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Medical aspects of long-term care

Apparently, there is no problem. The notion "long-term care" expresses a longer health care granted for a long period of time or a permanent care. For institutional care it was defined as a health care given to patients with complications of several chronic illnesses related to ageing basic diagnoses of which are known. The health condition of patients does not need intensive examinations on one side, but there is the need of therapy, rehabilitation, nursing and training of daily routine activities.

Problems have appeared with financial straits of hospitals. Health insurance covered hospitalization of a patient at the long-term department by the amount of 21 000 Sk. This amount of money can cover the costs of one patient who is not afflicted by any disease in its acute form for about 3 weeks. If the status of the patient prevents him to be treated at home, the patient is not discharged from hospital and thus debts start to run up. Hospital is forced to discharge the patient regardless the need of hospitalization longer than 3 weeks. It is necessary to claim openly that three weeks treatment is not a long-term treatment. Any further hospitalization could be offered for another 28 days by a nursing house. And again, this is not a long-term hospitalization and this institution does not guarantee daily health care. There are only two institutions of this sort in Slovakia and that means that we are not able to provide a long-term care in the Slovak Republic.

It is not possible to separate medical problems from social ones in geriatrics because they are interrelated.

In 2004 Ministry of Health and Ministry of Work, Social Affairs and Family tried to submit the bill on long-term health and social care, but due to several deficiencies the law was not approved by the Parliament.

Long-term care can be provided theoretically within hospital care, in daily short-stay hospitals or at home. Practically, hospitals are not able to provide the care for above mentioned reasons, daily short-stay hospitals do not exist and home nursing agencies have no agreements for unlimited care concluded with health insurances. Within the sphere of Ministry of Work, Social Affairs and Family the long-term care could be provided in social care institutions what is in geriatrics represented by old people's homes, pensions for seniors, nursing homes. Home care is provided by professional nurses. Border line between health care and social care is represented by s.c. medicino-social beds. This inadequately chosen term elaborated by a ministry officer in 1994 expresses neither nature of the institution nor the kind of granted services.

Aftercare departments, that have been included to the branch of geriatrics on December1, 2006 and that have been regarded by Ministry of Health as chronic geriatric beds, do not have clear conception, indications for hospitalization, optimal nursing period of time and mostly no staff qualified in geriatrics.

Fro medical aspect the long-term care is provided for several weeks or even months with regular medical supervision and professional nursing. This care is granted for patients whose essential diagnoses are known and whose status does not need intensive examination and it needs therapy, rehabilitation, nursing and training of routine daily activities. Indication for long-term care might result from the essential illness, e.g. oncological or cardiovascular. In geriatrics it is always a disease with complications. The most severe complications indicating long-term care are immobility and dementia and following geriatric syndrome:

Immobility syndrome, serious eating

disorders, geriatric maladaptation syndrome, recurrent severe infections, depression, incontinence, urine retention, constipation, sleep disorders, thermoregulation disorders, tumbles and injuries, orthostatic hypotension, pressure sores, blindness and deafness, etc.

Since 1997 indications for long-term care have been stated as conventional and additional. Conventional indications comprise: permanent confining to bed, urine and feces incontinence, need of permanent supervision because of patient's confusion and disability to handle regular daily activities on his/her own. Additional indications are: special diet, oxygen inhalation, nursing of pressure sores, gangrene, exulcerated carcinomas, anus praeter and comparable wounds and continuous administration of opiates in malignomas.

One can say for certain that long-term care depends on financial covering. In Germany, Austria, Luxemburg and other states there has been in force the law on nursing insurance for more that ten years (Pflegeversicherungsgesetz), providing quite rich fund to cover long-term care.

Definitely, we can say that present situation in health care calls for legislature in long-term health care.

Professor Ladislav Hegyi, M.D., D.Sc.

