five per cent. At times cases are already filed in court of law and as such cannot be further addressed at Helpline. Such cases are marked as unresolved and closed. In some rare situations, due to repeated refusal of the opposite party to come forth for counselling, cases have been closed with advice to seek legal route through Judiciary. Elders Helpline does not have statutory powers to enforce an action and this becomes a disadvantage.

The Helpline also conducts awareness programs for various stakeholders on the rights of elderly. Elder Abuse Awareness Day is observed by the Elders Helpline but conducting special awareness events such as street plays, rallies and roadshows to highlight the cause.

The nature of complaints received at the Elders Helpline have over the years been witness to a slow but steady breakdown of the social fabric of urban communities. Some of the complaints frequently received at the Elders Helpline include property issues wherein the senior citizen who have been harassed by family

members to gift their property, or would have been neglected and ill-treated by their children after property is bequeathed to them. Family relationships are often strained due to property related misunderstanding,

Tenancy issues are also quite usual. The issues range from default in rent to non-payment of leased amount to misuse of rented property and refusal to vacate.

Financial cheating is also commonly seen. As safe investment instruments give very less interest, many seniors opt to invest in private chit funds with the hope of getting higher rate of interest – only to get cheated at times. Cases of cheating by builders and other service providers are also received.

Neglect and harassment, leading to complete breakdown in familial relationships have increased steadily in recent years. More than one third of the complaints raised by the elderly are against their own family members and relatives. Elders seeking to live separately from their children and requesting for sustenance support is on the rise. The Maintenance of Parents and Senior Citizens Act 2007 made it mandatory for children and legal heirs to provide maintenance to elderly parents. The Act has the provision for cancellation of deed of property gifted by parents in the event that the children neglect their parents. Elders Helpline was instrumental in advocating for the establishment of this Act and has strived to promulgate it for the benefit of senior citizens.

Rescue and rehabilitation services have also been an important service by the Elders Helpline. Elders found abandoned on streets referred by public are rehabilitated in care homes for destitute elderly. Many a times elders



with dementia who have strayed from their homes have been found through good networking with police stations.

Nightingales Medical Trust has been advocating replication of such services and through its sustained advocacy efforts, the Elders Helpline services were set up in all districts of Karnataka. Inspired by such interventions and the direct touch it has with the elderly for resolution of their concerns, the Ministry of Social Justice and Empowerment, Government of India has launched the National Helpline for Senior Citizens on 1st October 2021. This service, called the ELDERLINE, is being run in collaboration with various State government and implemented through NGOs. Nightingales Medical Trust has been nominated as the implementing agency for the Elderline service in Karnataka. This most effective approach would help to foster networking of diverse stakeholders and provide timely interventions for elderly persons in distress across the country. In the long run, it would help in providing a voice for the elderly, their say in shaping schemes for empowering them and ensure that the much-needed momentum for the care of the elderly is reached, their rights are preserved and a dignified and fulfilling life becomes theirs to claim.

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## Making A Will

**Ms. A Ragamalika**

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### What is a Will?

A Will or testament is a legal document, prepared by a person, referred to legal terms as the testator. This document is prepared during the life time, to express his/her wishes as to how his/her property both movable and immovable properties, assets, gold etc is to be distributed amongst his / her family members, children, grandchildren, friends, acquaintees, distant kindred, servants, etc after death.

### Executor of the Will

The testator shall also nominate one or more person/s, as the Excecutor/s, who will manage the estate until it is finally distributed as per terms of the Will document.

In India, any will made by persons



practicing (belonging to) different religions such as Hindu, Buddhist, Sikh or Jain follow the provisions from the Indian Succession Act of 1925. For Muslims, it is covered by their Muslim laws; when a muslim person wants to make a will, he/she so called testator can make will only for the one-third of the bequeathable property i.e., one-third of what would remain after payment of his funeral expenses and repaying any debts he/she might have.

