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## *10 - years of existence of the journal*

Dear colleagues,

The journal Geriatrics enters the second decade of its existence. During this time it had to face many obstacles and drawbacks. It is not an easy task to publish an unsubsidized journal and distribute almost 3000 issues free of charge four times a year.

The journal Geriatrics started its existence as a journal of Czech and Slovak geriatricians with mixed Czech-Slovak editorial board. Prof. Ladislav Hegyi, MD., D.Sc. held the position of the journal's editor in chief and Assoc. Prof. M. Palát, MD., NScD., CSc. the position of its executive editor for the whole period of the journal's existence. Prof. K. Šipr, MD., CSc., Peter Belan, MD. and Assoc. Prof. Silvester Krčméry, MD., CSc. took turns in the position of its vice editor in chief. The function of editor secretary also underwent several changes. The duties of editor secretary were carried out by PharmDr. K. Gélienová, Frederika Belanová and Katarina Ďuranová. Clinical gerontology has been the main topic of the journal. However, gradual deterioration of social and health situation of old patient caused that the articles concerning social gerontology were given a greater significance.

Since its foundation the journal Geriatrics had 31 issues. Due to financial reasons it was impossible to publish 4 issues in a year, as originally planned. The journal published altogether 249 scientific papers, of them 162 were Slovak authors, 78 Czech authors and 9 papers were from

foreign authors, in the translation or original language. Since 2001 the editorial and summaries of papers have been published in Slovak and English version on the website of Slovak Gerontologic and Geriatric Association. The website address is as follows: [www.geriatrics.sk](http://www.geriatrics.sk)

After 10 years of existence the journal Geriatrics became accepted by doctors in Slovakia and to a lesser extent in Czechia, as well. In the survey about the most read medical journals, published in Zdravotnícké noviny, Geriatrics took up 13th position (including Zdravotnícké noviny and Lekárske listy ZN). We consider this fact a great success.

Pharmaceutical firms and companies do support the journal because their advertisements enable publishing the journal and make it accessible to medical public.

The Slovak Gerontologic and Geriatric Association and the editors of the journal express their thanks to all the firms that took part in publishing the journal, particularly the firms Pfizer, Hartmann-Rico, Solvay, Novartis, Zentiva (before Slovako-farma), Abbott, Richter Gedeon, Sankyo, Servier, Sanofi-Aventis, Kimberly-Clark and MSD.

The Slovak Gerontologic and Geriatric Association and its editors would like to thank their contributors and readers and appeal on confidence of their readers in further decade of its activities.

**Prof. Ladislav Hegyi, MD., PhD., DSc.**

# Factors of unfavourable prognosis in geriatric patient with lower respiratory tract infection

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M. Wawruch, L. Božeková, S. Krčméry,  
L. Wsolová, M. Laššánová, M. Kriška

## Summary

**Background:** Polymorbidity decreases the survival rate in geriatric patient with lower respiratory tract infection. The purpose of the paper submitted was to specify the mortality predicting factors in such a patient. **Methods:** From 1 January 1999 to 31 December 2001, 2870 patients were hospitalized at the Clinic of Geriatrics. Of them 303 patients were included in the study presented (mean age  $\pm$  standard deviation:  $79.1 \pm 7.5$  years). The patients were treated for acute infections of lower respiratory tract: community acquired pneumonia, nosocomial pneumonia and acute exacerbation of chronic obstructive lung disease. Of 303 patients 209 were treated and 94 died. Prognostic significance of the signs selected was evaluated by comparing their incidence between the groups of the treated and deceased patients. **Results:** The prognosis of patients with lower respiratory tract infection is significantly ( $p < 0.001$ ) deteriorated by: high age; immobilization syndrome; urinary and fecal incontinence; presence of respiratory insufficiency; absence of fever and leucocytosis; concurrent diseases (cardiac decompensation in lesser blood circulation, chronic renal insufficiency, anaemia, hepatopathy, psychiatric and oncologic disease) and immunosuppressive therapy. According to multivariate analysis the mortality predicting signs were the most significant: immobilization (odds ratio (R) = 11.89; 95% confidence interval (CI)= 5.58-25.33); cardiac decompensation in lesser blood circulation (OR=7.64; 95% CI=3.33-17.52); immunosuppressive therapy (OR=6.10; 95% CI=2.47-15.10) and psychiatric disease (OR=3.02; 95% CI=1.46-6.22). **Conclusion:** The patient with the above unfavorable prognosis factors is at high risk of death. Intensive health care is mandatory in this patient.

**Key words:** geriatrics - multidisciplinary - acute medicine - health care organization

## Some problems of the Czech geriatrics in 2005

J. Přehnal

### Summary

The current process of ageing of the Czech population will certainly continue in the years to come. By the end of 2003 the number of subjects aged over 65 years, reached almost 14% of the overall population representing thus a nationwide problem waiting to be promptly solved. It is evident the heterogeneous Czech population will need a wide spectrum of various services that require substantiation and clearly definition, if they are to be financed from public sources within intergenerational solidarity. The transformation of bed capacity is still rather theoretical process than practical and if any, it is uncontrolled and often a consequence of economic pressure lacking any conceptual scheme.

Ageing of the population will undoubtedly require adequate economic changes for senior population, with services orientated individually and institutional care focused on meeting the real needs. In maintaining intergenerational solidarity on a corresponding level (substantiality and effectivity of public services provided from public financial sources), higher effectivity of health services is expected to be achieved.

