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Differential Diagnostic Consideration of the Syndrome of Psychomotor Agitation in Geriatric Population

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Syndrome of dementia, which appears as a result of deterioration of brain structure that is caused by different factors, together with syndrome of psychomotor restlessness, represents one of the most common psychiatric conditions at patients of the geriatric population (older than 75 years).

Our clinical experience shows that these conditions, in this age group, at the moment of admission to hospital treatment, are much more frequent than relapse of chronic endogenous psychosis.

Many somatic condition, activation of chronic diseases and subclinical disorders, consequences of previous head trauma (that patient don't even remember), side effects of most commonly used drugs in the general and internal medicine (benzodiazepines, hypnotics, anticholinergics, antihypertensives, and drugs used in the treatment of arthritis), can cause mental confusion, anxiety and psychomotor agitation – which are conditions similar to dementia.

It is very often that mild dehydration is sufficient to cause deterioration in mental status, accompanied by the emergence of nocturnal agitation, confusion, and delirious clouded consciousness.

The risk of the manifestation of side effects of psychomotor drugs in geriatric patients becomes much higher due to the exhaustion of adaptive reserves of the central nervous system and cardiovascular system, and due to the delayed liver and kidney function.

Implementation of antipsychotics with simpler pharmacodynamic effect is justified to calm the patient. However, later treatment should be directed to compensate the volume of fluid, to correct the electrolyte imbalance, and to treat the root causes that led to the manifestation of psychopathological phenomenology.