### **Why making Will is important, especially for Senior Citizens?**

#### **Main reason why one should make a Will:**

- A Will makes it easier for the family members or friends or relatives to sort everything you leave behind be it property, cash, gold, jewels etc after the death of the person, without which the distribution process can be more time consuming and stressful and creates lot of differences and conflicts, unhappiness amongst family members that can remain for long time.
- When the person dies without a Will, everything he own will be distributed in accordance with law, which the person might not have intended to.
- A Will may help reduce the amount of Inheritance Tax that might need to be payable on the value of the property and money left behind.
- Writing a Will is all the more important if the person has many children or there are many family members, who are also the legal heirs or dependents under law or could be potential beneficiaries as per law, or in case the person wants to leave something to people outside your immediate family.



- In a Will the person can also decide who has to take care, when he is ill and how and what kind of medical procedures he prefers.
- One should not wait till he/she is sick or in hospital / nursing homes and then think of making a Will as it may need some planning. So, Plan well in time and make a Will.

### **Who can make a will?**

1. The Person executing should be an adult, that above 18 years of age.
2. The Person has to be of sound mind and in a healthy state of mind, must be in a position to communicate by any means, able to foresee the consequence of what is there in the will, able to comprehend to be able to communicate the purpose of the document that is being executed.
3. It is to be voluntarily executed, that is free from any coercion, or not subject to any undue influence or any compulsion.

### **Precautions to be taken if the testator is suspected to have memory issues.**

With regards to Elderly Persons who are suspected to have memory or cognitive impairment, doubts over their capacity to make a will, it is suggested to get an assessment of Testamentary capacity done by a Government Medical Officer, preferably Specialist Psychiatrist or Neurologist and certificate of having testamentary capacity is needed before writing the will and also seek legal assistance when in doubt.



**Can a dementia patient make a Will?**

A person when diagnosed with Dementia does not mean he or she cannot make a Will. Basically, he or she should be able to understand or make decisions about the Will i.e, testamentary capacity.

**Whether it is compulsory to register a Will in India?**

In India registration of Will is Optional, under the Indian Registration Act, 1908. It may be better to register a will, to avoid someone challenging the Will as Fraud, forgery document, done with undue influence, without capacity etc.

**What is Safe custody of a Will?**

Once a will is executed, there is a provision for the testator to deposit in the safe custody either with a solicitor or chartered accountant or sub-registrar or any other person whoever he/she has confidence. This deposit of the Will is optional.

**Can the registered Will, be challenged in court?**

Where there are some suspicions of any element of fraud, coercion, undue influence, lack of capacity, revoked etc regarding the Will, the court will examine the Will even if it is registered or not.

**Whether an Ancestral property can be bequeathed in a Will?**

As per the law, any movable or immovable property can be bequeathed in a Will by its owners, only that property acquired by them, so called self-acquired property. It cannot be an ancestral property of the testator. However, if a division or a partition has already happened in a joint Hindu family, it could become 'self-



acquired property', in the hands of the said person who has received it.

### **Important details to be borne in mind while preparing a Will.**

- If any heirs apparent are being excluded in the bequests then the reason for so doing, could be due to strained relationship or some other properties or benefits have already been gifted / transferred / bought in their names, etc, it is better to mention in the will.
- The testator chooses the language in which he/she wants to prepare and execute the Will that the testator feels most comfortable.
- Senior citizens can make provisions for who should look after him / her the spouse after the lifetime of the testator/ testatrix.
- Provisions can be made, whether some portion of the estate or whole of it or creating a life estate in one and then absolute vesting in another or group of individuals or, trust.
- Provisions can be made to the spouses, children, grandchildren, friends, acquaintees, servants or distant kindred, etc
- Provisions for funds application for performing the last rites on the death of the testator.
- Provisions can be made if the body or eyes after death has to be donated to any particular NGO / hospital etc.
- Provisions for payment of taxes, estate duty, or recovery of amounts due to him, actionable claims etc



- Provisions can be made for reserving the right in the testator/ testatrix to revoke the Will at any time, appointment of an Executor/s to administer the estate after the death of the testator/ testatrix, payment of expenses for the same, creation of Corpus from any Fixed Deposits and other deposits, savings account etc.
- If the legatee / legatees do not survive then the next beneficiary to whom the bequest to vest to be specified so as to ensure that the Will doesn't fail.

