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**All the papers in this issue are dedicated to
Prof. Vladimír Pacovský, M.D., D.Sc.
on the occasion of his 75th birthday**

Current modes of social geriatrics

Reflexions on ageing date back to ancient time. Medical and social aspects of ageing have had their impact on every society. While social gerontology deals with the social problems of seniors as a social group, i.e. from the whole population's aspect, social geriatrics deals with the possibilities of social intervention in an individual (1). High age is determined mainly by its health and social characteristics:

Health characteristics in a senior involve particularly :

- biological age with its structural and functional characteristics,
- polymorbidity,
- altered symptomatology and course of diseases,
- susceptibility to complications,
- inclination to maladjustment syndrome,
- tendency to chronicity,
- changed response to drugs,
- psychosocial symptoms and
- specific geriatric syndromes.

As for the social characteristics a group of seniors differs from the rest of the population namely by:

- age category,
- loss of professional roles
- limited accessibility to income resources
- availability of life needs
- lower economic standard
- lower social status
- self-decision
- economic, social and health discrimination.

Serious social consequences of ageing include:

- loss of friends and family members,
- isolation,
- loss of communication, loss of feeling of being useful,
- lack of self-realization,
- need of help in routine day-to-day activities,
- social consequences of polymorbidity and imminent death.

The level of social contacts significantly affects physical and mental health. Economic poverty as a stress factor influences life span not only by high infant mortality rate, malnutrition of quality and quantity character, infectious diseases, such as increased re-emergence of tuberculosis or diarrhoeic diseases in children, but also by stress due to feeling of lack of freedom, existence insecurities, fear of future.

The relation between diseases, mortality

and poverty exists in all the countries both developed and developing.

In 1982 a unique multifactorial risk interventional experiment MR-FIT was carried out in the USA comprising more than 300 000 men. Men were divided in 12 groups according to their income. The lower the income the higher the standardized mortality. The mortality in a group with the lowest income was two-fold higher than in a group of the wealthiest people /81 and 41 per 10 000 /(2).

Social factor induced stress affects also economically solvent strata of the society which is manifested by extreme working load or competitive environment resulting in permanent existential insecurity.

The decrease in adaptation abilities associated with health and social risks illustrates an example of interconnection of health and social problems particularly in high age. The demographic trend characterized by ageing of population along with the development of civilization diseases and chronic diseases with their social impact, only underlines the importance of the fact that medicine of chronic diseases will be a crucial problem in the 21st century.

Readiness of the society to this development is insufficient. There is a lack of longterm state and health policy in favour of seniors, lack of cooperation between the sectors of health care and social welfare on governmental level, lack of broadly-defined acceptance of interconnection of health and social policy on the part of health care workers. This is manifested in health disorders that are treated rather by organ than holistic approach ignoring social circumstances of the onset, development and consequences of diseases. There is also an insufficient prevention in the area of social work in gerontology and meaningful as well as purposeful cooperation of geriatricians and social workers.

The areas of exploitation of social workers are quite evident in the penitentiary sphere, social pediatrics and social

Social assistance in geriatric care	
detection and signalization of social intervention	need of social assistance
<ul style="list-style-type: none"> ● nurse in home nursing care facility ● social nurse ● nurse at GP's ● GP ● specialist-geriatrician ● special department in institutional care 	<i>social worker</i>

psychiatry, in the problems of gypsy m-nority, in the policy of employment and else-

tate doctors in making any effort of social intervention which is a sine qua non of complex and full-fledged geriatric care.

Good social adaptation is necessary at every age, however it is of particular importance in critical periods of one 's life including high age. Social prevention may avert the problems of social adaptation.

Let me conclude that the position of seniors in the society is a reflection of cultural and social level of any society. The management of their problems should not be left in a declarative presentation only.

Social prevention of adaptation problems in old age		
Assumptions of onset of adaptation problems in old age	Most frequent manifestations of adaptations problems in old age	Modes of prevention
<ul style="list-style-type: none"> ● health characteristics of seniors ● social characteristics of seniors ● social consequences of ageing ● low quality of life ● position of seniors in society 	<ul style="list-style-type: none"> ● geriatrics maladjustment syndrome ● geriatrics social syndromes 	<ul style="list-style-type: none"> ● good state health and social policy ● better interconnection and cooperation between health care and social welfare sectors ● activities of social workers

where. In this aspect the care of old people is hardly ever mentioned, notwithstanding that a polymorbid patient almost always shows a deficiency in social area. This deficiency is caused either by ignorance of the laws and regulations on various types of social assistance or by individual's inability of arranging such an assistance for himself/herself at appropriate institutions. Detection and signalization of these needs are absent on the side of health professionals. Current system does not facili-

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Assoc. Prof. Ladislav Hegyi, M.D., D.Sc.

Acute myocardial infarction in Slovakia in elderly

M. Dúbrava, S. Cagaň, S. Wimmerová, I. Besedová, T. Trnovec,
Z. Mikeš, J. Jánošiová, B. Zacharová

Summary

Background: More detailed and complex data on the actual situation of patients with acute myocardial infarction (AMI) in Slovakia are not available. This gap is being gradually filled in by the project AUDIT.

The paper aims to present the basic complex view of the situation in elderly AMI patients in Slovakia.

