

## PSYCHOLOGY OF ADULTHOOD AND AGING WITH A FOCUS ON MENTAL DISEASES

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### Abstract

This paper explores human behavior in the broadest sense, focusing on behavioral patterns of individuals suffering from mental illnesses in later life. The central subject is the human being and behaviors that deviate from normative standards, which disrupt daily functioning and can be harmful to the individual and their surroundings. The paper particularly elaborates on dementia, Alzheimer's disease, cerebrovascular dementia, and anxiety disorders, emphasizing the psychological, neurological, and social aspects of these conditions. It also analyzes the impact of personality structure, aging, and environmental factors on the onset and progression of these mental diseases.

**Keywords:** *mental illness, behavior, Alzheimer's disease, dementia, cerebrovascular dementia, anxiety disorders*

### INTRODUCTION

The study of human behavior includes understanding deviations caused by mental illness, especially in older adults. Such deviations impair daily functioning and may be harmful to the individual and their environment. As noted by Berk (2004), the functioning of the personality is a crucial factor in the development of illness. Cell death in the brain due to aging reduces the ability to perform daily activities, while structural and chemical abnormalities lead to the decline of mental and motor functions.

This paper analyzes the manifestations and implications of dementia, Alzheimer's disease, cerebrovascular dementia, and anxiety disorders as forms of mental illness that predominantly affect older adults. These conditions are examined through the lens of psychology, neuroscience, and public health, with reference to scientific literature and clinical observations.

#### 1. DEFINITION, PREVALENCE AND CLASSIFICATION OF DEMENTIA

Dementia refers to a group of disorders typically appearing in older age that significantly impair cognitive functions such as thinking, memory, and behavior,

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disrupting daily life (Berk, 2004). More than 12 types of dementia have been identified, with some being reversible if treated early, but the majority being irreversible. Subcortical dementia, like Parkinson's disease, affects brain structures beneath the cortex and can lead to cortical involvement, mirroring symptoms of Alzheimer's disease.

In most cases, dementia affects the cerebral cortex, with Alzheimer's disease and cerebrovascular dementia being the two most common types (Berk, 2004). Approximately 1% of individuals in their late sixties are affected, with prevalence increasing after age 75. Afro-Americans are at greater risk (Berk, 2004).

## 2. ALZHEIMER'S DISEASE - PATHOLOGY AND IMPACT ON BEHAVIOR

Alzheimer's disease is the most common form of dementia, responsible for approximately 60% of all dementia cases (Berk, 2004). It is characterized by structural and chemical deterioration of the brain, leading to a gradual loss of thinking and behavioral functions. In individuals over 80 years old, the prevalence is nearly 50% (Berk, 2004).

Berk (2004) highlights that in Alzheimer's disease, brain deterioration results in progressive memory loss and emotional instability. Changes include neurofibrillary tangles inside neurons and amyloid plaques outside neurons, which disrupt communication and lead to cell death.

Anxiety disorders often accompany Alzheimer's and may serve as early indicators. A study by Dr. Nancy Donovan (Geek.hr, 2021) found that increased anxiety symptoms in older adults were associated with high levels of beta-amyloid proteins in the brain. Participants in her five-year study underwent annual PET/CT scans and mental health assessments, revealing a strong correlation between anxiety and Alzheimer's pathology.

Hollander and Simeon (2006) observed that patients with anxiety disorders often experience disrupted daily functioning. Treatment with medication and psychotherapy can significantly improve functioning and quality of life. They also emphasize the complexity of comorbid anxiety and cognitive decline, especially in late adulthood.

Anxiety symptoms include loss of patience, concentration difficulties, fear, sleep problems, obsessive thoughts, depression, and panic attacks. Generalized anxiety disorder is prevalent, with women being more frequently affected. The origins of anxiety may lie in unconscious internal conflicts or external stressors, and when unresolved, they can escalate into full-blown anxiety disorders or panic attacks (Hollander, 2006).

## 3. CAUSES AND PREVENTION OF CEREBROVASCULAR DEMENTIA

Cerebrovascular dementia arises from a series of strokes that kill brain cells in affected regions, leading to progressive mental decline. Demarin (2001) explains that strokes are caused by atherosclerosis, embolism, or hemorrhage. Approximately 5-10% of all

dementia cases are cerebrovascular in origin, and up to 10% result from a combination of strokes and Alzheimer's disease.

Risk factors include hypertension, diabetes, cardiovascular disease, smoking, alcohol consumption, and poor diet (Berk, 2004). Preventative measures involve controlling blood pressure, improving diet, increasing physical activity, and reducing stress. Early symptoms such as numbness, loss of coordination, and speech difficulties must be taken seriously to prevent further damage.

According to Berk (2004), cerebrovascular dementia often appears suddenly after a stroke, in contrast to the gradual decline seen in Alzheimer's. It is more common among men until their late sixties, and among women after age 75. Misdiagnoses are frequent, with depression in older adults sometimes mistaken for dementia.

#### 4. DIAGNOSIS, TREATMENT, AND COMORBID CONDITIONS

Diagnosis of dementia and associated disorders involves neurological and psychiatric assessments, imaging (MRI, CT), and cognitive testing. Treatment is symptomatic, with no cure currently available. Cholinesterase inhibitors such as donepezil and rivastigmine can improve memory and function in some patients, although they have side effects like nausea and dizziness (MSD, n.d.). Memantine, an NMDA receptor antagonist, may slow disease progression.

Anxiety disorders are treated using antidepressants, benzodiazepines, and psychotherapy. Hollander (2006) emphasizes the role of family support and structured therapy in treating generalized anxiety, panic disorders, and phobias. Supportive interventions such as cognitive-behavioral therapy and mindfulness are increasingly recognized for their effectiveness.

Specific fears, such as claustrophobia or agoraphobia, often develop in individuals who associate certain environments with panic attacks. Such conditions severely restrict mobility and independence. Effective treatment involves a combination of pharmacological and psychotherapeutic approaches (Hollander, 2006).

#### 5. PREVENTION AND PROTECTIVE FACTORS

Preventive strategies include adopting a Mediterranean diet, engaging in regular physical activity, and maintaining strong social networks. Berk (2004) suggests that education and mental engagement may create a "cognitive reserve" that delays or mitigates the effects of neurodegeneration.

Genetic testing has identified chromosomes associated with early-onset Alzheimer's, such as 1, 14, and 21, and the APOE4 gene on chromosome 19, which is linked to higher beta-amyloid levels. However, not all cases of Alzheimer's are linked to genetic markers, suggesting the significant influence of environmental factors (Berk, 2004).

Exposure to head trauma, toxic substances, or nutritional deficiencies may also contribute to the disease. While vitamin E, anti-inflammatory drugs, and hormone replacement therapy were once considered protective, newer studies show mixed results. Educational and social engagement remain the most consistent protective factors.

## CONCLUSION

In examining dementia and related mental disorders, the complexity of personality, genetics, and environment becomes apparent. As Lebedina Manzoni (2006) argues, personality cannot be fully explained by a single theory. A universal framework for understanding mental illness remains elusive, and scientific exploration must continue to balance general knowledge with individual variation.

Understanding and treating mental illness in older adulthood requires multidisciplinary cooperation and societal support. Early recognition, evidence-based interventions, and strong caregiver networks are key to improving outcomes and preserving dignity in aging.

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