Geriatria

časopis slovenských a českých geriatrov

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

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

Adresa redakcie:
Katarína Ďuranová,
Klinika geriatrie LF UK
Limbová 5
831 01 Bratislava 37
tel.: 02/5954 5232
e-mail:
klinika.geriatrie@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:
Contemplations of health care transformation laws 52

Original papers
H. Zavázalová, K. Zikmundová, V. Zaremba, F. Lavička, I. Holmerová:
The development of morbidity of older sujects 55

L. Radková, M. Bielová:
Satisfaction of nursing home residents as a part of quality of life 59

P. Weber, H. Meluzínová, H. Kubešová, V. Polcarová, B. Kocourková, A. Striová, E. Fenclová, J. Slívová, D. Hejlová, J. Šandová:
Dyslipidemia in hypertensive diabetics and its treatment after 5 years 64

Review articles
E. Topinková:
Diagnosis and treatment of delirium in old age 72

F. Gazdík, K. Gazdíková:
Immunity and colorectal carcinoma in geriatric patients 81

News
The Yuste Declaration (Š. Krajčík) 88
Education in geriatric medicine within the European Union (Š. Krajčík) 91
The standpoint of the Committee of Slovak Gerontologic and Geriatric Society of April 2004 . . . 94

Book reviews 54, 63, 80

Instructions to authors 95

Oficial website of the
Slovak gerontologie and geriatrie Society

www.geriatria.sk

Contemplations of health care transformation laws

The transformation of health care has been undergoing for 15 years. So far its results are altogether unsatisfactory, despite a partial attainment of some of the goals identified. Anyway, the insolvency of hospitals has not ceased, moreover financial deficits in hospitals increase and the quality of provided health care services gradually decreases. Financial load of the population in the issue of heath is continuously rising.

Several laws on health care transformation are currently being submitted to the Parliament by the Government and they are facing numerous critical comments particularly by medical community. Numerous law amendments were suggested in the debate over the laws on health care transformation. These laws are apparently to be approved by the Parliament and this will significantly change the situation of ill people in our country.

The key issues of health care transformation involve especially two principles: the largest part of financial loading of health care is being laid upon the citizens adding thus more to already hard financial burden they have to carry. Health insurance companies will be transformed into commercially oriented companies.

Financial sources of legal health insurance will become privately owned, the sources will be used for the purposes of producing profit and this profit will be produced from public sources.

Apart from the proposals that are going to restrict the range of health care delivered to seniors, one of the laws – law on fee-for-service - significantly increases financial loading of inhabitants, particularly seniors. This results from the comparison of fee-for-service covered by the health insurance companies in the year 2002, representing nearly 25 billion Slovak crowns, calculated according to the newly proposed Curative Order, in which the fee-for-sevice reimbursed by health insurance companies will decrease to 13 billion Slovak crowns and fee-for-service covered by the insurant will increase to 12 billion Slovak crowns. There is a danger that in this way saved 12 billion Slovak crowns will produce the profit for private commercially oriented companies – owners of health insurance. The research project of the Associa-tion for the Patients's Rights in the SR: Economic and social consequences of increased costs on health care for patients with chronic diseases showed on a group of 307 subjects with advanced cardiovascular disease, that the expenses on health represent the amount of 1 214 Slovak crowns and together with the expenses on diet they total up to 1 414 Slovak crowns. This amount represents 18.6 % of the average montly income of these subjects which is 5 945 Slovak crowns.

Despite the increased financial loading of the population, the level of health care sees no improvement. There is stagnation and decline in the range and quality of geriatric services manifested in a low number of contractual hospitalizations by insurance companies, in unfavourable contractual conditions for geriatric ambulatory services and home nursing care agencies and in an overall lack of financial means due to low evaluation of services both in hospital and ambulatory care. Growing financial burden of seniors on their health undoubtedly contributes to this situation. The inability of paying for a more expensive medications than those indicated will lead to the increase in social non compliance, prolonged treatment, decreased successfulness associated with maintaining morbidity, growing mortality and deterioration of quality of life. According to the submitted Governmental documents there is a possibility of liquidation of geriatric inpatient departments or an attempt of transferring hospital geriatric care into the social sector.