### **Whether Will can be revoked?**

Yes. The Will that has already been made can be revoked completely or altered in the form of a Codicil at any time when the Testator has capacity to do so. If a testator is keen to make a few alterations to the Will document, without affecting the entire Will, he/she can do so by making a so called Codicil to the Will and Codicil could be executed in a similar way as a Will.

### **What is a Probate?**

- Probate is a certified copy of a Will under the seal of the competent court of law.
- A Christian executing a Will cannot be recognized by any court of law unless probate or letters of administration is obtained from the competent court.
- Hindus, Muslims are not bound to apply for Probate under Indian Succession Act, 1925.

### **Details to be captured in the Will**

- Declaration in a sound state of mind and health, out of my own free will and volition, in the presence of the witnesses who have attested to this Will



- Declare that that the present Will is the last Will and all the Wills, Codicils and other testamentary dispositions those made earlier are revoked.
- Details of Properties and how the testator acquired title and documents in case of fixed deposits, bank accounts, share certificate, debentures, their values and reference numbers, mutual funds etc
- Details of guardians if the beneficiaries are minors.
- Desires that are to be carried out after the death of the testator with respect to any of the rituals or who has to perform the rituals etc
- The testator should sign the will document in presence of at least any two witnesses who can be their family members, friends, relatives, colleagues, neighbours etc, who have to put their signature after his/her signature in the Will document; It is to confirm and certify by way of signing, that the testator has actually signed the will in their presence. The Witness cannot be any of the legatees or the beneficiaries in whose favour the Will is being made.
- Date and Place will need to be mentioned.
- Name of the Executor/s should appear.

### **Place of making Will**

- Will can be made in any place. Even if it involves two or more properties in different cities or states it can be registered in any one of the Place or wherever the testator resides.

### **Types of Will**

- Drafted by a draftsman and the draftsman will sign after reading over and explaining the contents of



the documents and its implications; and that it will take effect only after the demise of the testator / testatrix and testator will signing the Will with two witnesses

- Handwritten Will or Holographic Will – is a Will handwritten by the testator and signing the document with two witnesses
- Oral Will – Oral Wills are also valid made in front of two witnesses usually at the time of death of a person. Instead to plan for making a Will.
- Will need not be on Stamp paper, even plain paper will do.

### **Pandemic and Will**

Considering the uncertainty due to the present Covid crisis, which is also a threat to lives and health of general public, it is not only important for senior citizens, but even for others to plan for making Wills or estate planning to avoid intestacy, i.e, dying without a Will, as it is important to plan for safety, security and protection of our loved one's spouse, children etc which is utmost important in these testing times.

**Disclaimer** – This article is only for information and should not be considered as a legal advice. You should approach an attorney for appropriate legal advice.

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## **Maintenance and Welfare of Parents and Senior Citizens Act, 2007**

**Dr P T Sivakumar, Dr A Thirumoorthy &  
Dr Sojan Antony**

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### **Case Scenario**

Mrs. Saroja is a 75-year-old lady from Mangaluru, Karnataka. Her husband was a businessman, he died a year back due to an accident. Her son is a software engineer working in Bengaluru. He got his mother to transfer the house property to his name through a gift deed. He withdrew the bank balance from his father's account using the ATM card. He had promised that he will take her along with him to live in Bengaluru. But he got her admitted at an old age home and stopped visiting her after that. He refused to take care of her needs.



It is not uncommon to hear similar complaints about abuse faced by senior citizens. This chapter discuss the legal safeguards/ protection to address such issues.

### **What is the legal provision to aid senior citizens facing elder abuse?**

Many senior citizens face neglect and abuse from their family members. Children and son / daughter-in laws are the most common offenders. The Maintenance and Welfare of Parents and Senior Citizens Act (MWP Act), 2007 is the legal provision that can be helpful to provide maintenance and ensure protection of the life and property of senior citizens.

