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### *Health care reform and roots of ageism or old generation as a minority in its own country*

Slovakia is characteristic of searching for its own identity. Revolutionary process of the society at the beginning of the 90-ies surprised not only the communist rulers but also their successors who had no political knowledge necessary for performing their new tasks. This status has reflected in inconsistent adopting of laws that usually require immediate amendment due to incompatibility with other legislations and due to social consequences for the citizens. Social transformation in post-communist states often affects the following areas:

- ♦ ipolitical (from dictatorship to democracy)
- ♦ ieconomic (from central planning to market economy and privatization)
- ♦ isocial (production of new value hierarchy and social structure, implement-

tation of civil and political rights, formulation of new social policy).

This transformation raises a long-term economic stagnation accompanied by unfavourable social phenomena, such as:

- decline in economic development
- inflation
- increase in unemployment
- growth of social inequality

Freedom of information visualizes all-societal concurrent phenomena of transformation, such as homelessness, poverty, relative economic deprivation, unemployment, ageism, etc.

Hunt for sensational news in mass media averts people's attention from dreariness of ordinary life. The commercial propaganda with political flavour of natural negative phenomena in some strata of the society, brings about natural nostalgia for

the lost communist advantages. This part of society has identified the communist equality with the "myth of social equity". Actually, the communist regime enforced the system of redistribution based on capacity financing instead of fee-for-service payment.

In an effort to maintain reasonable social security, postcommunist states often choose the way of money making without producing the actual value.

The dictionary of social sciences defines the word "minority" as a group of people with the same features or conviction, while this group is being considerably smaller than the rest of the society. From the sociological aspect social position of seniors, i.e. social status of old people, role and behavioral patterns of seniors resulting from the social status in a respective situation of the modern era, are becoming the minority's norm. The post-totalitarian period and the marked dynamics of social changes put the group of seniors aside in the position of minority.

This minority has in common its social status of poor pensioners living on the verge of their existence. The social stratification based on the unequal share of social sources also puts old people in a position of minority. A typical feature of the Slovak society is to prefer one group of population to another.

The post-totalitarian society is also characteristic of unrestraint increase of previously unknown freedom, insufficient legislative changes approximating to democratic societies regardless of their own traditions and customs. The slogan of our society is the personal wealth of an individual at any rate and fierce enforcement of youth and health. A set of social interactions and activities is formed in this way. In providing comprehensive security of an individual in the society, the principle of appropriateness and orientation to an individual or a group is difficult to be enforced, which is demonstrated in the transformation laws proposed by the Ministry

of Health of SR that greatly impoverish older generation. Currently, the seniors markedly decreased the consumption of drugs because they are unable to pay for them. Considering the income and expenses of pensioners, their participation in financing health care delivery is already too high and this causes that they are heavily in debt. According to Max Weber subjectively motivated and orientated social proceedings on other people should always be appropriate, intentional and purposeful, so that they could provide for the needs of any group. Health care reforms are not indicative of such actions, the measures of the Ministry of Health lack in rational elements that lead to emotional reactions and social behavior on the side of seniors.

The mentality of seniors is relatively unstable, influenced by social climate, social homeostasis, dynamic interreactions, by opinions and ideas resulting from the accepted orientation and restricted experiences. Old people have different needs due to individual ageing, their way of life, psychosomatic development and individual fates. Generally speaking, older generation is at risk due to the decreased adaptation mechanisms of the old organism. The elderly is unable of prompt and effective adjustment to unexpected changes in living conditions or those in his/her health status. In our country seniors form quite a large cohort of ill, indigent and moneyless people. As far as social aspect is concerned, Slovakia is characteristic of social abuse of older generation. There is a permanent interest in old people only before the election. It has a positive effect upon old person because it may motivate or excite him, but after the elections seniors are no more interesting. Empirically, seniors' behaviour may seem confusing and helpless, but on the other hand they need reassurance by the authorities of their stable economic position. Responsible politicians quite frequently publicize their irrational decision trying to persuade

de about the efficiency of the measures they have made.

The social status of seniors belongs to a disadvantageous category of old age pensioner. It is rooted in social customs and practices, laws and taboos, but it is also expressed by a form of social control of human behaviour. In old age the number of tasks, roles and social positions diminishes. In this way a senior loses his prestige. The balance of the compensation mechanisms of possible changes in the structure of social setting is affected. The first part of health care reform empties the senior's wallet, the senior often neglects the medicamentous treatment because of being unable to pay for the drugs. In economically poor society the senior loses social positions, loses his independence and self-sufficiency and becomes an institutional geront.

According to Murphy the functioning of social system depends on mutual adjustment of social positions so that they could form an organization of interconnected components. All people must combine their social position in a similar manner to secure the stability of behavioral patterns and integration of personality in social environment.

The transformation disproportions and insecure transformation of social system cause deformities in social policy. In an attempt to sustain stereotypes and social level, social policy forms an asymmetrical top-to-bottom one sided gesture, that stigmatizes old persons and impoverishes them even more. Bureaucracy with the elements of neocommunist elements is reflected in such satisfying old people's needs. The individual character of benefits disappears and the evidence of social needs is underestimated. Old people are entitled to feelings of injustice, economic poverty and seeking lost illusions. To put it simply, the transformation supports social stratification and its ideology and the communist principle of benefits which is still being preferred to producing social services.

