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## The geriatric patient

The most used criterion to define geriatric patient is age (it is 65 years in Slovakia). The better criterion is biological age, which does not correlate with calendar one. The biological age correlates better with frailty, which is the most typical feature of geriatric patient. Frailty is syndrome associated with decreased reserve of organism and decreased resistance to stressors, caused by cumulation of diminished function of more systems. The frail person is endangered by increased risk of disability, worsening of disability or death due to mild external factors. (3). The clinical manifestations of frailty include weight loss, tiredness, muscle weakness (decreased and grip), slow gait, a decreased physical activity. A person is frail when 3 or more signs are present. Persons with 1 or 2 signs are considered pre-frail. (5) Some authors include among signs of frailty also cognitive impairment. (2) The cause of frailty are advanced age changes (primary frailty) or advanced disease changes (secondary frailty). (4) The combination of both is most common. An important cause of frailty is multimorbidity. Multimorbidity differs from comorbidity that problems associated with multimorbidity are not just sum of manifestation of present diseases. The manifestations of multimorbidity are nonspecific and without clear-cut cause. (6) A disorder manifest classically by more signs or symptoms (.g. Cushing syndrome). Multimorbidity causes that one syndrome is caused by multiple causes (e.g. delirium).

Frailty accelerates functional decline a worsens prognosis of acute diseases. Vice versa acute diseases worsen frailty (e.g. immobilisation), making frail trajectory step wise Inadequate treatment an rehabilitation potentiate more pronounced functional decline at next insult. (1) Frailty is closely associated with geriatric syndromes. Though frailty progression is more often its regression is possible too. Gill et

al found out progression of frailty in 43,3% of non-disabled people over 70 years living in community during 18 months. The improvement of frailty was found in 23% of the persons. (5)

According to Concept of geriatrics in Slovakia. the geriatric patients are defined by presence of geriatric syndromes ( impairment of mobility and cognitive function, depression, malnutrition, faecal and urinary incontinence, instability and falls, adverse drug effects and serious sensory impairments The other criteria are multimorbidity (more than 5 serious diagnoses), impairment performances in ADLs and complicated social issues. (7)

Identification of geriatric patient is of great importance. It is very important to recognise geriatric patient immediately at the beginning of acute illness, because the treatment measures are most effective at the beginning. Recognising is important also long term care. The frail older people are typical chronic patient needing specific approach. The classical model of health care provision is based more or less on episodic interventions and care is provided without global assessment aimed to learn possible causes of frailty.

The system of long term care must be based on recognition of need a aimed intervention. The systematic re-evaluation of interventions and their adjusting to actual needs and function of patients is important.

Tool for it is complex geriatrics assessment (CGA) CGA decreases need for placement in nursing homes, rate of hospitalisation, costs of care and mortality. It improves diagnostic accuracy, satisfaction and independence of patient. (6) The care based on CGA with consequent interventions has significant economic impact. The program PACE (Program of All Inclusive Care for Elderly) implementing fore-mentioned principles decreased need of hospitalisation 25%. (8)

## References

1. BUCHNER D.M., WAGNER, E.H.: Preventing frail health. Clin. Ger. Med..18, 1992, 8, 1, 1-17
2. FRIED, L.P., TANGEN C., WALSON, J. et.al : Frailty in older adults: evidence for a phenotype, J.Gerontol. Med. cSci, 2001, 56A, M156)
3. FRIED L.P, WALSTON J. Frailty and failure to thrive. In: Hazzard WR, Blass JP, Halter JB, Ouslander JG, Tinetti ME, eds. Principles of Geriatric Medicine and Gerontology. 5th Ed. New York: Mc Graw-Hill Companies; 2003: 1487-1502, ISBN 2003-1487 1502
4. FRIED, L., DARES, J., WALSTON, J. : Frailty in Geriatric Medicine, An Evidence-Based Approach, 4th ed., ed. Cassel, K. a spol, Springer, 2003,1318 s., ISBN 0-387-95514
5. GILL,T.M., GAHBAUER, E.A, ALLORE, H.G; HAN, L : Transitions Between Frailty

States Among Community-Living Older Persons, Arch Intern Med. 2006;166:418-423

6. KNIGHT,P. : The end of the disease era, prednáška na European Conference on Care and Protection of Senior Citizens, The Dignity and Hazard of Elderly Conference in the framework of the Czech presidency supported by European Commission Prague, 25-26 May 2009

7. Koncepcia zdravotnej starostlivosti v odbore geriatra (Vestník MZ, Ročník 55, Čiastka 1-5, 25. januára 2007

8. WIELAND, D., LAMB, V.K., SUTTON, S.R. a spol.: Hospitalisation in the Program of All Inclusive Care for Elderly (PACE): rates, comorbidities and predictors, JAGS, 2000, 48, 11, 1373-1380

**Prof. MUDr. Štefan Krajčík, CSc.**

## The gall bladder carcinoma - the frequent diseases in old age

F. Špaček, B. Vichová, M. Oravský, V. Bak, T. Petříková M. Schnorrer

### Summary

The article is review of current state of art of diagnostics and treatment of gall bladder carcinoma, stressing on surgical and consecutive oncologic treatment. The insidious manifestation requires more active diagnostic approach namely at general practitioners (GP) The conclusions of the paper bring simple algorithms, which can be used also by GPS.