Discussion to this topic is welcome and readers opinions will be published

Polymorbidity of seniors: Long-term therapy with digoxin

Martin Dúbrava, Miloš Haršányi, Petra Kazimírová

Summary

Digoxin is the commonest drug in geriatrics. Polymorbidity is one of a typical feature of geriatrics. Relationship between polymprbidity and digoxin therapy has not been reported in any literature though commorbities are supposed to affect directly indication and quality of digoxin therapy. The aim of our work was to present information about digoxin therapy related to polymorbidity of the elderly in reality. Indication of long-term therapy with digoxin was analyzed in retrospective study from case reports of 65-year-old patients and older, who were hospitalized at university geriatric clinic for the period of one year. The set of patients involved 896 patients (women/men: 63.6/36.4%), mean age 78.2 yrs (median 78 yrs, range 65-102 yrs). Digoxin was the 8th mostly used drug. It was prescribed to 23% of patients; the highest prescription was in subgroup of patients with concurrent atrial fibrillation and heart failure (2/3 of patients). Patients treated with digoxin presented high polymorbidity. More frequent medication with digoxin in women has not been reported in literature. Increased administration of digoxin was confirmed up to the age of 70 yrs with culmination between 80 – 84 yrs. We found extremely high occurrence (80%) of diseases and medications that have potential to deteriorate effectiveness and/or toxicity of digoxin. Digoxinemia monitoring is not the general solution and we suggest administration of digoxin in the elderly if it is beneficial for them considering the whole clinical context of each patient.

Key words: *geriatrics – polymorbidity – digoxin*

Comparison of health status of patients at the age of 50-64 yrs according to five-year age groups

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

Summary

The aim of the study was to analyze the difference of health status of patients in three five-year age subgroups (50-54,55-59,60-64 yrs). Health complaints were found and compared, then limiting diseases, frequency and reasons for visiting a GP, or specialists, hospitalization, drug taking and subjective evaluation of health condition. The study involved 1002 persons at the age of 50 – 64 yrs who lived in the city. Data were collected on basis of an interview of a GP with selected patients in the period of time 2005 – 2006. Patients most frequently complained of pains and mobility problems. The most frequent limited diseases were diseases of locomotory system and from the age of 55 also circulatory system diseases. Patients at the age group 55-64 significantly more frequently evaluated their status as worse comparing with the age group 50-54. Majority of all monitoring age groups evaluated the health status as good or adequate to their age. The higher the age the higher frequency of visiting a GP or drug taking was reported in the interview.

Key words: *health situation – age 50-64 – age groups*

Cardiovascular profile of seniors living in old people's houses in Bratislava

J. Odráška, Z. Mikeš, P. Hlivák

Summary

Cardiovascular diseases are the commonest cause of death in Slovakia (55.2%). Mostly organ complications of atherosclerosis are responsible for these diseases. One of key risk factor is arterial hypertension that together with dyslipidemia. and overweight present 70% of occurrence of risk factors in Slovak population (12). These risk factors (RS) and organ complications are dominant causes of invalidization of patients and deaths. We present following conclusions on the basis of the report:

- Results show high incidence of risk factors, arterial hypertension, dyslipoproteinemia, diabetes mellitus or impairment of glucose tolerance in elder population.
- Findings reveal insufficiently controlled or treated arterial hypertension, dyslipoproteinemia, and high percentage of newly diagnosed dyslipoproteinemia, or hyperlipidemia and sugar metabolism impairment.
- Most frequent drugs administered in arterial hypertension were ACE blockers, beta blockers, diuretics, calcium channels blockers. Low administration of combined antihypertensives. In treatment of dyslipoproteinemia no proband took combined hypolipidemic therapy.
- Significantly higher occurrence of manifested form of ischemic heart disease was found in men than in women.
- Results are shocking and point out the need of higher care and more intensive therapy in this age category.

Key words: *seniors – old people's houses – cardiovascular profile*

Diogenes syndrome (senile collapse, senile self-neglect syndrome)

T. Hanisková

Summary

Diogenes syndrome, also known as senile collapse, social collapse and senile self-neglect syndrome, is characterized by extreme self- neglect, domestic squalor, isolation and excessive hoarding of rubbish (syllogomania). It usually affects the elderly who live alone. Symptoms involve body odor, low personal hygiene, related somatic diseases, e.g parasitic diseases.

Key words: *Diogenes syndrome – self-neglect – isolation*

History and presence of diabetes mellitus from the aspects of a geriatrician

M. Babčák, F. Németh, V. Vargová

Summary

The article surveys historical moments in revealing mystery of diabetes mellitus. Because more than 90% of patients suffering from diabetes are over 60 yrs old the disease is a serious social and economic problem of geriatric population. Authors are graduates of the Medical school in Kosice and they emphasize the work of their teacher professor Rudolf Korec who is well-known for his experimental results and findings about diabetes.

Key words: *diabetes mellitus – history – discovery – findings – Rudolf Korec*