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Official website of the
Slovak Gerontologic and Geriatric Society

www.geriatria.sk

Slovak geriatrics at the turn of the year

In 2006 Slovakia was one of the OECD states with reduced share of expenses for health care. While in 1997 it represented 7.1 %, in 1998 it was 6.3 % (www.who.org) and currently it amounts to 5.9 %. As for the share of expenses for health care Slovakia takes the last position among the OECD states preceded by Mexico and Turkey (www.oecd.org). In absolute numbers this sum totals up to 777 international dollars. In the neighbouring Czech Republic this number equals to 1302 international dollars (7.5% of GDP).

The consequences of underfinancing can be observed in all the spheres of health care. The former aim of health care was to help the patient but this does not seem to be true any more. The main aim is to make money.

The document "Program Proclamation of the Government concerning health care sector" reads: "Since joining of SR the European Union, i.e. since 1 May 2004 up to 7 August 2006, 3301 health care workers applied for certificate (on achieved qualification), of them 1353 physicians and dentists and 1110 nurses and midwives, the majority of them in productive age. According to the data of the MH SR in the same period only 35 foreigners applied for performing health care in SR " (where are the reported large number of Ukrainian doctors?) According to the president of Slovak Medical Chamber every month 100 health care professionals leave for foreign countries. Where are those days when Slovakia had surplus of doctors? At present, Slovakia has 317.88 doctors per 10 000 inhabitants, whereas the average in the EU reaches 347.13. The difference in the number of general practitioners is even sharper. In the EU 98.93 GPs fall to 100 000 inhabitants, whereas in Slovakia only 43.78. Moreover, the number of ambulatory visits in Slovakia is almost two-fold (12.96 as against 6.75 in the EU). Similar or even worse situation is obser-

ved in the number of nurses (676.95/100 000 in contrast with 727.76/100 000) (www.rokovania.sk 8.10.2006). The cost for medicaments make 38.5 % of the total costs in Slovakia (in the EU it is 9.9-20.9%) www.rokovania.sk 8.10.2006). Is it too much? However, in developed countries the costs for salaries in health care reach 75 and more % (Buchan, J. O' May.F, 2006). If costs for medicaments are to be expressed in EUROS per person and a year, with 299 EUROS we take the place in the lower part of the EU scale (272-606 Euro) (www.rokovania.sk, 8.10.2006). Furthermore, we have too many beds: In the EU there is 591.56 beds per 100 000 of inhabitants, of them 415.39 acute (73.9 %). Slovakia has 698 beds, of them 610 acute (87.4 %). The treatment time is 8.5 days in our country, while in the EU 6.92 days. Bed occupancy is also low 64.8 % as against 77.73 %. The number of hospitalizations per 1000 inhabitants is quite comparable (SK:18.54, EU 17.92). www.rokovania, 8. 10. 2006. The government wants to reduce the total number of beds by 6000. It is said that the number of hospitals will not decrease. (In comparison with the EU we have fewer beds: 2.67 as opposed to 3.11/100 000). The Government proclaims that excessive beds will be changed to chronic ones which would serve for social care purposes. (In Slovakia the list of those waiting to get to Old people's home comes up to 12 000 people (Tomanová, V., personal information).

What did the previous year bring along for geriatrics?

At the beginning of the year General Health Insurance Company concluded contract with 58 geriatric outpatient departments (www.vszp.sk). The contractual part-time jobs are however, very small. The total contractual part-time job of ambulatory geriatricians is 26.6 of doctor's full-time job. Of the total number of subsidiaries 36 had no contract with geriatricians

on providing ambulatory care.

At the same time 19 geriatric departments with 770 beds (www.vszp.sk) www.uzis.sk) and 51 long-term care facilities LDCH/ODCh (www.vszp.sk/) with 2090 beds concluded contract (www.uzis.sk). In the whole Žilina region there exist no acute geriatric department. The qualification of leading personnel is disputable, as well. 25 of them have none specialization in geriatrics. There is a persistent lack of workers. Currently material and technical facilities and human resources of geriatric departments are being evaluated along with the education of leading workers. In the year 2006, 10 new geriatricians passed specialization examination. So far, altogether 160 doctors acquired specialization in geriatrics in Slovakia. There reappeared the problems with

the prescription restrictions. Geriatricians cannot prescribe e.g. Erbantyl despite the fact that they have to screen and follow up elderly hypertonics.

What can be expected in the new year?

The law on long-term care should be adopted. Its absence again thwarted the creation of nursing-caregiving departments. On 4 December 2006 the MH SR approved the new conception of geriatrics with the effect of 1 December 2006. This is a significant moment for geriatrics. Within the new conception after-treatment departments rank among geriatric facilities that will prospectively will upgrade the delivered care.

Prof. Štefan Krajčík, M.D., CSc.

Chief specialist of MH SR for Geriatrics

Warfarin and its drawbacks when used in old age

P. Weber, H. Meluzinová, H. Kubešová, M. Penka, J. Hrubanová, M. Šlechtová

Summary

Introduction: With the increasing age the occurrence of diseases requiring anticoagulant therapy (AT) (including long-term therapy) is growing. Concurrent multimorbidity along with polypharmacy including drug interaction risk is also increasing.

