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www.geriatria.sk

The first year of independent SGGS

Dear colleagues and friends,

New year 2006 is a significant milestone of the Slovak Gerontologic and Geriatric Association (SGGA). On January 1st, 2006, the Slovak Gerontologic and Geriatric Association entered into a new period of its history as an independent society by democratic referendum in which the members of the Association expressed their own will. What was the cause of this action? First of all, this is an effort to increase the effectiveness that is supposed to reduce financial costs at the expense of higher demands laid on the organization framework of our activities. It will not be an easy task at all, but I believe we shall manage with the support of all the members. We are not breaking with the Slovak Medical Society that has so far been our "umbrella organization". We have finished our cooperation as friends and it is time to thank the Society for its support during all those years. We wish to express our thanks to the Presidium and the whole administration of the Slovak Medical Society for long-lasting cooperation. Simultaneously, we are initiating a new cooperation in a form of affiliated membership and I am convinced that this kind of cooperation will be successful, too.

The last year 2005 was very hard for us. Many geriatric workplaces had to fight bravely for their existence and face liquidation tendencies, at continuously increasing demands and fierce competition. We are grateful to those who did not give up and carried on through despite hardships. Let us forget about unpleasant things and consider positive aspects of the past year, e.g. Geriatric Day in April 2005. This event had a high professional level and the auditorium remained full up to the last minute of the event. The success of our main event – Geriatric Congress and Gressner's Day has become traditional. The last one – held in Tatranská Lomnica was no exception – the international representation was excel-

lent and the participation was high. The participants from abroad positively evaluated the Congress. The SGGA took an active part in numerous international events that involved co-participation in the Congress of the Czech Gerontologic and Geriatric Association in Zlín, World Geriatric Congress in Rio de Janeiro and the EUGMS Congress in Madrid. We took an active participation in the activities of IAG, EURAG and EUGMS. We have also been successful in developing cooperation with professional societies of the neighbouring countries and hope that this cooperation will continue in the future, as well.

The tasks ahead of us will be as difficult and demanding as those in the past year. The separation from the Slovak Medical Society will require restructuring of administration activities based on the principle of maximal economization. We plan to change our website so that it should give the most authentic picture about our Association. On 1st March 2006 the traditional Brno-Bratislava Geriatric Day will be held in Brno followed by the Geriatric Day held in Bratislava one month later. The organizational preparation for the 5th Congress with international participation is already under way. The Congress will be held in Bojnice during 20 – 22 September 2006. No event can be successful without adequate attendance of active participants, no society can be successful without the activity of its members. Therefore, I appeal to all of you to support the SGGA efforts by your participation. The members' support is our main asset and guarantee of the success of our Association.

On this occasion I take the advantage to thank all of you who contributed to the activities of the Slovak Gerontologic and Geriatric Association. And finally happy New year to all of you. I wish you and your family members all the best, persistence in overcoming the emerging problems and a lot of success at your work.

Yours,

Zoltán Mikeš

Experiences from secondary prevention performed in old patients

H. Dolanský, H. Zavázalová, L. Čeledová, J. Vlasák

Summary

The permanent emphasis on active performance and control of preventive check-ups by primary care general practitioners (GP) during one's life time should be considered as one of the dominant requirements of Health 21 policy targets. The authors who have long experiences in clinical practice and in the problems of social medicine and health care management, demonstrate the decrease in preventive check-ups started by the insurant's going into retirement. The authors' observation is based on statistical analyses, audit results of health care delivered to insurants in the system of public health insurance, use of sociological methods supplemented by the results of the inquiries made together with the scientific workers of the Institute of Social Medicine of Charles University in Plzeň during 1995-2005.t.

The paper solves the problems of informedness and education, vague legislation associated with active participation in preventive check-ups including the level of documentary technique in keeping medical records. The audit of reimbursement of preventive check-ups to the health insurance payer should lead not only to the increased follow-up of preventive check-ups performed in old age but to the follow-up of the quality from the aspect of long-term development, as well.

