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Science, geriatrics and our longterm microworld

The functions of medical journals vary. One of their function should include the presentation of scientific knowledge. Let's have a look at the journal of Geriatrics (articles over the past 5 years) and let's make an evaluation from this aspect. It is doubtless that such judgments are marked by a certain deal of subjectivity, which however, has no impact upon the nature of the journals, if based on the fact analysis. Have you skimmed through the articles in geriatrics ? How many articles dealing with our productive geriatric research have you found ? Perhaps you cannot make the difference between the scientific research and the repetition of the already known facts?

The Act on the Science and technique valid in Slovakia simplifies the situation. Based on this Act we think that this is quite simple: research as a part of science is focused on the acquisition of new knowledge. Basic research is orientated to the expansion of knowledge about the phenomenon being investigated and its profound understanding regardless of the practical application of this knowledge. The applied research is focused on the practical application of the newly acquired knowledge. We shall look at other countries where the expectations as for the work of science might be higher, and consider about the current topics dominating in the present-day geriatrics and its future trends.

Genetics with all its aspects is quite sure to appear among them. Genome as a practically explorable base of ageing, post-genomics and biotechnologies as revolutionary methods in the research of health and diseases. Translation research in which the application of basic discoveries is applied along with the scientific verification of this application, has come to the foreground. Gerontopharmacology also poses several challenges. Other scientists may be interested in the study of health care systems from the aspect of equitable access to a high quality health care for seniors.

The attention is drawn to palliative medicine, as well. All the above mentioned disciplines belong to the armament of modern geriatric science.

If we are convinced that in the area of geriatric research we have so far exhausted all the possibilities, we should raise a question: why is this so? There may be several causes, such as lack of abilities, lack of enthusiasm, time or financial means.

We hear a lot about successful career of our doctors abroad. Considering the efforts of those who stayed here and their results attained in our conditions, even the greatest critic has to admit that the cause is elsewhere, not in our incapability.

Lack of financial means is a common excuse for our modest research activities. It is true that a considerable amount of financial means has to be invested in the top geriatric science from the global aspect. Where and how to get the necessary means? Based on the information about demographic developments, our society knows that the means for financing geriatric science can be found both in Slovakian and European grant agencies.

The seventh frame programme of the European Community in the area of research that represents a real support of science in the Old Continent explicitly mentions scientific challenges concerning geriatrics in 8 places of a 3-page part called "Health". In a vast majority of other cases it is unequivocal that geriatrics can contribute to the solution of the problems identified. In other words Europe is prepared to finance geriatric research. However, we have to admit, that good research work can be done "without additional money".

Unsatisfactory scientific activities of our geriatrics consist in almost lethal combination of lack of time and enthusiasm, I am afraid. How is it possible that the situation is different in other countries? In our conditions a lot of time is wasted on providing of elementary needs in health

care delivery. The physicians in developed countries have no idea about such problems. Providing elementary needs and activities is tiring and the feeling of constant fighting the stupidity, ignorance, negligence, envy or money grabbing (the ratio depends on a particular situation), deprive us of all our energy and enthusiasm. And there are just a few of us. This fact naturally results in exhaustion and disillusion.

We are tired of many years's tilting at windmills in geriatrics. Our poor results do not satisfy us. But let's make another attempt! A contribution about a case history may also bring a new outlook on a particular problem. Analytic-synthetic evaluation of our routine work, creative processing of literary knowledge based on our own experiences and searching for the ways how to apply them in our conditions, can also be challenging. Significant multi-centric projects of greater validity can be

conducted in our geographically small country. A miracle may happen in a form of political coalition that will not consider health and education as a reliable pre-election rhetorics for our most vulnerable group of population – seniors.

Currently we have a lot of means that could markedly upgrade the care for seniors with less financial and mental efforts. Arduous searching for the latest news and their implementation into the daily geriatric routine is needless. If we do not have proper conditions for the implementation of the latest advances, if we cannot satisfy our thirst for getting acquainted with new, unknown things or wonders waiting for us elsewhere and beyond to be discovered, then our forward movement can be slowed down or even halted. And geriatricians, in particular, know the consequences of immobility.

M. Dúbrava

Screening examination of depression in senior population in the district of Prešov

F. Németh, M. Babčák, A. Eliášová

Summary

With the assistance of students of Faculty of Health Care of the Prešov University, 1028 65 year old and older subjects filled in the questionnaire "Geriatric scale of depression according to Yesavage". In accordance with the criteria of this questionnaire 16.2 % of subjects showed the signs of mild depression, 8.9% of subjects revealed the signs of a more significant depression. The percentage is higher than that reported in the accessible literature.