Zavázalová states that every society tries to define a certain social norm comprising general, socially accepted, acknowledged and thereby obligatory rules. Social norm is of natural character. It is a regulation of social relations and processes. Absent or nonacceptable norms create conflicts in older generation. These conflicts concern those of opinions, roles and social proportions. They may be hidden or indirect often leading to ageism. The Slovak society offers a wide spectrum of phenomena and interactions resulting in hidden or indirect form of a conflict. As an example let me mention valorization mechanisms of pensions which are preferred to supporting of young married couples, solution of housing issue, unilateral propaganda, etc. Ageism usually reflects deeply rooted fear of young and middle generation of population, averting the attention from old age, uselessness, disease, dependence on others, fear from death and the like. Gjurič observed that the communist collectivism in the past paradoxically created egoistic and consumptive egoism and distorted relation in general, leading to the absence of solidarity and empathy. In the postcommunist society the organic solidarity, that according to Durkheim, guarantees the coherence of the society and is the domain of developed societies, is being formed very slowly. The organic solidarity is based on the differences and development of individual's characteristics and their mutual interconnection in the system of social relations originating from the labour division. The disintegration of long used social bonds following the fall of the totalitarian society caused that the present mechanical solidarity based on the collectivism, is slowly getting subtle traits of organic solidarity. A man, living all his life in the collectivism, pines for the common form of leadership, thinking, etc. However, his behaviour causes aversion to and intolerance of younger generation.

Besides other factors, the image of old

people is created by social climate, social contacts, the aforementioned interactions, etc. The false arguments gave rise to other prejudices and myths on old age. They often have an economic character. Pope John Paul II. has said that if the systems of legal power based on participation, prefer regulation of interests in favour of those more powerful, democracy may easily become merely a blank word in such a society. "Without principle of objective morality, democracy is unable to provide constant peace, if not measured by such values as dignity of every human being and solidarity of all people."

Socio-economic and minority position of old people results from the ignorance of those engaged and from neglecting a senior as an individual in the society. Human nature implies the requirement for man to live in the community because man needs other people to secure for fair way of his living and development of his abilities. Man was born to live in the family and community that is capable of complete caring of him, if necessary. Every segregation of old man or older generation put them in the position of minority and a particular socio-economic status. They are completely dependent on the political majority, that determines economic - political limits. Seniors become social minority not only due to the same interest to add some more money to their pension, but also due to the same physical features and persuasion that it was much

better in the past. A typical decrease in short-term memory precludes an elderly from a realistic view of the life around him. Paraphrasing Seifert's "happy and nice days are all over" goes hand in hand with the escape to the past and with the respect for authoritativeness that prompts a senior to an undesirable political activity and decision-making on the future of his descendants by supporting populist politicians.

The right to social security belonged to great achievements of the 20-ieth century. The state is entitled to realize this by fulfilling economic, social and cultural rights that will secure dignity and free development of man's personality until old age. This right is guaranteed by the documents of the international labour organization and legislative documents of the single states.

The politicians are those who have to look for the ways leading to the paradigm of modern country, they are those to give it a generous model from which the uniform structure of ideas, values and attitudes originates. The politicians are those to create the country that will not allow people to feel inferior by belonging to national, racial, age or any other minority group. It is up to politicians to create the country that will not put old people on the fringe of society, the country that will let them lead fair way of living.

Assoc. Prof. Štefan Koval, MD, PhD

# Coronary Artery Bypass Grafting in Patients 70 Years Old and Older

G. Silvay, A. Fuhrman, D. Harrington, R. B. Griep  
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New York, U.S.A.)

## Summary

In geriatric patients suffering from coronary artery insufficiency, angina, myocardial failure, or cardiogenic shock resistant to medical therapy, CABG surgery has become a common procedure. Authors report two groups of CABG patients: Group A included 368 patients between 70-79 years of age and Group B 124 patients older than 80 years. In Group A, 87.0% patients and in Group B 83.9% of patients were discharged from the hospital without any major complication. Morbidity and mortality were within an acceptable range. Preoperative evaluation of respiratory function, frequent pulmonary toilet during anesthesia and critical care, followed by aggressive respiratory rehabilitation are essential for favourable outcome in this age group of patients.

*Key words: geriatric patients - CABG surgery - outcome*

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## Philosophic-psychological aspects in social work with old people

L. Radková, A. Mojžišová

## Summary

Numerous disciplines mutually cooperate on solving the problems of old people. Of them, let us mention gerontology, geriatrics, social work, psychology, philosophy. Erikson divided the ontogenesis of man into eight stages, the man passes through his lifetime. The problems of the old age are analyzed in detail in the eighth stage. Rogers accentuating mainly counselling, helps to solve the situation of old people by empathy, i.e. he comprehends and perceives the client's situation and understands the man's personality as a continuing unfinished process. One of the most effective methods of solving the problems of the elderly is offered by Frankl in his logotherapy that teaches people how to find the sense of life in every situation even that with no way out and proposes motivation to overcome difficulties.