Key words: *Health 21 policy - senior citizen - insurant - secondary prevention - preventive check-up - general practitioner for adults - medical audit doctor - health documentation - control activity of health insurance company*

Assessment of severely handicapped seniors

I. Bartošovič, A. Tašká, D. Bartošovičová

Summary

Within the period of four years (from 16 february 2001 to 24 June 2005) in a group of 56 seniors residing in their households (mean age 83.9 years) an extent of functional disorder was assessed for the needs of Law on Social Assistance on the request of Research Institute of Labour and Social Work and Family. In this geriatric assessment in all seniors the documentation was analyzed, the followed-up diseases were diagnosed, anamnestic data were taken, and physical examinations were made. The seniors underwent Barthel ADL test, Folstein MMSE test, Lawton Brody IADL test. We also indicated the underlying diseases that caused the loss of self-sufficiency.

A high prevalence of chronic diseases and geriatric syndromes was found: urinary incontinence was most common (78.6%), ischemic heart disease (75%), hypertension (66.1%) and dementia (64.3%). In mutual comparison males had a more frequent incidence of diabetes (statistically significant), urinary and fecal incontinence, hearing disorders. The underlying diseases that led to dependence involved cardiovascular and cerebrovascular diseases. In the age group of 85 year old and over, a loss of self-sufficiency was mostly caused by accidents.

In daily routine activities and cognitive disorders males and seniors 85 year old and more obtained worse results, however the results were not statistically significant. In instrument daily activities, 98% of seniors were evaluated as dependant. Caregiving was in 87,5% provided by informal care from family members, mostly by daughters (42.9%).

Key words: *geriatric assessment - seniors living in their households - severe handicap-Barthel ADL test - Lawton-Brody IADL test - MMSE Folstein test - cognitive functions - prevalence of chronic diseases - urinary incontinence - self-sufficiency - caregiver*

Health situation of seniors and its dependence on age

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

Summary

The purpose of the study was to analyze some characteristics of health situation in younger (60-69 years old), older (70-79 years old) and oldest (80 years old) senior citizens. Subjective complaints and most restricting diseases, frequency and reasons of seeing a general practitioner (GP) and treatment by specialists, hospitalization, drug prescription and self-rated health status were followed up.

The data were obtained from personal interviews with selected patients at general practitioner's during 2004-2005. The sample comprised altogether 1033 subjects residing mostly in cities.

Mobility disorders and pain represented the most severe complaints. The most common restricting diseases involved those of musculoskeletal system and circulatory system. The main reason of seeing a general practitioner included drug prescriptions and regular medical check-up, acute illness or deteriorated health status. The most sought specialists included internists, cardiologists, orthopedists and diabetologists. Regular use of drugs was high and increased with the age. The increased age affected health status that was evaluated as bad.

The selected characteristics of health situation deteriorated with the age. The greatest differences were seen between the groups of younger and older seniors. The differences between older and the oldest seniors were not so striking. Age is an important health determinant. The strategy of active ageing with postponement of disabling consequences of diseases should remain the chief element for practical measures of all-societal and individual prevention in the future, as well.

Key words: *health situation - senior citizens - age dependence*

Deglutition disorders in old age. Algorithm of diagnostics and rehabilitation

B. Bunová, D. Bartko

Summary

The priority of health care is to maintain the quality of life in seniors particularly in those with impaired health or physical or mental handicap, so as to they could keep their independence, self-sufficiency and participation in social life as long as possible. The disorders of deglutition and their complications are serious problems affecting seniors. The paper gives an overview of the above problems with special focus on clinical-speech diagnostics and therapy of deglutition disorders.

Key words: *oropharyngeal dysphagia - videofluoroscopy - leaking - penetration - aspiration - regurgitation - functional therapy*

Palliative medicine - depression, anxiety and delirium

T. Hanisková, Š. Krajčák

Summary

Anxiety, depression and delirium are the three syndrome common in patients in terminal stage of numerous diseases. They usually cause the patients intensive mental, emotional and physical suffering as well as disability and they often pass as undiagnosed and untreated. They affect not only the patient himself/herself but they affect all those coming in contact with the patient including health personnel. In risk assessment of a patient the disease alone, treatment and premorbid existence of given symptoms have to be considered.

Key words: *palliative medicine - depression- anxiety - delirium*