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Slovenskej gerontologickej a geriatrickej spoločnosti

## Current state of geriatric in Slovakia

The currently valid conception of geriatrics (2) characterized geriatric patients as those having predominantly internal organ diseases that have further concurrent factors requiring specific geriatric approach (table 1).

The above factors, advanced stage of chronic diseases and old age changes in the organism cause that a considerable part of patients is in need of long term institutional treatment. Therefore, the com-

Table 1 *Factors characterizing geriatric patient*

- |  |
|--|
| 1. Mobility deterioration  |
| 2. Cognitive function disorders                                    |
| 3. Depression  |
| 4. Malnutrition  |
| 5. Urinary and fecal incontinence                                  |
| 6. Stability disorders, falls and accidents                        |
| 7. Serious sensory organs disorders                                |
| 8. More than 5 concomitant serious diagnoses                       |
| 9. Significant of daily living (feeding, washing, bathing, toilet) |

petencies of geriatrics embrace also the facilities/departments for long term care. According to the current conception the field of geriatrics comprises after-treatment departments, as well. Due to this reason, these departments should be also led by specialists in geriatrics.

Howerer, there is still a lack of long

Table 2 *Inpatient geriatric care (5)*

	Number of departments	Number of bedsi	Number of beds per 100 000 inhabitants	Number of Physicians per 100 beds
Geriatric dept.	24	831	15,4	7,61
Facility of long-term care	63	2 221	41,2	6,03
After-treatment dept.	36	768	14,2	6,41
Internal			82,7	15,31

term care facilities.

The number of departments is presented in table 2.

In comparison with the year 2003 the number of geriatric departments increased by 3 and the number of beds increased from 799 to 834 (4.5). The number of beds per 10 000 inhabitants increased from 14.9 to 15.4.

The number of facilities/departments of long term care increased from 53 to 63. The number of beds increased from 2044 to 2221. In relation to the activities of geriatric departments the questions concerning the adequate number of beds as well the conditions geriatricians work in, are emerging. The number of beds is set according to unclear criteria. The intricate rule in setting the number of beds causes inequal distribution of geriatric departments. E.g. in the Žilina region there is no geriatric department (in 2004 the then director of General Health Insurance Company (VšZP) Ing. Anna Leštinská said for the journal *Zdravotnicke Noviny* that geriatric department in Žilina was dismissed due to economic reasons.

In 2007 in the Trenčín region 42% of facilities did not fulfil the minimal number of physicians (1). The situation is getting even worse because many doctors have not passed yet specialization examination and they have to undergo circulation at other departments. The situation beco-

mes critical during vacations or in the period of viral epidemic. In 45.5 % of facilities/departments of long term care did not employ any doctor with specialization examination in geriatrics. In the Prešov region the percentage reached as much as 60 % of facilities (1).

Another pressing problem is lack of nurses. Due to this problem a half of geriatric clinic is not functioning at all and the work of many other departments is endangered. In the year 2007 in the Banská Bystrica region 59 % of facilities did not fulfil the minimal number of nurses (1). Some establishments have to transport their patients to other hospitals which is difficult to provide under the current conditions in the transportation service. The accessibility of speech therapy and psychologic care causes problems, as well. Social nurse services were available in only 54 % of departments (1).

Facilities for care for immobile patients are insufficient. Many departments are in bad repair, in depressing and inhuman conditions making health care delivery even more difficult.

#### **Ambulatory care**

In 2007 geriatricians provided 27.09 of full time job equivalent in ambulatory geriatric care which makes ambulatory geriatric care inaccessible. Inadequate financial evaluation is one of the main causes. Almost all ambulatory geriatricians work as internists at outpatient departments or as general practitioners. Currently a new catalogue of interventions is being prepared.

**Prof. Štefan Krajčík, M.D., CSc.**  
**Chief specialist of Ministry of Health**  
**of SR for geriatrics**

## Perceived health, health behaviour and some social characteristics of patients aged 60-64 years

V. Zaremba, H. Zavázalová, K. Zikmundová, J. Kotrba

### Summary

The purpose of the inquiry was to find out the selected indicators of subjective health status, consumption of health care, some determinants of health and social characteristics in 60-64 old patients of general practitioners serving as the borderline age group between middle and old age. The group examined consisted of 749 subjects, mostly living in urban areas. During the years 2005-2007 they were interviewed when seeing their doctor. A fifth of respondents evaluated their health status as bad. The largest health complaints involved those of locomotor system and pain. The most restricting diseases involved those of locomotor and circulatory system. The indicators of using health care services were high (seeking the doctor, drug consumption, hospitalization). Three thirds attempt to maintain adequate weight, four fifths do not smoke, one third of respondents do not drink alcohol. More than a fourth regularly go for a walk and more than a tenth have regular exercises. A fifth of respondents were employed. The popular activities included household chores, cultural activities, care for animals and travelling. Children and grandchildren belong among greatest pleasures, whereas health status poses one of the greatest concerns for the respondents. The efforts of respondents and professional health education should contribute to influencing life style and health promotion as well as disease prevention.