Patients and methods: Countrywide prospective multicenter study conducted within the years 1997-1998 analyzed 3123 AMI patients. A group of younger subjects (up to the age of 65, mean age 54 years, 24 % of females) and a group of older subjects (65 and over 65 years of age, mean age 73 years, 50 % of females) were compared.

Results: The seniors over 64 years represent in the SR 53 % of patients hospitalized due to AMI. Older patients showed more often concurrent diseases (besides hyperlipoproteinemia), complicated AMI (caused mainly by heart failure, cardiogenic shock) and they underwent more frequently temporary cardiac pacing or resuscitation. No considerable hospital prolongation was caused by the chronological age alone. At early stage AMI was diagnosed nearly in 3 fifths of older subjects. The mortality of older patients was high (19 %, 3.7 times higher than in younger subjects). A use of submaximal exercise test during average in 17/19 (younger/older subjects) day hospitalization (in younger subjects in 32 %, in older ones in 8 %) or recommendation of using symptom limited exercise test in the end of hospital stay (in 25 % of younger patients and 13 % of older ones) has to be considered as alarming.

Conclusion: In Slovakia AMI in older patients represents a significant problem by its incidence, multiple complications connected with high economic costs and high mortality. There exist some reserves in its management.

Key words: elderly - acute myocardial infarction - multicenter study

The incidence of risk gerontologic factors in subjects aged over 60 years treated by home nursing care facilities

H. Dolanský, H. Zavázalová, K. Zikmundová, V. Zaremba

Summary

The analysis of risk gerontologic factors that became the reasons for providing home nursing care, was conducted. A mere 10 % of the subjects recorded, showed just 1 risk factor (ill health status was predominant). In 90 % of seniors 1 and more gerontologic risk factors cumulated. In all the subjects followed up ill health status, i.e. medical factor was observed that was often associated with social factors, such as loneliness, loss of self-sufficiency, childlessness and high age. The activity of home nursing care facilities indisputably represents a significant service for the handicapped seniors. This assistance delays the necessity of institutional care and markedly ameliorates the quality of seniors' lives in their own home setting with the assistance being provided by other persons.

Key words: seniors - risk factors - home nursing care

Diabetes mellitus - etiopathogenesis and clinical in picture in old age

P. Weber

Summary

The facts that diabetes mellitus (DM) affects as much as 20 % of subjects in the 7th decade and another 20 % suffers from the impaired glucose tolerance make these metabolic diseases clinically most significant in old age. In seniors usually prevails DM type 2 (in seniors over 75 years it represents as much as 95 %). The following factors account for the development of DM 2 : 1. insulin resistance; 2. insulin secretion disorder; 3. gluconeogenesis suppression disorder. Seniors develop DM2 by interaction of genetic predisposition and environmental effects. When the decision about the therapy of DM is made the following should be taken into consideration: 1) general capability of a patient - i.e. self-sufficiency or dependence on other person's assistance, the degree of his/her mobility, mental status; family and economic conditions; eating habits (including dental health); age - including expected life span; 2) presence of macro- and microangiopathic complications; 3) other serious diseases - including psychic, motoric, visual and acoustic handicaps; 4) other drugs used (interactions). The purpose of DM therapy in seniors covers: a) improvement of the quality of life avoiding any potential complication or harm to old diabetic patients; b) optimal metabolic compensation of DM - i.e. the state with no subjective complaints (fasting glucose 6-11 mmol/l; HbA_{1c} < 8.5 %); c) slowing down and delay of possible onset of late vascular complications and in case they have already appeared it is necessary to follow them up and treat.

Key words: diabetes mellitus - insulin resistance - old age - etiopathogenesis - diagnostics - clinical picture - complication

Cardiosurgery in the age group of patients over 70 years from cardiologist's aspect

K. Kanáliková, I. Šimková

Summary

The prolongation of life span and advances in operative and perioperative technique have resulted in the increased number of cardiologic patients of higher age groups requiring cardiosurgery.

The paper submitted evaluates the patients in the age category over 70 years from cardiologist's aspect: patients' clinical condition, indications for operation, preoperative management, post-operative care and some differences in the operative techniques in open-heart surgery. The necessity of an individual approach to the indications for cardiosurgery as related to the patient's mental state and extracardiac diseases is being stressed.

Key words: open-heart surgery - patients aged over 70 years

Medical and economic aspects of vaccination against influenza in geriatric patients

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K. Gazdíková, F. Gazdík

Summary

Influenza is an acute infectious disease caused by the influenza virus. The spread of its morbidity in Slovakia is reported to be 24 000 - 38 000 per 100 000 inhabitants. The risk groups susceptible to influenza complications embrace seniors over 65 years, individuals of all age categories with chronic diseases of respiratory (including bronchial asthma) and cardiovascular system, renal and metabolic diseases (including diabetes mellitus) and patients on immunosuppressive therapy. The only effective prophylactic measure is vaccination against influenza so that protective antibodies should be formed well ahead of influenza outbreak.

The reported vaccination effect in common population ranges from 70-90 %, while in subjects aged over 60 years the range is between 60-80 %. Preventive vaccination of geriatric patients against influenza is significant from numerous aspects. Medical aspect in this group involves a more common incidence of other grave diseases especially those of cardiovascular system that may greatly decompensate in case of acute disease. The increasing financial costs for the society related to the treatment of influenza and its complications as well as elevated costs associated with working disability should not be disregarded, either.

Key words: *influenza - influenza complications - vaccination against influenza - vaccination effect geriatric patients - defense ability*