One of the typical attributes of senior population - the overlapping of health and social needs (including services) and their mutual interconnection - will have to be managed without delay. Therefore the situation of health - social bed capacities is also analyzed.

*Key words: geriatrics - health services - bed capacity - social services for seniors*

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## Subjective evaluation of health status by subjects aged over 60 years and selected characteristics of their health behavior

V. Zaremba, H. Zavázalová, J. Kotrba, K. Zikmundová

### Summary

In a sample of 615 patients aged over 60 years, living predominantly in the Plzeň region, the indicators of subjective perception of health and selected characteristics of health behavior were followed up by means of a dialogue with patients at their general practitioners.

More than 45 % of patients reported their health status as age related, a fourth of them reported it as bad. The most common health complaints involved pain (in a third of patients) and dyspnoea (in a fifth of patients). The most restricting diseases included locomotor diseases and circulatory system diseases. Nearly a fifth of respondents smoked (men twice as much as women), nearly two thirds of respondents regularly drank alcohol (men much more frequently). A half of subjects adhered to a diet or avoided certain meals. More than 70 % tried to keep adequate body weight. Four fifths of respondents went for a walk regularly or occasionally. A third of respondents took regular or occasional exercise. The knowledge of subjectively perceived health is important for complex assessment of quality of life. Although the degree of health impairment is objective, the individual approach of seniors and their different evaluation of their own health status has to be considered.

*Key words: health status - subjective evaluation - health behavior - high age*

## Subjective of dying in our conditions

F. Németh, M. Baník

### Summary

During 1 January 1999 - 31 December 2003 the authors followed up and evaluated the deaths of patients aged 65 and over in the health community of Lemešany (district Prešov). In this period altogether 71 patients died, of them 23 at their homes (32.4%), 40 in hospital (56.3%). 17 patients died surrounded by their relatives (23.9%), 28 died lonely without their family members (39.4%).

The paper discusses the issue of the place of death and concludes that the Prešov region lacks in the sufficient facilities for terminally ill patients.

*Key words: dying - palliative care - hospice*

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## Some risk factors for cardiovascular diseases in using traditional Slovak sheep cheese: results of a pilot study

Z. Mikeš, L. Ebringer, M. Boča, R. Dušínský, E. Jahnová

### Summary

The purpose of the pilot study was to follow up the effect of traditionally produced fresh sheep cheese upon the human organism. Volunteers consumed daily 100 g of fresh sheep cheese for the period of 8 weeks. Eight weeks later, a statistically significant decrease in the level of total and LDL-cholesterol was found. The decrease was more pronounced in a group with higher basic values of total cholesterol. In a group with low HDL-cholesterol a significant increase was found after the experiment has been terminated. The decrease in glycaemia level, serum creatinine, C-reactive protein and blood pressure values was surprising. The results of the pilot study are suggestive of positive biologic effects of fresh sheep cheese. These will have to be verified in randomized, placebo controlled study and compared with the effects of other types of sheep cheese.

*Key words: traditional sheep cheese - total cholesterol - HDL-cholesterol - LDL-cholesterol - C-reactive protein*

## Palliative medicine – constipation and diarrhoea

T. Hanisková, Š. Krajččík

### Summary

Constipation and diarrhoea constitute a major problem in patients with terminal stage of oncologic disease. Constipation along with pain and anorexia represent three most common symptoms. The examination and treatment have to consider the advanced stage of the disease and the patient's state. Terminally ill patients are immobile, consume insufficient amount of fibers, are dehydrated or use opiates and anticholinergic drugs. The adjustment of the cause of constipation is often unmodifiable and unsuitable. Laxatives play an important role in the therapy. They have to be administered prophylactically especially in opiate therapy.

In terminally ill patients persisting diarrhoea may lead to dehydration, malabsorption, malaise and skin devastation/impairment in perianal area. Diarrhoea may be treated by nonspecific antidiarrhoeic medicaments. Specific treatment is aimed at the cause of diarrhoea.

*Key words: palliative medicine – constipation – diarrhoea*

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## What can be provided by palliative care

L. Smoleňová, A. Dóczyová, P. Dobříková – Porubčanová, V. Krčméry

### Summary

In their contribution the authors present the principles of palliative care resulting from the current global trends and their own experiences at the clinic. Palliative care is a complex treatment and active care for patient at the time when the disease cannot be affected by the causal therapy. It is provided for the patients with prograding and incurable disease with the aim to improve the quality of life. The key principle in providing palliative care is holistic approach that considers not only health problems (pain, accompanying distressing symptoms) but also deals with social emotional, psychological and spiritual support. All this is provided by the interdisciplinary team that interactively cooperates in fulfilling the needs and wishes of patients and also cares for family members in ameliorating the suffering ensuing from the incurable disease.

*Key words: pain – holistic approach – hospice – palliative care – symptomatic treatment*

# Right for prevention in accordance with transformation laws

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K. Tóth, L. Hegyi

## Summary

Patients' rights ensue from the General Declaration of Human Rights accepted by the United Nations Assembly in 1948 and from the European Charter of Patient's Rights. The rights and obligations of patients in the SR are contained in the transformation health laws with the effective date of 1 January 2005. The right for prevention is one of the most significant rights of patients stated by the law.

*Key words:* transformation health laws - patients's rights - right for prevention - European Charter of Patient's Rights