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New Years' reflections

Dear colleagues,

Each year seems to pass more quickly and here we are again confronted with the fourth year of the new millennium. The turn of the years usually offers a good occasion to evaluate and reflect on the last year's outcomes and it also challenges us to define the next year goals. Let me make an evaluation from the viewpoint of the Slovak Gerontologic and Geriatric Association. (SGGA).

How to characterize the year 2003? It was both good and bad. I'd rather start with negative aspects so that I could end my evaluation optimistically. We all know very well that the past year was (also) a year of restrictive measures of which let me mention restricted bed capacities and reduced financial means. Many of us had to leave our workplaces that we have been building with love and great effort. New places of work do not always meet the modern and required criteria. This fact is felt by all of us: health care workers, patients and students. However, it is not time to give up; we have to pull ourselves together, set our teeth and start fighting for the benefit of all of us, patients, students, health care workers.

On the other hand, we were successful in persuading the competent authorities that the contents of geriatrics covers a wide scale of internal medicine which should be reflected in the competencies of geriatricians. For a long period geriatricians' prescription measures were on the level of internists, thereby creating better conditions not only for practical activities but for the development, attraction and social recognition of the field, as well. Unfortunately, some signals show that this change in the attitude to prescription restrictions is not respected, either intentionally or out of ignorance, by some district health insurance companies (or pharmacies?). In these cases I recommend to file a compla-

int to the proper authorities and inform the SGGA Committee.

The past year was positive in the following aspects: e.g. successful professional and diplomatic representation of Slovak geriatrics at the European Gerontologic Congress in Barcelona. The Slovak geriatrics was represented by the accepted papers, as the only country of the former "Eastern block". All the accepted papers presented were positively evaluated. The representative of the SR was elected the Secretary of the Clinical Section of the European Branch of IAG. Slovakia, as one of a few European countries, was represented by the invited lecture at The Panamerican Geriatric Congress in Mar del Plata in Argentina. These facts signal positive enforcement of the SGGA on the international level and a challenge to carry on with this trend.

The SGGA Congress was held in September 2003 in Tále with more than two hundred participants. Thanks to international and Slovakian lecturers, the Congress level was very high and the event was evaluated as successful. I would like to express my gratitude to all those who contributed to the success of the congress. My special thanks belong to the exhibitors whose presence enhanced the social level of the Congress.

It is undisputable that the activity of the SGGA depends on the degree of communication and cooperation between the Committee and the members. The Committee considers the cooperation with its members as very good, although some things could be improved. For illustration: We have informed recently about the SGGA Committee's effort to separate our Association from the Slovak Medical Society so that SGGA would keep its membership in the Slovak Medical Society and international organizations. In this way we can economize on our activities which will

mainly be reflected in the overhead costs. This statement is supported by the experiences of some other associations (e.g. Cardilogic and Orthopedic). Pursuant to the valid Articles of the Slovak Medical Society, this separation act requires the consent of the society members. Unfortunately, the number of respondents to this issue was so low that the Autumn referendum was declared invalid and has to be repeated. Therefore, I appeal to you to pay more attention to the referendum issue. The Committee will be able of monitoring the membership opinion and act in compliance with the result of the referendum.

International events give a possibility of presenting national societies. High financial costs usually result in lower participation. This September the EUGMS Congress (European Union of European Gerontologic Specialists) will be held in Vienna. A favourable location of this Congress offers Slovakia higher participation if accommodation is in Bratislava and shuttle transportation is used. If the participants' interest is sufficiently high the Committee shall provide a cheaper transport partially covered by the sponsors. The Vienna Congress gives an opportunity to present the results of Slovak workplaces at a prominent international event; do not miss this opportunity. Detailed information on the Congress can be obtained on the website

xxx.EUGMS.org. Immediately after the Vienna EUGMS Congress the 3rd SGGA Congress with international participation is to be held in Bratislava on 19 - 21 September. We managed to get the participation of well-known foreign lecturers at the Bratislava Congress after the Vienna Congress. I hope that the prevailing majority of our members will support our striving for success by attending the Congress. We would appreciate positive endeavour initiated in Tále last year, when some members presented their results in informal renditions. I appeal to you to write down the dates in your note books and take part in both events.

