

# GERIATRIA

časopis slovenských  
a českých geriatrov

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Slovak Gerontologic and Geriatric Society

[www.geriatria.sk](http://www.geriatria.sk)

*Editorial*

Dear colleagues and friends,

The election period of the Committee of the Slovak Gerontologic and Geriatric Association is over and it is time to balance the profits and loss during the passed period.

The working activities of the Committee were affected by the overall social situation and the circumstances characterizing health care and geriatrics, in particular. For brief characteristics words like restriction, destruction and arrogance are most fitting. Their consequences have been reflected in the organizational, personal and material spheres. Despite the proclaimed significance of geriatrics, we were under the pressure to reduce geriatric beds. Some departments were utterly liquidated, others were forced to move to less suitable places. The promises about the improved conditions were not kept, moreover they were followed by additional arrogant restrictions. These conditions brought about personal changes characterized by leaving of qualified doctors and nurses for foreign countries, for private sector or work places with lower physical and psychic load. The promises about the compensation by professionals from less developed countries did not come true, either. The potential substitutes probably know that several kilometers west of our country they will get much better paid job. The result of the whole situation is reflected in a shortage of beds, lack of health care personnel on all levels and material equipment. This is a brief outline of background in which the SGGA Committee conducted its activities.

What has been achieved during the past period? In my opinion the greatest success is the solving the situation about the prescription restrictions of geriatricians which became equal with internists. This equalization created conditions to expand the net of geriatric outpatient departments whose number is still insufficient.

Thanks to our common efforts we managed to maintain and enhance the professional level and attendance at traditional geriatric congresses with international participation as well as spring geriatric days. I am pleased to say that these activities are attended by a growing number of not only geriatricians but general practitioners and specialists, as well. We do hope this trend will have a rising tendency in the future, too.

The progress brings about new requirements for the organization and effectiveness of work. Therefore, we decided to make our society independent in accordance with the resolution of the SGGA members. We are persuaded this step will lead to better financial situation and higher efficiency in the economic area. The other successful achievement is the increasing level of the periodical *Geriatrics* - the official journal of the Association - which is issued regularly despite financial difficulties. We succeeded in innovating its website and I believe its level and attendance rate will continuously rise.

Owing to the understanding of the Presidium of the Order of Mercenary Brothers, hospital leadership and Medical Faculty of Comenius University, geriatrics obtained 30 new beds for therapeutic purposes and for postgraduate education of students of Medical Faculty of Comenius University.

The SGGA Committee held its sessions regularly, minimally 3 times a year, urgent matters were managed by mutual communication by means of e-mail, or by phone. The participation in the meetings of the Committee always exceeded the level of adopting the resolution. To make equal all the regions, the meetings of the Committee were held not only in Bratislava, but also in various places of Central and Eastern Slovakia. I do appreciate successful and dedicated work of all members

of the Committee and I wish to express my special thanks to the scientific secretary of the Committee Assoc. Prof. S. Krčmery, M.D., CSc. who discharged his duties with great perseverance and enthusiasm.

All the efforts of the Committee are useless without the support of members of the Association. High participation in all the events organized by the SGGA Committee is suggestive of the support of our members. Many thanks on behalf of the members of the Committee.

Dear colleagues, I would like once again to express my gratitude for your trust and support. I wish you and your family all the

best, improved working conditions and much success in your personal and professional life. I look forward to meeting you in Bojnice on the occasion of the 5th Geriatric Congress with international participation and 32nd Gressner's Geriatric Days. We prepared an interesting programme with excellent foreign and Slovak lecturers. The programme will certainly contribute to your professional knowledge. I also hope that our social programme will draw your attention, as it will offer you many cultural events. I am sure you will leave Bojnice full of inspirative ideas..

Yours

**Zoltán Mikeš**

## Current problems of care for seniors in SR

L. Hegyi

### Summary

The most significant legislative change which is to be prepared seems to be a change of health care companies from joint-stock companies to public-legal ones with greater participation of the state in payments for health care. In care for seniors we observe many negative phenomena concerning both the quality and quantity of the care delivered.

The changes in financing hospital care markedly changed the character of provided health services particularly in the average duration of hospitalization. The accessibility of health services for seniors became a complex problem caused by financial situation. Any form of decreased accessibility of health care delivery for seniors means a loss of equity of their chances and violates their basic rights. The practice proved that equity in health is not legally enforceable and is mainly restricted by poverty, low education or belonging to the most vulnerable groups of the population.

The proposal of the Government Programme for health care sector shows that there will be a separate National Programme for care for seniors. It is a positive fact that the Government included the care for seniors among its priority programmes. The situation in geriatric care has a rather good chance for improvement and a gradual solution of the problems of care for seniors.