The Prešov region belongs among the poorest regions of the European Union. The authors believe that the insufficient social security and fear from the future in old population, fear from raising costs for drugs and everyday living needs, disintegration of multigeneration family pose a dominant cause of the above occurrence of depression in the Prešov district.

Key words: *depression - senior age - geriatric scale of population*

M. Rašiová

Summary

Abnormalities of serum sodium concentrations – dysnatremias belong among the most frequent disorders of electrolytes in seniors. Hyponatremia is the most frequent electrolyte deviation followed by hypokaliemia, hyperkaliemia and hypernatremia. Hyponatremia below 135 mmol/l occurs in 7 % of seniors living in their homes, as against 5.3 % of long term hospitalized seniors who have at least one detected hyponatremic episode during the course of 12 months. Multimorbidity and frequent polypharmacotherapy increase the risk of the onset of hyponatremia in old age. The natural involution process in seniors causes decreased flow rate of blood through the kidney and deteriorate their dilution ability and renal sodium conservation. These risk factors along with the hormonal changes regulating water and sodium metabolism greatly contribute to the onset of hyponatremia of geriatric patients. Rapid, unrecognized development of hyponatremia is usually lethal, whereas its slow development can be asymptomatic.

In severe hyponatremia ($sNa < 120$ mmol/l) neurological, gastrointestinal and muscular manifestations are present of which the cerebral oedema is the most serious complication.

The article analyses the most common causes and manifestations of hyponatremia.

Key words: *sodium - seniors - hyponatremia*

Age induced macular degeneration

Z. Sedláčková, L. Hegyi

Summary

Age induced macular degeneration is the most frequent cause of the loss of central visual ability. In developed countries age induced macular degeneration is the main cause of the loss of visual acuity in 10 - 15 % of the population aged over 65 years. The cause of the disease is unknown. The risk factors involve age, heredity, light colour of the eye, female gender, diet poor in vegetables and rich in fats, smoking, alcohol consumption, overweight, hypertension and presence of cardiovascular diseases. The disease is divided in dry, slow progressing form and a more scarce exudative, rapidly progressing form. The treatment of the dry form is symptomatic, in exudative form the treatment can decelerate the progression. The disease results in practical blindness that deteriorates the quality of life and poses a serious geriatric risk.

Key words: *high age - blindness - age induced macular degeneration*

Communication with seniors

J. Kelnarová

Summary

The paper deals with providing the information to seniors by verbal and non-verbal way and by action. The author presents the principles of proper communication and mistakes made by health personnel during their communication with hospitalized seniors. The factors affecting the communication with seniors are also very important. The communication is a complex process influenced by the education, intelligence of people involved in the communication and also by cultural customs and traditions.

Key words: *communication - verbal - non-verbal - mistakes in communication - principles of communication*

Long-term care for seniors in Czech Republic and its problems

H. Janečková, A. Malina

Summary

Principal factors affecting mean age of the population embrace development of birth rate, prolongation of life expectancy and migration of inhabitants. Other factors involve also higher level of living, healthier life style and last but not least greater possibility of medicine of either curing the man or prolonging his life.

The society responds to the problems associated with the ageing of the population and tries to cope with them. One of these trends is the attempt to exclude seniors from the society, and either intentionally or unintentionally restrict their access to various aspects of social life, displace the problem of ageing from the awareness of younger generation and political representation, perceive old age as stigma. The EU documents regard seniors as the social group endangered by social seclusion.

The experts in geriatrics point at a wide scale of problems in the area of care for seniors.

On the side of health insurance companies, ministries, their conceptions and other official documents, the necessity of multidisciplinary teams cooperation (so called rehabilitation or geriatric conferences towards individual cases of patients) and complex geriatric evaluation as a tool of qualified assessment of health and functional status of senior patients and their needs from the aspect of individual rehabilitation, nursing and caregiving plan (individual plan of long-term care) have not been recognized in our country, yet.

At present long-term care is fragmentary, non-systematic, perceived as unsolved and pressing problem both in health care and social services. Unhealthy seniors dependent on other peoples help pose the burden for both sectors. Both sectors work separately instead of cooperating, defining and fulfilling their common target.

Clear-cut conception of long-term care for seniors should comprise adequate development of field health-social services based on multidisciplinary cooperation and individual planning of care aimed at the current needs of seniors with long-term disease including corresponding support for caregiving family.

Key words: *geriatrics - long-term care - position of seniors in Czech Republic*