*Key words:* subjective health - health determinants - social characteristics - age 60-64 years

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## Comparison of socio-emotional characteristics in 60-90-year old subjects in Slovakia residing in two different social environments

D. Benčová, D. Siváková, M. Cvičelová

### Summary

The prolongation of the average future lifetime brings about the social need of a more profound understanding of both the causes of somatic differentiated ageing and psychological problems of ageing and old age, so that the quality of life of seniors could be satisfactory in longer survival. The authors analyze psychologic, social and emotional characteristics in subjects aged 60 -90 years of both genders, residing in their households and in old people's homes who come from various areas of Slovakia. By using the stress test (Eliot 1994) they try to find out, whether the answers among females and males and amongst seniors living in two different social environments differ significantly. The results show a statistically significant variability in negative, neutral and positive feeling of old people. Men and women significantly differ in their answers in 32.5%. Seniors from different social environments significantly differ in their answers to 82.5% of questions, whereas people residing in old people's homes responded to the majority of questions more negatively than those living in their households. The results indicate the quality of life of seniors is greatly influenced by the environment they live in.

*Key words:* ageing - seniors - socio-emotional characteristics - index of quality of life

# Burn-out syndrome in employees of old peoples homes in the region of Moravia-Silesia

5  
Geriatrics  
4/2008

R. Bužgová, K. Ivanová

## Summary

Burnout syndrome is manifested in the occupations characterized by high working load, intensive contact with people and by inadequate financial evaluation. Professional caregivers looking after seniors are also considered as one of the risk groups. The purpose of the survey was to find out the extent of burnout syndrome in the employees of old peoples home for seniors in the Moravia-Silesia region along with the factors affecting the incidence of burnout syndrome. For data collection a standardized questionnaire BM (Burnout Measure) of the authors Pines, Aronson and Kafra (1981) was used. The group investigated, comprised 452 employees directly working in 12 homes for seniors which were established by the region of Moravia-Silesia and the municipality of the city of Ostrava. Burnout syndrome was confirmed in 6.5 % employees, 28.5% employees showed alarming values. The research confirmed significant influence of length of employment, evaluation of working load, satisfaction of employees with working conditions, physical and psychic aggression of clients upon the onset of burnout syndrome in the employees.

*Key words:* burnout syndrome - seniors - institutional care

Originální práce / Original papers

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## Does combined antihypertensive treatment tend to increase nephroprotection and cardiovascular disease protection?

S. Krčméry, R. Tahotný, K. Soláriková, Z. Gábrišová-Straková

## Summary

In a majority of patients with arterial hypertension and metabolic syndrome combined antihypertensive treatment is required. The optimum drug combinations take a significant part in the organ protection. In the reduction of proteinuria and slowing down renal insufficiency progression, numerous clinical studies consider combined ACEI and sartan therapy more effective than monotherapy. In accordance with the current knowledge such treatment is suitable only in some groups of patients with chronic nephropathy (patients with proteinuria > Ig/24hours with rapid decrease of glomerular filtration within the activity of chronic glomerulonephritis, diabetic nephropathy, etc.).

*Key words:* ACE inhibitors - sartans - combined therapy

## Interventions to promote cognitive functions in old age

A. Bayer

### Summary

Treatment that delayed the onset of Alzheimer's disease by five years would half the prevalence within two generations.

Several epidemiological studies have shown lower incidence of dementia in healthy eating people, who are mentally active, but, the controlled studies did not support effectivity of these measures. The same was in the case of vitamins, antioxidants, nootropics, fish oil, etc. No protective effects of statins and strict diabetes control was found. The positive effect of antihypertensive treatment was not shown in all the trials, but, meta-analyses of these studies however support a benefit of antihypertensive treatments for preventing cognitive disorders.

*Key words:* cognitive treatment - dementia - prevention

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## Sleep disorders of seniors

M. Rašiová, D. Kmecová

### Summary

More than 50 % of seniors had problems with sleep, mainly with falling asleep and maintaining the sleep. The study comprised 9000 seniors older than 65 years, of them only 12% had no difficulties with sleep, more than a half complained of chronic sleep disorders.

Sleep disorders of seniors belong to chronic sleep disorders because of their high prevalence. Sleep problems in seniors embrace difficulties with falling asleep, less sleep in deep stages, early morning awakenings, shorter general sleep schedule and excessive sleepiness during the day. Night sleep of seniors is disrupted resembling the sleep patterns of infants. Sleep disorders of seniors are divided into primary and secondary. Primary sleep disorders include sleep apnoea, disorder of behaviour in REM sleep, syndrome of restless legs, periodical movements of the extremities in sleep. Secondary sleep disorders tend to change according to the severity of the disease which they accompany. They are associated with psychiatric, neurologic, somatic disease, psychosocial effects and they arise as an undesirable effect of pharmacotherapy. A significantly higher risk of suicides is observed in patients suffering from sleep disorder. Mortality caused by usual causes is two-fold higher in seniors with sleep difficulties.

*Key words:* sleep disorders - seniors - sleep apnoea - disorders of behaviour in REM sleep