Some issues presented in the governmental documents deal with the restriction of health care delivery to seniors and with a shift from causal to symptomatic therapy. The argumentation that the insurant has already spent his input in health earlier in his/her youth is inconvincing, as young people are usually healthy and there is a generally known fact that the last three years before the insurant's death are connected with the largest expenses on health. This is going to happen in the very period which is planned to restrict the range of health care delivery by the Government. A shift from causal to symptomatic therapy is also associated with the restriction of diagnostics in geriatric patients: if we cannot use causal therapy, we are likely not to use the diagnostics either, since symptomatic therapy will be administered according to the symptoms reported by the patients. There emerges a question as to where to look for so vigorously propagated principles of evidence based medicine?

This prognosis of health care development is in sharp discrepancy with declarative stances of the Government of the SR expressed in its National Programme of Protection of Seniors. In 1999 through this programme the Government acknowledged the United Nations Organization principles. The discrimination of seniors resulting from the restricted health care delivery for old patients is contradictory also with the European Social Chart that prohibits age-related dicrimination.

The decrease in real income in the households of pensioners along with disproportionate increase in their expenses on health endangers the whole society by growing morbidity and mortality in this population group. Health care professionals are approaching a situation when they are unable to manage the affected health of their older patients because the current system simply does not allow them to do so. On the other hand, patients are handicapped by their poverty which prevents them to be reasonably treated. The Government recommendation to use symptomatic instead of causal treatment in old people, is in sharp contrast with the principles of modern medicine and ethics.

The transformation of health care is a necessity, however its principles should correspond with the European norms and prevent discrimination of any societal group including discrimination of old people. The principles should correspond with the ethical principles of civilized modern society living in a legal country, i.e. the society we would like to be taken for.

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

The development of morbidity of older subjects

H. Zavázalová, K. Zikmundová, V. Zaremba, F. Lavička, I. Holmerová

Summary

Older subjects with numerous health, personal ad other problems represent nonhomogeneous population group that has the highest, specific demands on health and social care. Old people have various problems, opinions and attitudes affected by their education, way of life and experiences. The satisfaction of rational needs should be a matter-of-course of every society, although it is often a demanding and problem causing task. The increase in the number of older persons causes the increase in morbidity, complications of chronic diseases and unless adequate and effective health and social care is initiated, the quality of life of seniors is significantly endangered. In our research conducted by the analysis of registered morbidity in general practitioners over the past 20 years, a rise in morbidity was found in all the followed up diagnostic groups of chronic diseases. An increase in a number of diagnoses in an individual is significant, too. Our research disclosed that more than 75 % of subjects suffered from circulatory system diseases, more than half of subjects were hypertensive in 2000. In 1982 cardiovascular diseases and hypertension represented 51 % and 25 %, respectively. Almost 40 % of subjects had documented locomotor system disease in 2000, in 1982 it was 32 %. The increase in endocrine diseases from 12 % in 1982 to 33 % in the year 2000 is also significant. The need and use of health and social care can be expected to elevate along with the growing number of old people with affected health.

Key words: *old age – morbidity – development – prognoses*

Satisfaction of nursing home residents as a part of quality of life

L. Radková, M. Bielová

Summary

Quality of life is becoming the centre of man's interest not only during the course of his life but mainly in the problem situations. The ageing of population as a worldwide phenomenon appeals to the relevant professions to be prepared for the analysis and search for new quality of the life of seniors. Nursing homes represent just one of the possibilities for seniors how to spend the rest of their lives. In the confrontation with diminishing physical and mental capacities, the elderly patient needs various sources of motivation how to look for the sense of his/her life in this period. Our paper discusses some aspects of quality of life of nursing home residents.