*Key words: old man - sense of life - problems - logotherapy*

L. Hegyi

## Summary

A senior may become a participant of road traffic usually as a pedestrian, a cyclist or a car driver. The general risks result both from the process of ageing and the impaired health. The most common risks include: risks due to the ageing process, mental disorders, sight and hearing disorders, locomotor apparatus diseases, acute disorders of consciousness/loss of consciousness, drug use, polyneuropathy and other causes. A senior in a role of a pedestrian is endangered mainly when crossing the street. Cyclists use their vehicle regardless of their health status, the ability and necessity of keeping their balance on the bicycle and the knowledge of the traffic rules. An elderly driver is usually careful and considerate, he has long experiences with car driving, he is not pressed for time, drives rather slowly and cares for safety. On the other hand, his orientation is worse, his reaction capability is slower and he is less capable to respond to abrupt changes in modern dynamic traffic. There exists no age limit determining the time of taking away one's driving licence due to the age. A decisive factor in an older driver always has to be his physical and mental state. Health education of seniors as participants of road traffic should focus mainly on the risks of a driver - senior and pedestrian - senior.

*Key words: road traffic - senior - health education*

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# Atrial fibrillation and cognitive functions

Š. Krajčák et al.

## Summary

**Background:** The number of demented people is expected to increase by 30 - 60 % by the year 2005 and accordingly the prevention of dementia is very important. One of the causing factors that could be favourably affected is atrial fibrillation whose incidence increases in the old age.

**Patients and methods:** Quasi pair-matched study compares the MMMSE score (Mini Mental State Examination) in patients with atrial fibrillation and sinus rhythm who were treated in geriatric departments and long term care facilities.

**Conclusions:** Atrial fibrillation is an independent risk factor for the deterioration of cognitive functions also in patients with no previous stroke history. The cumulative unfavourable effect of concurrent unfavourable factors (hypertension, diabetes) was also confirmed.

*Key words: cognitive functions - dementia - atrial fibrillation*

## Fever and infections in geriatric patients

L. Hegyi, Š. Krajčík

### Summary

Fever in every ill geriatric patient represents an important and significant symptom that tells both the patient and the doctor of the ongoing pathological process. Fever of different character as a symptom, leads to different clinical course of many diseases in the advanced age, makes the diagnostics difficult, often delays the treatment and worsens the prognosis of geriatric patients. The causes of these changes result from the thermo-regulation centre disorders due to the ageing process. A general inclination of geriatric patients to infectious diseases is caused predominantly by ageing of the immune system. Susceptibility to infectious complications along with the changed thermo-regulation mechanisms and high risk of fever in a polymorbid patient, manifested as serious organ complications, such as increased oxygen consumption and carbon dioxide production, increased heart rate and cardiac output, tachypnoea, changes in blood pressure mainly hypotension, collapse, cardiac failure, decreased blood supply of CNS, dehydration, catabolic metabolism, diabetes decompensation, sepsis due to the impaired mucous barrier, etc. characterize fever in geriatric patients as a serious and life threatening complication. Immediate treatment has to be initiated. Causal treatment has to be supplemented by symptomatic one. Preventive measures represent an optimal solution.

*Key words: fever - geriatric patient - infectious diseases - risks - treatment*

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## Palliative medicine

T. Hanisková, Š. Krajčík

### Summary

Palliative medicine is active complete care for patients whose disease does not respond to curative therapy. Pain control, dyspnoea and other symptoms as well as management of social, psychologic and religious problems are given top priority. Palliative medicine is an inseparable part of geriatric care because a great part of patients at this age already entered the terminal stage of their diseases, i.e. active and progressive disease which either cannot be cured or is impossible to be cured owing to the general status of the patient and death due to the underlying disease may be expected within 12 months. The aim of palliative medicine is to achieve better quality of life for patients and their family and to understand that the process of dying is a natural and inevitable part of life.

*Key words: palliative medicine - dyspnoea*

# Giant cell B-lymphoma of the anterior mediastinum in 85-year old male

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K. Dítětová, P. Weber, P. Hrobař

## Summary

The presence of pathological formations of the mediastinum may cause a local pressure on the vital organs situated in the mediastinum. The symptoms may vary from asymptomatic patients (1/3 and 1/2) to respiratory (40 %) or cardiac symptomatology (10 %). In their paper the authors stress an irreplaceable role of imaging methods in their diagnostics including standard classic methods, the latest methods and endoscopic intervention methods. Lymphomas commonly affect the anterior mediastinum representing as much as 12 % of them. On their own observations the authors also point at some problems in clinical picture, course, diagnostics and subsequent therapy in a 65-year old male with giant cell non-Hodgkin lymphoma of the mediastinum. The authors underline the active approach in the diagnostics and treatment regardless of the age in seniors in good somatic, psychic and social state.

**Key words:** *mediastinal infiltrates - old age - giant cell lymphoma - clinical picture - diagnostics - treatment*