### **Who are the eligible beneficiaries under the MWP Act 2007?**

Parents and Senior citizens are the beneficiaries under this act. Any individuals aged 60 years and above are considered as senior citizens. Parents of any age are also eligible to get benefits through this act.

### **What are the important provisions of MWP Act, 2007?**

- This law mandates the provision of maintenance and welfare of parents and senior citizens guaranteed by the Constitution of India.
- This act mandates that children are responsible for the maintenance of parents and senior citizens if they cannot maintain themselves through their income.
- In the case of senior citizens without children, any relatives who are entitled to receive the share of property of the senior citizen are responsible for their maintenance.



- This act provides safeguards to protect the life of senior citizen and mandates the State Government to implement this through a comprehensive plan.
- This act has provisions to safeguard the movable and immovable property of senior citizens if the children do not provide proper maintenance after the property is transferred to them
- This act mandates the State Government to establish old age homes for the senior citizens without sufficient means to maintain themselves
- This act mandates the State Government to improve the health care facilities for senior citizens

#### **Who are considered as Children under this act?**

- Son, daughter, grandson and grand–daughter are considered as children under this act. This provides for claiming maintenance from them except in case they are minor.
- The scope of the definition of children is proposed to be expanded to cover son–in–law, daughter–in–law as well legal guardian of minor children in the amendment of this act to make it more effective.

#### **What is the need for a specific law to promote the maintenance and welfare of parents and Senior citizens?**

- Government of India has the responsibility to fulfill the commitments for promoting the rights and welfare of senior citizens as mandated by the constitution and the global initiatives under United Nations.



- Decline of the joint families and changes in the traditional family values has contributed to the increase in the prevalence of abuse and neglect of parents and senior citizens.
- The existing legal provisions to achieve this have significant limitations and barriers that prevents or delays access to justice for senior citizens

**How are the provisions of this law different from the usual legal process in courts?**

- The procedures for adjudication of the applications seeking maintenance under this act need not go through the usual judicial process in courts.
- The maintenance tribunals notified under this act are the authorities with powers to adjudicate these applications. They have the powers equivalent to a Civil Court for the implementation of this act.
- The Sub-Divisional Magistrate or Sub-Collector is the maintenance tribunal under this act.
- The District Magistrate or District Collector is the appellate authority to consider the appeal, if the senior citizen is not satisfied with the decision of the maintenance tribunal.
- Section 17 of the MWP Act, 2007 prohibited appearance of lawyers to represent parents / senior citizens or their children in the maintenance or appellate tribunal.
- However, a recent judgement of the High Court of Kerala has declared Section 17 of the MWP Act, 2007 as unconstitutional. This is due to the superseding effect of the rights of advocates to represent before

any court/ tribunal as per the Section 30 of the Advocates Act, 1961.

- Senior citizens having difficulty in affording legal representation can get free legal services from the panel lawyers of Legal Services Authority.
- There is a clear timeline to complete the process of enquiry and adjudication of maintenance applications under this act. The process must be completed within ninety days from the date of serving the notice to the respondents. The proceedings can be extended by a maximum period of thirty days due to exceptional reasons.
- This timeline is likely to be strengthened further as the proposed amendment of this act mandates the consideration of the date of application instead of the date of serving the notice to calculate the timeline.

### **How can a parent or senior citizen apply for maintenance from children or relatives under this act?**

- The application for maintenance can be submitted by the parent/ senior citizen or any other person or organization authorized by them.
- The maintenance tribunal may take cognizance of applications under this act Suo-motu if it is brought to its attention even though nobody has submitted application
- In the proposed amendment for this act, application by post or online is also likely to be enabled to improve the access for senior citizens



**What are the important benefits for senior citizens that can be granted by the maintenance tribunal as per the MWP Act, 2007?**

- The maintenance tribunal can order the children or relative to provide maintenance amount for the affected parent / senior citizen. This amount has been restricted to a maximum monthly payment of Rupees Ten Thousand.
- The maximum limit of Rupees Ten Thousand for maintenance amount is a major disadvantage for many senior citizens as this is not sufficient to ensure a reasonable standard of living.
- This limitation has been recognized and the proposed amendment for this act does not specify the upper limit for the estimation of the maintenance amount. This will facilitate the tribunal to decide an appropriate maintenance amount based on the requirements of parent / senior citizen considering the standard of living and the access to resources for the children.
- The provision to declare the transfer of movable / immovable property of the senior citizen to children / relative as null and void if they fail to provide the basic amenities and physical needs is an important provision that can safeguard the property of the senior citizen.