Apart from these events we prepare the traditional series of lectures with Geriatric Section of the Slovak Psychiatric Society and traditional meeting with our colleagues from Brno.

Dear colleagues, on behalf of the SGGA Committee allow me to thank you for your support and cooperation in carrying on our successful work. We appeal on your confidence in the future and I promise on behalf of the whole Committee to do our best to meet your expectations. I would like to conclude with wishing all the best to you, your friends and your colleagues in personal and professional life.

Yours

Zoltán Mikeš

First results of the LUIGER-study in Slovak Republic

J. Hromec, S. Krčméry

Summary

In a multicenter post-approval study LUIGER (Luivac tbl. in patients 65 years old and older) we observe in 5 hospitals 97 patients with recurrent respiratory tract infections, especially of the lower respiratory tract. The study includes also patients with a history of asthma and bronchial hyperreactivity. The aim of the study is to assess the effect of the immunomodulatory therapy with the preparation Luivac: on the frequency, intensity/ severity and duration of the recurrent respiratory tract infections, of the specific concomitant therapy and the evaluation of accidental adverse reactions of the drug. The preparation was administered according to the recommended regimen of 2 cycles of 4 weeks, with a 1 month treatment free interval between both cycles. The findings were recorded using a standardised questionnaire at 3 visits: at the beginning of the study (V1), after 8 weeks (V2) and after 16 weeks (V3). The fourth visit (V4) will be realised 1 year after the including the patient in the study.

We present first results after 4 months (V 1-3):

The frequency and severity of respiratory tract infections and also the need of an antimicrobial treatment were reduced. At the end of 4-th month was significantly reduced also the need of concomitant therapy (at the beginning of the study there were 12,37% patients without the need of concomitant therapy and at V3 already 34,02% of patients). Meanwhile we recorded no adverse drug reaction (ADR), the tolerability of the preparation was excellent. None of the patient interrupted the treatment and the preliminary results are very promising.

Key words: recurrent respiratory tract infections - immunomodulatory treatment - mucosal immunity - bacterial lysate - Slovak republic

Resection of colorectal carcinoma in old patients. Czech Republic data for the year 2001.

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R. Gürlich¹, P. Maruna^{2,3}, Z. Kalvach³, M. Pešková¹, J. Čermák¹

Summary

Background. Colorectal cancer is predominantly a disease of elderly people, since over 70% of cases occur in those aged 65 years or older. Clinicians frequently decide whether major surgery is justified in elderly patients with a limited life expectancy.

Objective. Our retrospective study was aimed to compare outcomes of primary surgery for colorectal cancer in the elderly patient population.

Patients and methods. Evaluated data of 3778 patients was collected by the Republic register of Ministry of Health of Czech Republic. Patients were divided into 3 groups - the young (21-59 years), the older-old (60-69 years), and the oldest-old (>69 years) patients. The analysed parameters included: age, diagnosis (C18, C19), type of surgery, and occurrence of early postoperative complication, and a of hospital stay.

Results. In the collective data the youngest and the oldest group differ significantly in the rate of early postoperative complications (12,3 % vs 17,6 %, $p < 0.001$). The number of complication was twice higher in the urgent surgery procedure than in elective surgery in all groups ($p < 0,001$). The average length of hospital stay was 14,8 $\bar{\pm}$ 10,9 days. We proved statistical significant the differences in length of hospital stay among all 3 groups according to age ($p < 0.01$)

Conclusion. Presenting data suggest that major oncology procedures may be undertaken in older patients in whom operative risk is reasonable, with acceptable rates of complications.

Key words: colon carcinoma - colon resection - age

Waldenström macroglobulinemia as model of immunopathology in old age

J. Klán, I. Doleželová, D. Pelíšková, E. Topinková

Summary

Geriatric medicine is characteristic of different course in many diseases. It is caused by the fact that the course of disease is modified by physiological changes of ageing affecting single organ systems on one hand, and by functional reserves and compensation mechanism loss, on the other hand. Polymorbidity also markedly affects a different course of diseases.

