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*Long-term care in practice*

1, Slovak health care is still searching for the solution of long-term care for its citizens. Long-term care in geriatrics is an interlink of health and social care for primarily ill patient who, apart from, special medical care, needs also social care, i.e. complex medical, health, nursing and caregiving services. This care can be institutional, semi-institutional or ambulatory and is delivered for at least three months. However, lifelong care is needed in many cases. In the current legislation health care establishments are unable to provide institutional care of this type, because the payments of health insurance companies offer hospitalization no longer than 25 - 28 days. The facilities of semi-institutional care, i.e. day cares mainly those of geronto-psychiatric character are scarce, indeed - you can count them on the fingers of one hand. It is true that the Agencies of Home Nursing Care can provide - in cooperation with a general practitioner - temporary ambulatory care for a longer period but in a restricted form and not in appropriate time interval typical of long-term care. On the other hand, social sector offers a rather extensive nursing services both ambulatory and institutional in an almost required extent. However, these services lack sufficient amount of health care as far as quality and quantity are concerned. The problem has to be solved on the legislative level. The proposal of the Act on long-term care submitted by the Minister Zajac in 2004, was rejected by the Parliament in the second reading. At present, the Ministry of Labour, Social Affairs and Family of the SR in cooperation with the Ministry of Health of SR, is preparing a new wording of the Act. Be-cause health insurance companies and so-cial insurance companies have tight budgets, a question emerges as to whether this new proposal can solve this issue and to what extent. More than 10 years ago ge-riatricians suggested a new legislation by trying

to enforce the Act on nursing insurance which exists in the majority of the original states of the EU. Due to high tax burdens on inhabitants and lack of political will, this Act could not be accepted in the SR. Today, when we are approaching the Eurozone, we encounter the same situa-tion.

Let me raise a question: can the system of long-term care be put in practice and how is this system functioning in the neighbouring countries ? In spring 2008 I and Prof. Štefan Krajčík, M.D., CSc. visited a facility of long-term care in Vienna and got acquainted with its structure, functioning and financing.

Univ. Prof. Dr. med. Christoph Gisinger, medical director of the facility that recently celebrated 130 years of its existence, invited us to see the House of Mercy (Haus der Barmherzigkeit) in Vienna. This House along with four other similar facilities is the property of holding association. All the five Houses started functioning between 2003 - 2007. The all five original houses came into existence in Vienna in 1875 with 22 beds for "incurably" ill patients. As a typical charitable organization the House was designed for poor, destitute people with incurable diseases, who had nobody to care for. At that time every fourth Viennese died of tuberculosis, suffered from malnutrition and rachitis which were the prevailing chronic diseases. In contrast with other similar organizations the House of Mercy provided both medical and nursing care and in the year 1900 it reached as many as 500 beds. The term "incurably ill" changed later to "chronically ill". Today, the House of Mercy provides nursing, caregiving and medical services, treatment and rehabilitation. It has a well equipped diagnostic centre with X-ray, ultrasound, endoscopy as well as GPęs, ophthalmologistęs and dentistęs outpatient departments. The House of Mercy has nursing units for patients with dementia, for patients with sclerosis multiplex,

coma vigil and a day care. The mean age of clients is 89 years in the geriatric area. The House is open especially for those who were considered as nonperspective by other institutions. The goals of the House involve the assurance of quality of life and intergration. The care is tailored to individual needs. This system is very demanding for the personnel and its structure. The number of the personnel as related to the patients is approximately 1:1. The personnel is of multidisciplinary structure. A monthly stay costs 7000 EURO. A lesser part of this is covered by the patient, the rest by the City of Vienna, i.e. by the federal state. The operation services and salaries and wages of the personnel of the House represent 10 % and 90 % of the costs, respectively. Leisure activities and extra expenditures are covered by the sponsors.

The view of modern buildings with efficient and specialized architecture makes one feel that the society will be able to provide a dignified sanctuary for its old, ill, destitute citizens dependent on other

people's assistance, in which they could spend the rest of their lives, a dignified sanctuary with complex medical and social care and without any differentiation to the poor and the rich. The House of Mercy in Vienna explains the meaning of long-term care. It does not mean only caregiving, shelter and meals, as it used to be 200 years ago, but it relates mainly to special nursing, medical care, treatment, rehabilitation, pedagogics and constant effort to assure quality of life and re-integration in the society.