**What are legal provisions for punishment under this act?**

- The maintenance tribunal has powers of the Civil Court to ensure the implementation of the maintenance order by the tribunal.



- If anyone abandons the senior citizen without providing care, this act has the provision for punishment of imprisonment up to three months or a fine up to five thousand rupees or both.

**Does this act include any provision for conciliation to resolve the dispute between parents / senior citizens and their children / relatives?**

- This act mandates the referral of any dispute brought before the maintenance tribunal to the Conciliation officer prior to the enquiry by the tribunal.
- The dispute between senior citizen / parent and their children / relatives can be resolved by the conciliation officer within a month

**What are the provisions of this act that can be helpful for the parents / senior citizens with out any scope for seeking maintenance from children / relative?**

- The MWP Act, 2007 mandates the State Government to establish old age homes in each District to provide accommodation for senior citizens without any means for independent living.
- The act mandates the need for providing separate queues for senior citizens when they seek care from health facilities.
- It also mandates the need to provide beds for senior citizens requiring admission in all Government hospitals.
- It also emphasizes the need for the improvement in health care facilities for senior citizens having chronic, terminal and degenerative diseases



- The proposed amendment of this act mandates the registration and regulation in the management of old age homes, day care centers and home care agencies

### **What is the status of implementation of the MWP Act, 2007?**

- Despite the presence of this act for more than a decade, there is inadequate awareness about this act among the senior citizens and other stake holders.
- Perceived stigma is an important barrier for senior citizens and parents to seek remedy through this act
- The amendment bill to address the limitations of this act is pending to be passed by the Parliament.

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A

## “Up”; Movie Review

**Dr Sarthak Kamath,**  
Consultant Psychiatrist, Bengaluru

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The movie called “Up” is a delightful Pixar movie released in 2009. It was produced by Jonas Rivera and directed by Pete Docter. It tells the story of a boy called Carl Fredricksen, who has a passion for exploring the world, because of his role model, Charles Muntz. He meets a like-minded girl Ellie, who has a scrapbook of pictures. Her aim is to travel to Paradise Falls in Venezuela (based on Angel falls) and build a house there. She desires to put those pictures in the ‘Stuff I am going to do’ section of the scrapbook.

They marry, live a blissful life and grow old together, saving for the trip to Paradise Falls. Sadly, before Ellie’s dream could be realized, she passes away due to illness. The usually happy Carl becomes a grumpy old man who never smiles and desists from living in an old age home.

Carl accidentally finds the scrapbook and makes a life-changing decision to fulfill his late wife’s dream. He ties balloons to his house with the hope of steering and landing it in Paradise Falls. The movie depicts the



adventures Carl has along this journey fraught with danger. The three protagonists are a child named Russell, who is in need of a medal for assistance of the elderly and makes it his mission to help Carl; an exotic bird who Russell names Kevin, and a talking dog. When the house is finally placed next to Paradise falls by Carl, Russell leaves him because Carl promises to keep the bird safe. He pastes a picture happily in the scrapbook. On viewing the ‘Stuff I’m going to do’ section, he sees the happy pictures of their life together with tears in his eyes. In the end of the scrapbook his wife has written, “Thanks for the adventure. Now enjoy yours”.

According to the Holmes–Rahe stress scale, death of a spouse is the highest rated item for predisposition to psychiatric illness. This movie leaves us to ponder over the importance of love in a relationship and Erik Erikson’s final psychosocial stage – Integrity vs despair, where there’s either regret over not achieving one’s goals or a sense of fulfilment.