**Key words:** *accessibility of geriatric services - equity in health - geriatric health network - National Programme of Care for Seniors*

## Polymorbidity of seniors: Postoperative states

M. Dúbrava, J. Jánošiová, D. Hladíková, P. Kazimirová

### Summary

The literature data on seniors' polymorbidity are scarce. We do not know any Slovak literature source analyzing the contribution of postoperative states to polymorbidity. Therefore, in a retrospective study we analyzed polymorbid postoperative patients at the age of 65 and over, hospitalized in our department within a period of one year. There were altogether 1028 patients (females /males: 63/37 %) with the mean age of 78.4 years (median 78 years, range 65 - 102 years). The share of postoperative diagnoses on overall morbidity of senior expressed by a number of diagnoses is high (8 %). The average number of postoperative states is also high (1.7; range 0 - 7). A fourth of patients underwent three and more operations. In nine "organs" postoperative states are present in more than 5 % of seniors. In the practice we have to cope with providing health care for a very broad scale (169) of postoperative states. The number of postoperative states culminates considerably earlier in women (at the age of 65-69 years), in men it significantly increases up to the highest age. The aforementioned knowledge may be significant for providing health care delivery for seniors, for providing appropriate financial and human resources and for the gerontology proper.

**Key words:** *geriatrics - polymorbidity - operations*

# The comparison of hospitalization of old people's homes residents during 1999 and 2005

I. Bartošovič, A. Tašková, D. Bartošovičová

## Summary

The authors compared the hospitalizations of old people's home residents during 1999 and 2005. Within the period of 6 years the mean age of residents in old people's homes increased by 4 years. The number of hospitalized patients minimally decreased (from 31.1 to 29.5 %). The number of hospitalizations per 100 inhabitants and the average number of hospitalizations per one hospitalized patient remained unchanged. The average time of treatment decreased (from 11.2 days to 8.7 days), i.e. 22.3 %. A mild increase in number of operations per one hospitalization was also observed (from 16.9 % to 20.2 %). The most frequent diagnoses embraced diseases of the circulatory system (I 10-I 99) that represented almost a third of all the diagnoses. The institutional treatment usually involved internal department with its cardiological and after-treatment subdepartments. In four fifths of cases hospitalization was terminated by return of the patient to old people's home and in 6.7 % by death during the hospital stay.

**Key words:** *old people's home - hospitalization- average treatment time - groups of diseases - ageing - seniors*

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## Old subjects and tumours

K. Zikmundová, H. Zavázalová, V. Zaremba, M. Roušarová, I. Holmerová

## Summary

Subjects over 60 years are characterized by high morbidity and health care consumption. Although malignant neoplasms are not ranked among the most frequent diseases at this age, from the aspect of gravity and influencing the quality of life of senior patient, they may have a significant place in seniors' morbidity. The old age alone poses a risk from the viewpoint of higher incidence of neoplasms, in the majority of tumours the incidence increases with the age.

The paper submits an overview of the most common tumours locations and the development of the incidence of neoplasms in the Czech Republic and in the Plzeň region. The incidence of tumours in the population over 60 years of age in the Republic and the region is recorded in graphs and tables constructed according to the data from NOR.

**Key words:** *old age - geriatrics - gerontology - morbidity - malignant neoplasms - incidence - prevalence - prevention - oncologic risks*

## Alcohol abuse in old age I.

T. Hanisková

### Summary

The problems connected with alcohol consumption are the most frequent problems in old people, despite the fact that the prevalence decreases with age. Old people are more vulnerable to the effects of alcohol because the normal ageing of the organism causes physiological changes that have a negative impact upon its metabolism. The great amount of drugs used by seniors usually interacts with alcohol and is of serious clinical significance. Alcohol abuse in old age is often hidden and some symptoms have atypical manifestations. The doctors often fail to identify this problem and that's why it is often underestimated and underdiagnosed. Simple screening is an effective method. Old people more significantly benefit from the treatment in contrast with younger age category, while basic principles of treatment are the same.

*Key words:* old people - alcohol - alcohol abuse

## Non-aneurysmal rupture of aorta descendens in penetrating atherosclerotic ulcer

P. Ambrošová, P. Weber

### Summary

The authors' case report describes an 87 year old woman with non-aneurysmal rupture of aorta descendens based on penetrating atherosclerotic ulcer. The clinical picture was dominated by epigastric pain spreading bilaterally to the area of the ribs that evoked suspected acute pancreatitis or coronary episode. However, both nosological units were excluded by repeated laboratory examinations. The authors consider this case rather unusual, because primary clinical symptoms of the aorta descendens defect included vague pressure in the epigastrium and on the chest resulting in sudden death of the patient. The authors point to the fact that penetrating atherosclerotic ulcer may occur especially in older patients (over 80 years) with advanced atherosclerosis. The authors also discuss the diagnostics and modes of treatment of penetrating atherosclerotic ulcer.

*Key words:* non-aneurysmal rupture of aorta descendens - penetrating atherosclerotic ulcer - etiopathogenesis - clinical picture - diagnostics and therapy

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## Ultrafiltration – alternative treatment of refractory heart failure

F. Németh, A. Slivková

### Summary

In developed countries heart failure is one of the main causes of morbidity and mortality and represents a continuously rising economic load for the health care system of developed countries, as well. Epidemiological studies data reveal that the prevalence of heart failure ranges from 0.5 to 2 % of the population, having an ever-increasing worldwide trend mainly in seniors so that we seem to face the newly-emerging epidemics. The treatment costs for heart failure are mostly induced by a growing number of hospitalizations. In Europe and in the USA, the costs for treatment of chronic heart failure represent 1 –3 % of total costs for health care. 90 % of all the hospitalizations for chronic heart failure are caused by fluid overload.

*Key words:* chronic heart failure - fluid overload - refractivity - ultrafiltration