

Letter to Editor

Mind Over Matter: Addressing the Growing Burden of Somatic Symptom and Related Disorders in Older Adults

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Dear Editor

As the global population continues to age, healthcare systems face escalating challenges in managing conditions that bridge physical and psychological domains. Among these, somatic symptoms and related disorders (SSRDs)—characterized by persistent physical symptoms that cause significant distress and impairment and are disproportionate to any underlying medical condition—represent a critical but often under-recognized issue in geriatric care [1]. Unlike purely psychosomatic constructs historically associated with stigma, SSRDs are now well-defined psychiatric conditions requiring comprehensive biopsychosocial management. In older adults, the clinical presentation of SSRDs is frequently atypical. Psychological distress, such as depression, may present as chronic pain, fatigue, or sleep disturbances, while anxiety can manifest as palpitations, gastrointestinal complaints, or muscle tension [2]. These symptoms not only reduce quality of life but also exacerbate existing chronic illnesses, such as cardiovascular disease, diabetes, or arthritis, leading to a cycle of worsening health outcomes [3].

Multiple factors contribute to the heightened vulnerability of older individuals to SSRDs, including multimorbidity, age-related physiological changes, cognitive decline, polypharmacy, and social isolation. Life stressors, such as bereavement or elder abuse, may further aggravate symptoms. Unfortunately, limited clinician awareness and persistent stigma often result in underdiagnosis or misattribution to normal aging or chronic disease progression [4]. Addressing these disorders requires multifaceted interventions. Lifestyle modifications, particularly structured physical activity, have been shown to reduce depressive and anxiety symptoms while enhancing functional capacity [5]. For example, the WHO reports that older adults engaging in at least 150 minutes of moderate weekly activity experience a 30% reduction in depressive symptoms [6]. Complementary approaches—such as nutritional optimization, sleep hygiene, and mindfulness—further support symptom management. Likewise, promoting social engagement through volunteer programs, intergenerational activities, or community centers significantly reduces loneliness and improves psychological well-being [7].

Barriers to care—including stigma, cultural misconceptions, and insufficient training of healthcare providers—must be systematically addressed. Public educa-

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tion campaigns and clinician training in comprehensive biopsychosocial assessments can enhance early recognition and treatment [8]. Moreover, interventions that emphasize resilience, strength-based aging, and meaningful engagement have been shown to improve self-efficacy and quality of life. Support for family caregivers is also crucial in sustaining positive outcomes. Clinically, effective management requires balancing thorough investigation with the avoidance of unnecessary procedures. Validating patients' experiences, tailoring interventions to individual needs, and coordinating care across disciplines are the key strategies. Early detection and intervention have been shown to reduce healthcare costs and improve patient outcomes [9].

In conclusion, SSRDs in older adults is a growing public health challenge. Addressing this issue requires an integrative, compassionate, and evidence-based approach that recognizes the intricate interplay between psychological and physical health. Prioritizing mental health in aging populations is both a moral and practical imperative. Acknowledging and effectively treating SSRDs can foster holistic, dignified, and improved care for older adults.

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

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Conflict of interest

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