After several exciting twists, Kevin is saved, but in the process the house drifts away. Carl finally cuts ties with his loved object and thanks Ellie for everything. This is similar to Kubler Ross’s final stage of grief–Acceptance. To conclude, this movie shows us how vulnerable the elderly can become after they have lost their spouse; the importance of grandchildren, pets and meaningful goals and that resolution of grief over the loss of a loved one to help them come to terms with their existential crisis.

\*



B

## Movies with Message on Healthy Ageing

**Dr Aruna Yadiyal, Professor,**

Dept. of Psychiatry, Father Muller Medical College, Mangaluru

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**B**ollywood is coming of age and are now delivering entertainers, endearing to all age groups including older adults. Two such movies were “Piku” (2015) and “102 not out” (2018). Both were starred in common, by the impeccable and inimitable, senior grand star of Bollywood, Amitabh Bachchan. Both movies, without glamorising old age or embellishing the story lines with typical Bollywood–style twists and turns, managed to be heart–warming and had a feel–good factor for all spectators, especially inspiring to the elderly, who could relate to the lead characters as well.

In Piku, its Director Shoojit Sircar, portrayed a grumpy, aged man, Bhaskar Banerjee (role played by Amitabh Bachchan) who spends his days obsessing over his ‘motions’ (movements) of the bowel! His interaction with his daughter Piku, paints a realistic picture of the nuanced relationship of an aged parent with his adult

children with independent lives and careers. It brings out a simple, yet mutual feelings they have for each other, both positive and negative, without being idealistic or preachy about anything. The simplicity and realistic nature of the subtle yet strong relationship between characters, tugs at the heart strings of the audience. In its own way, it orients the minds of the viewers towards disease, illness behavior patterns, eventuality of death and to the fact, that none of us on this earth, whether young or old, are indispensable too!

‘102, not out’, a 2018 movie, directed by Umesh Shukla strings a unique storyline, wherein Dattathreya (played by Amitabh Bachchan) is a 102-year-old enthusiastic super-centenarian, outdoing Babu (Rishi Kapoor) his 75-year-old son, in his attitude towards life. The older parent is younger in spirits than his younger offspring, showing subtly, trying to demonstrate that age is just a number! Here is a message to practice ‘emotional’ and ‘financial’ independence from one’s own children, rather than having high moralistic expectations from them, only to end up being dis-illusioned and disappointed in the sunset years of one’s life. To take each moment of each day and cherish it for what it is worth for, and being responsible for one’s own health and happiness might be the take home message, which the film delivers without the garb of glitz & showmanship.

The lead actor in both the movies, Mr. Amitabh Bachchan, symbolises the concept of healthy ageing even in real life. Knowing about which, may help fight some of the ‘ageism’ and nihilistic attitudes that some of older adults today face. Healthy ageing doesn’t entitle lack of disease or infirmity. Even elderly people with chronic diseases or some disabilities can hope and work towards



healthy ageing, which, according to WHO, is the process of developing and maintaining the functional ability that enables well-being in older age. An aged person, with or without illnesses, can plan for a healthy ageing process, if they nurture the ability to carry on their activities of daily living independently as much as possible, try contributing to society around in meaningful ways possible. For this, the elderly person has to be willing to create environments and opportunities which will enable them to be the people they want to be and continue doing what they do well, with personal meaning and relevance to them!

\*



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## “Yehi Hai Zindagi (1977)”; Movie Review

–Dr Somashekar Bijjal,

Associate Professor & Head, Department of Psychiatry, Gadag  
Institute of Medical Sciences, Gadag

\*

**T**his Hindi cinema was produced by B. Nagi Reddy from the house of Vijaya Productions. Movie is directed by K S Sethumadhavan, Story by Vali and screenplay by Inder Raj Anand & Raj Baldev.