Hence, long-term care can exist in its health-social and complex perception. It can be provided in dignified conditions corresponding to the 21st century. Of course, it requires humane thinking, legislative, economic and organizational change and people who are willing to devote their special knowledge and abilities to those who are most dependent on their help.

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## Reality of polymorbidity

M. Dúbrava

### Summary

A reference to polymorbidity cannot be practically avoided by any author dealing with geriatrics. The real data about polymorbidity (i.e. about the fact how many and what kind of diseases may run concurrently in one patient) are minimal in number. However, polymorbidity does not have just an academic significance. The article summarizes our opinion why it is substantiated to add more details to our present-day knowledge about polymorbidity. Simultaneously, the ways of extending the knowledge on polymorbidity are submitted.

*Key words: geriatrics - polymorbidity*

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## Modes of polymorbidity evaluation

M. Dúbrava

### Summary

Polymorbidity is generally considered as one of characteristic features of geriatrics. However, there is none generally and internationally accepted methodology how to evaluate polymorbidity. Principally two modes are used to judge polymorbidity. Either the absolute number of diseases is assessed or various indices are constructed of them. In this article the published methods are outlined along with our view of their advantages and disadvantages.

*Key words: geriatrics - polymorbidity*

## Hospitalization of geriatric patients due to adverse drug reactions

M. Wavruch, M. Žikavská, K. Stratený, L. Wsóllová, M. Kuželová,  
V. Šišovský, T. Hanisková, Š. Krajčík

### Summary

Adverse drug reactions (ADRs) represent an important cause of hospital admission of elderly patients. The inland medical literature provides no data analyzing this problem in the conditions of Slovak health care. Therefore, the goals of the submitted study involved: 1. evaluation of the prevalence of ADRs related to hospital admission and 2.) analysis of selected signs of patients increasing the probability of manifestations of such ADRs. The submitted study involves 600 patients aged > 65 years. Chýba mi kompletný znak) hospitalized at the Department of Internal Medicine. ADRs which represent one of the reasons of hospital admissions, were assessed. Such ADRs were recorded in 47 (7.8%) of patients of the group analyzed. The most common complications of pharmacotherapy affected cardiovascular system. ADRs in 43 (91%) of 47 patients rank among the A-type of dose-dependent ADRs. From the ADR aspect mainly polymorbid patients with polypharmacy were at high risk. The predominance of A-type ADRs in the evaluated group confirms the possible prevention of the majority of ADRs in the elderly. The most important tools of ADR prevention involve regular re-evaluation of pharmacotherapy, monitoring of laboratory markers of drug toxicity, carefulness of physicians prescribing the drugs and individual approach to pharmacotherapy.

**Key words:** *adverse drug reactions - polypharmacy - prevention*

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## Falls in old age

Š. Krajčík

### Summary

Falls pose a common and major health problem. In elderly people they are caused by numerous factors and therefore their prevention can be effective only with multiple factor involvement. The most frequent causes include weakness of thigh muscles, balance disorders, sight and drug disorders. Muscle weakness can be caused by vitamin D deficiency whose administration decreases number of falls. The treatment of orthostatic hypotension, adjustment of pharmacotherapy, adjustment of life style, carrying aids and changes in the immediate surroundings are of great importance.

**Key words:** *falls - risk factors - balance disorders - muscle weakness - vitamin D - alphacalcidol - orthostatic hypotension - osteoporosis*

## Atypical clinical and laboratory picture of pulmonary embolism – case histories

F. Németh, J. Maňko, M. Babčák, M. Babčák, M. Slivka

### Summary

Pulmonary embolism is still the worst recognized disease of cardiovascular system, moreover establishing the correct diagnosis decreases with the increasing age. The authors submit the examinations that present their most frequent algorithm used in their routine practice. The examination of D-dimers should be considered of great importance, their negative (unincreased) value almost eliminates the presence of pulmonary embolism.

The authors report about two patients in whom massive embolism to pulmonary artery was diagnosed, whereas the D-dimers values repeatedly showed normal range.

This finding is suggestive of pulmonary embolism also in geriatric patients whose D-dimers values remain unincreased.

**Key words:** *pulmonary embolism – old patient – case report*