Purpose: An analysis of bleeding risks in the elderly and the occurrence of complications in long-term anticoagulation therapy (AT). The authors demonstrate the importance of these problems on clinical observation of 20 cases.

Patients and methods: During the 2 year long followed-up period the authors treated 2702 elderly patients aged 78 ± 9.5 years. The group consisted of 940 men (75.1 ± 9.8 years) and 1802 women (79 ± 8.9 years.) All the patients were admitted non-selectively from the coverage area of Brno city with 120 000 of inhabitants. During the whole followed - up period a subgroup of 20 patients revealed: pathologically increased prothrombin time and/or clinical manifestations of bleeding that was the main reason of hospitalization and reassessment of the current AT.

Results: AT (at the beginning heparin or LMWH) was used in 908 patients altogether. Long-term AT was indicated in 351 patients (13%). The reasons of its usage involved in particular: atrial fibrillation, pulmonary embolism, venous thrombosis or artificial material in the heart. In the subgroup of 20 subjects with bleeding complications, a detailed analysis of anamnesis (the cause of AT failure), presence of co-morbidities, drug interactions including mental and social status analysis (loneliness) were performed. The authors evaluated clinical signs and AT consequences which were the reason of hospitalization and recommendations of further proceedings in this subgroup.

Conclusion: AT may be usually initiated also in senior patients after due consideration, when the indications are mainly cardiological ones. The treatment has to be regularly monitored and warfarin dose has to be modified according to INR levels. The authors also point at some aspects, drawbacks and risks of AT ,while considering the prevention of the aforementioned complications.

Key words: *warfarin - indications in old age - multi-morbidity - drug interactions - polypharmacy - bleeding*

Age differences in selected social characteristics of patients

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

Summary

The goal of investigation was to find the age differences in selected social characteristics of senior patients over 60 years of age. The investigated sample comprised 1033 subjects divided into three age groups (60-69 years, 70 – 79 years and 80 and over 80) residing mostly in towns. The sample of patients underwent standardized interview at GP's outpatient departments within the years 2004 – 2005. The selected followed up data included those about family, friends, running a household, about activities, the small joys and worries of seniors. With the increasing age the number of subjects who found domestic duties difficult and were dependent on other persons' assistance also increased dramatically. The source of the greatest joys in seniors' life included their children, grandchildren, the most favourite activities involved cultural events, helping their children and caring for animals. In all age groups the greatest worries of seniors were mostly those related with their health status which increased with the growing age. The age is an important determinant of not only health but of numerous social characteristics, as well. The deteriorating health status changes social conditions to a certain extent.

Key words: seniors - social characteristics - age differences

Alcohol abuse in old age 2.

T. Hanisková

Summary

The problems associated with alcohol consumption belong among the most common abuses in old people. Despite this fact the prevalence decreases with the age. Old people are more vulnerable to the alcohol effect because normal ageing brings about physiological changes of the organism that negatively affect its metabolism. Alcohol abuse in old age is very often masked and some symptoms manifest atypically. The doctors often fail to identify this problem, therefore it is usually underestimated and underdiagnosed. Simple screening is an effective method. The treatment is more beneficial for old people in contrast with younger age group, whereas basic treatment principles are exactly the same.

Key words: old people - alcohol - alcohol abuse

Current status of pharmacotherapy for Alzheimer's disease

A. Bayer

Summary

The currently available medication to treat AD with proven efficacy includes acetylcholinesterase inhibitors (donepezil, galantamine and rivastigmine) and the N-methyl-D-aspartate (NMDA) receptor antagonist, memantine. These are safe and can produce modest improvement or stabilization of cognition, behaviour and activities of daily living. But they are not able to stop the disease process. Drugs reducing amyloid production (flurizan) and its toxicity (tramisoprosate) are subject of current trials. Active vaccination with beta-amyloid found dose-dependent improvement on a neuropsychological test battery and reduction in tau in cerebrospinal fluid consistent with reduced degeneration. This study was terminated after 6% of treated patients developed aseptic meningo-encephalitis. A new trial using modified antigen is being prepared and a number of pharmaceutical companies have monoclonal anti-amyloid antibodies in development.

Key words: Alzheimer's disease - acetylcholinesterase inhibitors - N-methyl-D-aspartate (NMDA) receptor antagonist - memantine - amyloid - flurizan - tramisoprosate (3APS or Alzhemed') - immunotherapy

Primary hyperparathyreosis – case report

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L. Hricová, F. Németh

Summary

In their case report the authors describe a case of a 77 year old woman with a newly diagnosed hyperparathyreosis at the clinic of geriatrics in Prešov. The clinical picture was dominated by the following symptoms : gastrointestinal (indigestion, constipation), and neuropsychic (depression, increased fatigue). The diagnosis was established on the basis of hypercalcemia and parathormone examination in the blood.

This case report demonstrates that the disease is rarely thought of and therefore passes undiagnosed. Despite this fact 50% of patients with hyperparathyreosis are asymptomatic, many nonspecific manifestations of the disease may be inadequately attributed to the ageing process alone.

Key words: primary hyperparathyreosis - clinical picture - diagnostics - therapy