GERIATRIA

**časopis slovenských
a českých geriatrov**

Vydáva:
Slovenská gerontologická
a geriatrická spoločnosť SLS
811 07 Bratislava
Legionárska 4

Vedúci redaktor:
Doc. MUDr. Ladislav
Hegyi, DrSc.
901 01 Malacky,
Jánošíkova 78, SR
e-mail:
ladislav.hegyi@geriatria.sk

Adresa redakcie:
Katarína Ďuranová,
Klinika geriatrie LF UK
831 01 Bratislava 37
tel.: 02/595 45 232
e-mail: katkager@centrum.sk

Jazyková úprava:
Anglická:
PhDr. B. Weiblová, MPH
Slovenská:
PhDr. R. Palátová

Sadzba, reprodukcia, tlač:
Charis s.r.o.
Ipeľská 3
821 07 Bratislava

Registračné číslo: 1441/96
ISSN 1335 – 1850

Contents

Editorial
L. Hegyi, I, Rovný: Health education in seniors 149

Original papers
M. Dúbrava, S. Cagáň, S. Wimmerová, I. Besedová, Z. Mikeš, J. Jánošiová, B. Zacharová:
Acute myocardial infarction in Slovakia – older patients (II. part) 103

I. Dóci, M. Medvecký, M. Kovářová:
Comparing psychopharmacological treatment of people aged over 60 at the Psychiatric Clinic in Košice in the years 1993 and 2002 161

Review articles
Š. Krajčík, T. Hanisková, I. Bartošovič:
Swalloving disorders in old age. 166

Y. Berner: Nutrition and Aging 172

Book reviews 165, 186

List of authors in 2003 187

Contents of Volume 2003 188

Jubilees
Š. Krajčík: Anniversary of Prof. Eva Topinková, MD, PhD 190, 191

Calendar 2004 192

Health education in seniors

The characteristics of health of seniors is realistically described by the generally known WHO definition of health, which does not exclude the presence of diseases, but emphasizes the capability of coping with it. Health status of population is significantly affected by the health determinants (1):

Health determinants	Characteristics	Proportion on health status of population
Level of health care	Professional level, continuity, consistency, accessibility to preventive and curative care	15 – 20 %
Genetic properties of population	Genetic disorders of population, its genetic pre-dispositions and its decrease by all societal measures	10 – 15 %
Environment	Clean, pollution free environment, quality of tap water and care for food and catering safety, nutrition, care for land, working and living environment, waste disposal, working conditions, control of exposure to ionizing and non ionizing radiation, chemical, physical and behavioral factors ensuing from work and living environment hazards, recognition of natural focal points and endemic areas of infections, environmental effect on behavioral factors, etc.	20 – 30°%
Life style of population	Human behaviour based on mutual effect of living conditions, socio-economic factors and personal properties, life style, affected by nutrition, social communication, managing psychosocial load, leisure activities, alcohol consumption, use of drugs and psychotropical substances, smoking, etc.	50 – 60 %

The largest share in creating health status of population is represented by life style affected by primary prevention, particularly by health education and health promotion.

Health education is a special branch of medical sciences and health care whose aim is to build up knowledge and expand action targeted at sustained health of individuals and population groups of the society. The citizens themselves have to be engaged in this action so that to achieve proper knowledge on their health, to develop appropriate attitudes and habits, to foster active and personally aware effective protection of individual and societal health. Seniors will have to practically apply the well known knowledge on healthy ageing as well as the recommendations for living with chronic diseases.

Health promotion will facilitate the humans to control their health status and enhance their responsibility for health, it will markedly influence the way of living, enable to choose the way of life based on objective information and it will help in decreasing the incidence of diseases in the population. Health promotion is implemented also by active measures and in-

vestments in health on the part of the society. Diminished incidence of diseases, decrease of mortality rate and life prolongation with a higher quality will bring a desirable effect.

Health education and health promotion belong among significant preventive methods in medicine. They have an impact on all age groups of the population including the population group of seniors. With regard to multimorbidity of seniors, besides primary prevention, secondary and tertiary prevention are also applied in a group of seniors.

Ageing of population brings about some keys how to direct health education (2):

	Direction of health education in seniors
1	The proportion of seniors in overall population significantly grows resulting in increasee in the target group for health education.
2	A population group is being formed whose number exceeds a fifth of overall population having a different health characteristics, different social environment and to a certain extent, different interests and life attitude.
3	This population group is typical of chronic diseases, polymorbidity, polypragmasy, susceptibility to complications, susceptibility to maladjustment syndrome, diverse symptomatics and course of diseases and a prominent social character of diseases.
4	A crucial goal of medical prevention in geriatrics is not restitutio ad integrum, however it is prevention of disease deterioration, sustained functions of organs and systems, maintenance of self-sufficiency and avoiding dependence on other people's help and maintaining good quality of life. These goals are contained in secondary and tertiary prevention.
5	The priority tasks of medical intervention in seniors involve vaccination against influenza, pneumonia, prevention of risk factors of maladjustment syndrome, rehabilitation, rational pharmacotherapy, screening and follow up, creating favourable living environmental conditions for seniors, etc.
6	Health education targeted at seniors must cope with new issues, such as euthanasia and hospice care.
7	The advantage of health education is the target group's interest in health and willingness to cooperate, while insufficient interest of social system in prevention and population group of seniors is disadvantageous.
8	A supportive factor for development of health education targeted at seniors is the existence of international documents, such as Health for All in 21 Century (target No 5: Healthy Ageing and UNO General Assembly Documents on Ageing in Madrid (2002).
9	Nongovernmental, charitable, cooperative and other senior organizations are natural allies and partners in implementation of health education targeted at seniors.