Waldenström macroglobulinemia that belongs to the group of the so called gamapathies (paraproteinemias) may be considered model immunopathological disease in old age.

Its typical sign is excessive and pathological formation of immunoglobulin by one clone of plasma cells.

From hematologic aspect this disease ranks among the group of hematologic malignancies. Tumours are characterized by malignant beta-lymphocyte mutation due to cell proliferation, whose differentiation has ceased on the lymphoplacental level. Besides other facts, the paper presents the new knowledge on the therapy of this relatively scarce disease that has been recently more and more often diagnosed. For illustration the authors submit a case report of a patient with Waldenström macroglobulinemia with clinically dominant paraproteinemic polyneuropathy.

Key words: Waldenström macroglobulinemia - immunopathology - paraprotein - geriatrics

Community pneumonia in old people

Š. Krajččík, T. Hanisková, I. Bartošovič

Summary

Pneumonia occurs in old people more frequently and its prognosis is worse. Its recognition and making the diagnosis are made difficult by oligosymptomatic course. Pneumonia in patients in nursing homes has some features of nosocomial pneumonia. Streptococcus pneumoniae is still the most common etiological agent of pneumonia. The growing number of resistant strains and higher virulence of strain induced infections in old age, poses a great problem. Due to these reasons pneumococcus vaccine vaccination, which is successful also in old age, is recommended.

Key words: geriatrics - pneumonia

Current therapeutical modes of older patients with DM 2

P. Weber, H. Meluzínová, H. Kubešová

Summary

Diabetes mellitus (DM) is clinically the most significant metabolic disease in old age. DM represents a significant risk factor for the onset and development of late diabetic complications of both micro and macroangiopathic character. It has a close association with the syndrome of insulin resistance and atherosclerosis that progresses much more rapidly in diabetics than in nondiabetic population. Diabetes induced metabolic deviations result in the functional disorder of vessels that become more sensitive to atherosclerotic processes (AS). Cardiovascular diseases are the major cause of morbidity and mortality in diabetics (as much as 80 %). Diabetic vasculopathy represented by ictus, myocardial infarction and ischemic disease of lower extremities appears earlier and the finding on vessels is usually more difficult and more diffuse than in nondiabetic patients. A close check up of glycemia and blood pressure in hypertension improves the status of arteries on several levels. Treatment should be targeted at all the components of insulin resistance syndrome (lipid, thrombocyte abnormalities, etc.). Treatment modes of DM 2 in old age involve: diet, physical activity, oral antidiabetics, insulin and education. In the choice of DM therapy the following should be considered: 1) general state of patient - i.e. self-sufficiency or dependence on other people's assistance, the degree of mobility, mental status; family background and economic situation; eating habits; age - including life expectancy; 2) presence of macro- and microangiopathic complications; 3) other serious diseases - including psychic, motoric, visual and auditory handicaps; 4) other drugs used (interactions). General picture of the internal environment disorder is dependant on the combination of numerous factors. In old age the manifestation of general consequences of insulin deficiency combined with already existing changes ensuing from the polymorbidity of older patient and accentuated by the current polypharmacotherapy, is of much greater significance. The purpose of the therapy of DM in old age is: a) to contribute to better quality of life with simultaneous avoidance of complications or worsening of old diabetes condition; b) to achieve the optimal metabolic compensation of DM - i.e. a state with no subjective complaints (fasting gl. 8-11 mmol/l; HbA1C < 8.5 %); c) to slow down and delay a possible onset of late vascular complications with regular follow up and treatment in case they appear.

Key words: diabetes mellitus - old age - treatment

Sarcopenia

T. Hanisková, Š. Krajčák

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Summary

With growing age muscles diminish leading to sarcopenia or a relative muscle loss in old people. Sarcopenia is a marker of ageing. A decreased physical activity plays a key role in this process. Sarcopenia has a close relation to deteriorated metabolism, physical and functional state as well as disability. It may participate as a high risk factor for the development of chronic diseases, such as diabetes mellitus and osteoporosis. The effect of exercise has been proved beneficial, mainly walking maintains the balance and muscle strength.

Key words: diabetes sarcopenia - muscle - ageing