Key words: *quality of life – satisfaction – old people – nursing homes*

Dyslipidemia in hypertensive diabetics and its treatment after 5 years

P. Weber, H. Meluzínová, H. Kubešová, V. Polcarová, B. Kocourková, A. Striová, E. Fenclová, J. Slívová, D. Hejlová, J. Šandová

Summary

Background: Hypertension and dyslipidemia (DLP) appear in diabetes 2 in more than a half of all cases – especially within the Reaven metabolic syndrome X. The purpose of the paper was to analyze dyslipidemia aspects (DLP) in older hypertensive diabetics and make a comparison in the approaches to the treatment of diabetes (DM) in the same outpatient departments after the interval of 15 years.

Patients and methods: The study comprised 1 134 hypertensive diabetics of the type 2. The age of patients ranged from 40 to 88 years (63 ± 9.5 years). Altogether 514 patients had apparent DLP at the time of the study. The paper analyzes in detail the mode of treatment of hypertension and diabetes mellitus (DM) with respect to DLP. Normal body weight was seen in only 13 % of diabetics.

Results: Patients with DLP more frequently required 3 and more medicaments for the treatment of hypertension as opposed to the group without DLP ($p < 0.005$). The treatment by diet and sulfonylurea (SU) was more often used in subjects without DLP, while metformin (MET) and combined sulfonylurea and metformin (SU + MET) were preferred in subjects with DLP. Within the 5-year interval a significant change in the approach both to the treatment of hypertension and DM is evident in hypertensive diabetics with DLP. In 336 (65.4 %) of patients with DLP hypolipidemics were used along with the regimen and dietary measures. The most common hypolipidemics involved: fibrates – 242-times (72 %), statins 82-times (24.5 %) and a combination of two lipodemics 12-times (3. 6%). During the above five years dietary and regimen measures decreased by more than one third, and vice versa an increase in general use of hypolipidemics represents more than one third. The increase in the statins therapy was more than two-fold.

Conclusion: The coexistence of DLP along with hypertension and DM 2 increases the risk of cardio- and cerebro-vascular complications that present a great risk for the development of dysadaptation and dependence. Due to these reasons the adequately chosen hypolipidemic therapy seems to be inevitable and necessary.

Key words: *combined dyslipidemia – hypertension – diabetes mellitus 2 – obesity – therapy*

Diagnosis and treatment of delirium in old age

E. Topinková

Summary

Delirium is a common neuropsychiatric syndrome in old age particularly in hospitalized patients. Despite increased mortality, serious risk of complications and functional deterioration, prolonged length of stay, institutional placement and increased health care costs there is lack of experimental and clinical interest in this topic. In clinical practice delirium is underdiagnosed and treatment is dominated by psychotropic drugs without satisfactory scientific evidence about their efficacy. The aim of this paper is to review current knowledge about epidemiology and aetiopathogenesis of delirium including reviews on therapeutic interventions.

Key words: *delirium – epidemiology – diagnosis – non-pharmacological intervention – pharmacotherapy*

Immunity and colorectal carcinoma in geriatric patients

F. Gazdík, K. Gazdíková

Summary

Immune system in process of aging is characterized by physiologic changes with higher incidence of immunoregulation disorders. Geriatric patients represent a group of immunocompromised subjects with high prevalence of infectious, autoimmune and oncologic diseases, respectively. In process of aging increased production of free radicals is observed in tissues and organs. Insufficient antioxidative potential together with low intake of proteins and vitamins and higher intake of lipid represents also risk factors for generation of colorectal carcinoma. Administration of immunomodulation (antioxidants, immunostimulating agents) especially in geriatric patients and/or with combination with surgical intervention represents also perspective therapeutic approach. Prospective, controlled studies are necessary to be performed to elucidate the significance of long term antioxidant supplementation on epidemiology of colorectal cancer as well as usage of immunomodulatos in combined therapeutic approach of carcinoma.

Key words: *colorectal carcinoma – geriatric patients – immunity – immunomodulators – antioxidants – nutrition*