“Yehi Hai Zindagi” is one of few movies discusses about a divine power and discusses Karma/ past deeds. The protagonist Anand Narayan comes from a poor family, trusts in his hard work. He was not able to make it despite hard work, he then blames the God. He steals some money which his wife was contributing to God. There is fiction added to this, and at this moment he is encountered with Lord Krishna. He invests that money in a competition and wins and gradually he becomes a wealthy man. The dialogue between Anand and Lord Krishna, is the most interesting part. He complains about the differential treatment by God as some are rich and some poor. Anand attains the pinnacle of success,



which he attributes to his hard work, with no role of God.

Anand is seen struggling in his old age. He has developed multiple physical ailments, long list of medications and its impact on him. He starts to feel isolated, betrayed, hopeless, pessimistic and depressed. Now, Lord Krishna says that his account of karma has been settled and will have to continue his journey of life without him.

Anand admits in his old age that he has become poor in his health and lonely, despite gaining assets. Lord Krishna consoles that life itself is a struggle, that is influenced by relationships and ego. The belief that one has control over all the events, may ultimately turns out to be failure. He dwells in the past thinking he was happier with family around. He realises he has become rich but has no quality of life.

This drama has lessons that everyone has gone through a struggle with focus on achieving what they did not have. The storyteller's message could be that Anand ultimately may have got enlightened about the reality in his old age. I think the issue is whether it is materialistic assets or spiritual wisdom, what one wants when they are old is a topic to debate.

\*



# Acknowledgements to the Reviewers

## Reviewer 1: Prof C R Chandrashekar

Dr C R Chandrashekar is currently Honorary Consultant Psychiatrist at Samadhana Counselling Centre, Arekere MICO Layout, I stage Bannerghatta road, Bangalore. He is former Professor of Psychiatry and also Deputy Medical Superintendent at NIMHANS, Bangalore.

### He has written

- More than 1000 articles in periodicals and magazine;  
– more than 280 books in Kannada on Health and Ill health;
- more than 30 books in English on Health and Ill health;
- 4 books are translated to Telugu;
- 3 books are translated to Urdu;
- 1 book is translated to Gujarati;
- 2 books are translated to Hindi;
- Edited more than 100 books on Health & Personality Development



### **Awards: More than 60; To list a few....**

- Honorary Fellowship of Karnataka Science & Technology Academy 2020
- Life Time Achievement in Science (STEAM) Communication in Kannada 2020
- Karnataka Sahitya Academy Award – 1980 and 2003
- Dr B. C. Roy Award by I.M.A Bangalore – 1993
- U.G.C. Award – 2001
- Kannada Sahitya Parishanth Award – 2001
- National Award by Government of India – 2002
- Dr K. Shivarama Karanth Award – 2002
- Kuvempu Award – 2002
- Kempe Gowda Award by Bangalore Corporation – 2002 and 2012
- Eminent Psychiatrist Award by Indian Psychiatric society, Karnataka Branch – 2006
- Rajyotsava Award by Government of Karnataka – 2010
- Manava Ratna Award – 2011
- Dr.Anupama Niranjana Award for Kannada Medical Science Literature given by Government of Karnataka – 2012
- Eminent Psychiatrist Award by Indian Psychiatric society, South Zone, 2016
- Times Of India Health Excellence Award 2018.

Dr C R Chandrashekar despite his busy schedule of consulting patients, he has managed to review all the chapters and have given valuable opinion. Our team is grateful to him for his unconditional support, here for



this book. He is known to hardly take breaks, always into work and we could say work is his hobby, which he enjoys, that is gain for the community. He has trained hundreds of lay counsellors, who are serving the community, supporting the cause to improve mental health of people.

\*

### **Reviewer 2; Mr Kantharaj ML**

Mr Kantharaj ML is a 71 Years Young, Graduate in Science, Law, PG in Business Management. Presently he is working As Managing Director, in Animal Feed & Nutrition Co, with a rich experience of 49 Years. He is a very active member of Rotary and several other Voluntary Organisations.

He says “As we grow elder, we slowly move away from our Children, we are left with our spouses to take care. We have to be engaged with hobbies like reading, listening to music or cooking. Do Social service in temples, hospitals, help the aged & children. Build your own Group of Friends. LIVE TILL YOU DIE, LIVE HAPPILY & LEAVE HAPPILY”.