Health in higher age is of different dimension than health in youth and adulthood, accordingly preventive measures have to correspond to the altered conditions of the organism in old age.

The interest in healthy ageing is an invariable interest of mankind as a part of activities of every modern society.

Literatúra

1. ROVNÝ, I.: Koncepcia verejného zdravotníctva. Prednáška na medzinárodnom seminári: Zlepšovanie kvality vzdelávania vo verejnom zdravotníctve, SZU, Bratislava, 13. 11. -14. 11. 2003

2. HEGYI, L.: Starnutie populácie a zdravotná výchova seniorov. In: 50. výročie prevencie, ochrany a podpory zdravia na Slovensku. Zborník príspevkov z vedeckej konferencie XXIX. Dni zdravotnej výchovy Ivana Stodolu. Bratislava: Štátny fakultný zdravotný ústav SR, 2002, s. 38-44, ISBN 80-7159-139-4

Assoc. Prof. Ladislav Hegyi, MD, PhD, DSc.*
Assoc. Prof. Ivan Rovný, MD, PhD.**

(*Katedra výchovy k zdraviu a medicínskej pedagogiky Fakulty verejného zdravotníctva Slovenskej zdravotníckej univerzity, vedúci: Doc. MUDr. Ladislav Hegyi, DrSc.,
** Štátny fakultný zdravotný ústav v Bratislave, riaditeľ: h.doc. MUDr. Ivan Rovný, PhD)

Acute myocardial infarction in Slovakia - older patients elderly (II. part)

M. Dúbrava, S. Cagáň, S. Wimmerová, I. Besedová, T. Trnovec,
Z. Mikeś. J. Jánošiová, B. Zacharová

Summary

Background: Detailed, more complex data on the actual situation in patients with acute myocardial infarction (AMI) are not available in Slovakia. This gap is gradually being filled in by the project AUDIT. The introductory part of the obtained information on seniors with acute myocardial infarction was presented in the first part of this paper. The II. part aims at depicting therapeutical aspects of patients with myocardial infarction.

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

Results: Before admission in hospital 40 % of patients did not use the drugs followed up, as opposed to less than 20 % in older subjects. Although there was no difference in hospital delay of thrombolytic treatment (TLL) in both younger and older patients, older patients received TLL rarely (only a fourth of patients), later (more than two fifths of patients received TLL after 4 hours since the onset of complaints) and apparently with less success (52 % vs 65 % in younger subjects). During hospital stay betablockers were given to somewhat more than 2 thirds of patients. The situation was better in ACE inhibitors administered to two thirds of older patients. The application of digoxin during hospitalization decreased but this was still given to as much as 12 % of older patients. The application of diuretics was also high during hospital stay (a fourth of older patients). In contrast with the early stage pharmacotherapy recommended on discharge from hospital increased the percentage of those who were recommended to take drugs from different pharmaceutical groups. Antihyperlipemics were recommended to only a fifth of older patients. Older patients had 2.5 times more often temporary cardiac pacing and were significantly more frequently resuscitated than younger patients. On discharge from hospital older patients were 2.6 times less often recommended to undergo percutaneous transluminal angioplasty or aortocoronary bypass than younger patients.

Conclusion: In Slovakia AMI in older patients represents a significant problem from therapeutical aspect as well. Pharmacological and invasive treatment of AMI has its reserves. There arises a paradoxical situation when older patients with higher risks receive relatively lesser treatment.

Key words: *myocardial infarction - higher age - audit - multicenter study*

Comparing psychopharmacological treatment of people over the age of 60 at the Psychiatric Clinic in Košice in the years 1993 and 2002

I. Dóci, M. Medvecký, M. Kováŕová

Summary

A spectrum of drugs administered to patients over the age of 60 at the Psychiatric Clinic in Košice has been significantly changed over the nine years. In 1993, the most frequent administered drugs were as follows: haloperidol, thioridazini hydrochloride and amitriptylinum. The above named medicines were no longer given to patients in 2002. In the first half of 2002, the most frequent administered drugs were anxiolytics, risperidon, thiapridi hydrochloride and antidepressants from SSRI group. Moreover, an expressive decrease of elecroconvulsive therapy has been recorded, and a diagnosis spectrum has been changed as well. The most remarkable change has occured in a group of diagnoses denoting abuse or dependence on alcohol and other psychotropic substances. In 1993, this diagnosis was recorded only in 1.5% of patients over 60, however, in 2002, 15% of patients in the same age group were hospitalized. This is an alarming increase.

Key words: *old age - psychiatric diseases - treatment*

Swalloving disorders in old age

Š. Krajčík, T. Hanisková, I. Bartošovič

Summary

Swallowing disorders are more frequent in old age and they pose serious problem due to the complications (aspiration, malnutrition). The article brings review of causes, investigations and rehabilitation procedures of dysphagia.

Key words: *dysphagia - swallowing disorders - rehabilitation*

Nutrition and Aging

Yitshal N. Berner
Geriatric Medicine, Meir Hospital Kfar Saba,
Affiliated to the Sackler School of Medicine,
Tel Aviv University, Israel

Summary

Malnutrition is often considered as normal age – associated phenomenon and is regarded as a „sign of aging". The most typical early signs are diminished appetite and dislike of meat. In hospitals and nursing homes, elderly patients often receive a variety of costly and complex medical treatments, while routine provision of adequate food and fluids is neglected. Inadequate food intake in old age can lead to suboptimal intakes of macro- and micronutrients, thereby contributing to the development of many diseases. There are many factors contributing to nutritional deficiencies in elderly: physiological, psychological and social. Moreover, some physiological and complex processes, like sarcopenia of aging, are not yet well understood.

Key words: *malnutrition - inadequate food intake - sarcopenia - micronutrients*