*Key words: gall bladder carcinoma - diagnostics and treatment of gall bladder carcinoma*

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## The favoured activities, pleasures and worries of the oldest seniors (80 years and older)

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

### Summary

The purpose of this investigation was to determine favoured activities, sources of the pleasures and worries of the seniors at the age of 80 years and older. The data were collected from personal interviews with 246 selected patients of the general practitioners. The most-favoured activities involved care for animals, help for children and cultural activities. The most common sources of the pleasures were children and grandchildren. The oldest seniors mainly worried about own health. The regular contacts with family and leisure activities promote health potential and increase quality of life of the oldest seniors.

*Key words: favoured activities - pleasures - worries - age 80 years and over*

# Care for seniors with dementia in care houses

5  
Geriatrics  
2/2009

M. Hermanová

## Summary

Law number 108/2008 Sb., on social services is regulating of provision support for individuals in unfavorable social situations through the medium of social services and care contributions. The risks and difficulties of appraisal of senior's health state with dementia syndrome for purposes of social services, thus acquiring care contributions, could be for now only supposed. It is a new system of social security, with which is necessary to operate creatively. We conducted questionnaire investigation on 1439 clients of housing facilities of social services, whose aim was to learn, if seniors division into groups according to the level of their dependence is corresponding with their real state of health and functional state. We discovered urgent need to reevaluate existing work methodology of assessment physicians when determining the height of care contribution for seniors with dementia syndrome or with aphrenia.

**Key words:** *care benefit - demented seniors - dementia - law of social services provision*

## Drawbacks of vaccination of seniors (II. part)

V. Dobiášová

### Summary

**Introduction:** Over the past decades, tremendous efforts have been made world-wide to strengthen childhood immunization programmes. Immunization coverage has increased in most regions and cases of vaccine-preventable diseases have fallen by 90.0-100.0% in children of industrialised nations. Polio eradication may be on the horizon.

In contrast to these successes, the burden of influenza and pneumococcal infections remains disturbingly high in older of most countries and cases of tetanus are still regularly reported. A common characteristic of all three diseases is that their residual incidence in older age groups results directly from adults' underimmunisation.

**Aim:**

1. point up the importance of vaccination for prevention in geriatrics
2. analyse the state of vaccinating seniors against influenza, pneumococci and tetanus in Trenčín region
3. learn about seniors' and health care workers' awareness of vaccination
4. suggest methods of improving the situation

**Methods:** The data on vaccination of 65 year old people (60 year old people since 2005) and older were obtained from inspection of vaccinations of residents of social care facilities provided by public health authorities, sanatoria and geriatric centers in Trenčín district, Nove Mesto n/V, Banovce n/B, and Myjava in 2000 - 2007, as well as from the analysis of influenza incidence among people aged 65, resp. 60 and more in 2000 - 2007.

Our aim was to find out about the state of vaccination against influenza in 2007/2008, against tetanus up to April 30, 2008, against pneumococci from the period 2001 - 2007 among people aged 65 and more using data from the anonymous questionnaires. Those questionnaires were given to 109 GPs for adults who carried out vaccination in the region of RUVZ with the seat in Trenčín.

Seniors' awareness of basic aspects of vaccination against influenza, tetanus and pneumococci was found out with the help of questionnaires given to the group of 451 seniors from 7 DOS / Social Care Homes / in Trenčín region and members of 13 organizations JDS of Trenčín and 27 patients in geriatric ward of teaching hospital in Trenčín. The average age of the seniors was 72 years.

Health care workers' knowledge of influenza and their attitude towards vaccination against it were also found out through the means of questionnaire. 238 health workers from the region of RUVZ Trenčín were asked to fill the questionnaire. The returning rate was 71%. To find out health care workers' knowledge of influenza and their attitude towards it we have used anonymous questionnaire modified by Doran and co. /2001/.

Statistical significance of the differences in right responses to questions on knowledge of all three diseases / influenza, tetanus, pneumococci / among JDS and DOS seniors, as well as the questions on knowledge of vaccination against influenza among GPs and clinics was evaluated by chi-square test. We have taken the level of significance  $P < 0.05$  for the border of significance.

**Results:** Vaccination against influenza among seniors is falling. In 2007 it was 25.4%. The number of vaccinated senior residents of the establishments for seniors is also falling. GPs' reports show that the average vaccination against influenza is 48%, against tetanus 74.3% and against pneumococci 28.0%.

Every year 41% from 170 responding health workers are vaccinated against influenza. In the 2007/2008 season 71 / 41.8% / health workers were vaccinated. In this group there were GPs - 51.3%, clinic and specialized doctors - 40.7% and nurses - 25%. Health workers', particularly GPs' and clinic and specialized doctors' knowledge of influenza and their attitude towards vaccination are in general positive, though among nurses they are slightly less positive as the nurses were not able to answer numerous questions.

Seniors' knowledge of vaccination and diseases preventable by vaccination is insufficient.

**Key words:** seniors - vaccination against influenza - tetanus and pneumococci - knowledge of vaccination - obstacles of vaccination

# Roma seniors

7  
Geriatrics  
2/2009

I. Bartošovič

## Summary

The estimated number of Roma living in Slovakia is around 400 000 (% of population). The Roma ethnic is different in many ways. Their birth rate and mortality is higher. The life expectancy of Roms at birth is shorter by 7,5 years and by 6,6 years at women. Their infant mortality is still high. The Roma people are endangered by obesity, diabetes, cardiovascular diseases and some cancers (e.g. lung). The incidence of acute infectious diseases in older Roma is important too. The TB incidence is still higher. The incidence of many contagious disease was much higher (salmonellosis 3,8 times, scabies 33 times, pediculosis 250 times, hepatis A 58 times, hepatitis B 16,6 times hepatitis C 15 times and lues 2,8 times.

**Key words:** *Roma people - demography - health state*