Mr Kantharaj is well known in South Bengaluru for his enormous voluntary work. He is supporting his daughter (Nayana) in her Yogabimba, teaching Yoga through to many people in Nagarbhavi area in Bengaluru. He is also an example of working hard.

He is also an example of someone who believes work is kind of a hobby, and always busy, enjoying his work. Our team is grateful for taking his time off, and supporting us by reviewing articles and suggesting revisions to improve readability



### **Reviewer 3: Dr Usha Vashtare**

Dr Usha Vashtare is the Founder of YogaKshema Rehabilitation & Wellness Center. ([www.yoga-kshema.org](http://www.yoga-kshema.org)) She is a Neuroscientist, teacher, writer, and social worker.

She completed her B.Sc with rank and gold medal from Bangalore University, M.Sc with rank from Bangalore University, and PhD from Mysore University. Her PhD thesis was nominated for President's award.

She was a faculty at Temple University School of Medicine for 17 years. Subsequently she worked as Clinical Project coordinator, Parkinson's Disease and Movement Disorder, Pennsylvania Hospital, which honoured her with the Service Excellence Award.

Dr Usha has contributed to 5 books which were used as part of Continuing Medical Education course. She has published more than 70 research papers & abstracts in reputed journals. She was academic Research Advisor for MDs, Post-Doctoral Fellows, PhDs & Masters students, and has been trained in hospice care for terminally ill. She has presented papers in many international conferences and has been interviewed on several TV channels in India and radio channels in India and USA.

She is involved in extensive service projects both in India and USA for over 10 years and is associated with several organisations and institutes.

Dr Usha Vasthare has facilitated over 400 support group meetings at YogaKshema and conducted several workshops on Mind Training, Mindful Living, Healthy Living, Overcoming Automatic Negative Thoughts (ANTs),



Forgiveness, Improving interpersonal relationships, Depression, Stress Management and various other topics. Her interest is in bringing the latest research in the field of Neuroscience & Evolutionary biology to the doorsteps of common people. Her interest is to bring Science & Spirituality together for Holistic Living.

Dr Vasthare is an extraordinary talent, a dynamic leader, and known to work intensively, for cause of mental health promotion. Our team is grateful for her contribution in the improvement of the chapters, with her review and giving her valuable suggestions.

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Geriatric Clinic and Services, National Institute of Mental Health and Neurosciences (NIMHANS) has initiated 'VayoManasa Sanjeevani' program in October 2020 to promote the mental health and well-being of senior citizens. This initiative supports the "United Nations Decade of Healthy Ageing" from 2021-2030. The 'VayoManasa Sanjeevani' program is actively involved in promoting awareness on ageing and mental health, training of geriatric caregivers, volunteers and lay counsellors in geriatric mental health, psychosocial intervention and support in old age homes, improving the access for mental health care through tele-geriatric mental health services and promote healthy ageing through holistic and integrative medicine. The publication of "Insights for Healthy Ageing" to promote public awareness on ageing and mental health is an important milestone in the mission to promote healthy ageing through the 'VayoManasa Sanjeevani' initiative. Please visit <https://vmsnimhans.in> to know more about the 'VayoManasa Sanjeevani' and the activities implemented through this initiative.



**Dr Vijaykumar Harbishettar** is a Consultant Psychiatrist, with special interest in Ageing & Dementia. He has trained & worked as a Consultant in United Kingdom & National Institute of Mental health and Neurosciences (NIMHANS). He is currently the Editor-in-Chief of the 'Journal of Psychiatry Spectrum' published by the Indian Psychiatric Society- Karnataka Chapter.



**Dr PT Sivakumar** is the Professor and Head, Geriatric Psychiatry Unit, Department of Psychiatry, National Institute of Mental health and Neurosciences (NIMHANS). He is the Nodal officer for the 'VayoManasa Sanjeevani' initiative, Karnataka State Resource Centre for Senior Citizens and Legal Services clinic for Senior Citizens at NIMHANS.

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