

GERIATRIA

časopis slovenských
a českých geriatrov

Vydáva:

Slovenská gerontologická
a geriatrická spoločnosť SLS
Legionárska 4
811 07 Bratislava

Vedúci redaktor:

Prof. MUDr. Ladislav
Hegyí, DrSc.

Jánošíkova 78
901 01 Malacky

e-mail:

ladislav.hegyi@geriatria.sk

Adresa redakcie:

Katarína Ďuranová,
Klinika geriatric LF UK
Limbová 5

831 01 Bratislava 37
tel.: 02/5954 5232

e-mail:

klinika.geriatric@centrum.sk

Jazyková úprava:

Anglická:

PhDr. B. Weiblová, MPH

Slovenská:

PhDr. R. Palátová

Sadzba, reprodukcia, tlač:

Charis s. r. o., Ipel'ská 3
821 07 Bratislava

Registračné číslo: 1441/96
ISSN 1335 - 1850

Contents

Editorial

L. Soltés:

Some ethical aspects of old age 53

Original papers

J. Hromec, S. Krčméry:

Immunotherapy of respiratory infections
in old age - have our expectations come true? 56

F. Böhmer, T. Frühwald:

50th Anniversary of the Austrian Society
of Geriatrics and Gerontology 60

*K. Zikmundová, H. Zavázalová, V. Zaremba,
J. Kotrba, F. Lavička:*

Subjective finding of use of health care
delivery aged over 60 65

L. Čeledová, H. Zavázalová, K. Zikmundová:

Leisure time activities of seniors as inseparable
part of health-social prevention 73

Review articles

L. Hegyi:

Compliance in old age 77

M. Palát:

Current problems of rehabilitation in geriatrics 82

K. Tóth, L. Hegyi:

Informed consent in terms of transformation laws .. 87

T. Hanisková, Š. Krajčák:

Palliative care - emergencies in palliative care 89

L. Hegyi:

Old people's homes - bewitched chamber 94

Book reviews 77, 94, 98

Calender 82, 99

Instructions to authors 100

Official website of the

Slovak gerontologic and geriatric Society

www.geriatria.sk

I
Geriatrics
2/2005

Obsah / Contents

Some ethical aspects of old age

Ethics as the philosophy of the morale has found a marked reflection in all areas of our life.

We talk about the ethics of a sportsman, the ethics of a politician or that of an entrepreneur. Ethical manifestations of man's personality are evident in professions providing services, which involve main orientation of health and social workers.

The prolongation of human life as a global phenomenon of ageing of the population brings along a wide variety of problems.

Health and social dimension of these problems are of top priority.

The first ethical challenge addressed to the whole society is to prepare for a significant increase of old people by the education aimed at healthy and responsible way of life while maintaining the optimum quality of life of old people, on the one hand and providing care for those who are unable to care for themselves, on the other hand. The so called ageism, such as fear, contempt, refusal of old people as a discriminated group of the population because of their dependance on others, their helplessness, illness, and hence "useless" people who pose a great burden for the society, is another ethical aspect that has to be mentioned right at the beginning.

Getting old does not make a human being better, rather the opposite is true: some negative traits that were previously hidden are becoming more evident in old age and often influence the behaviour of a part of the population towards old people. It is very difficult to affect which parts

of the values preferred or which past experiences will predominate in seniors. Old people are, of course, influenced by their own priorities and attitudes that can have strong egoistic features. Optimism of a person either given by a man's personality or by his/her lifelong effort makes old age bearable and meaningful in the last decade of one's life. What can we expect in our life or what is the meaning of our lives - are the most frequent questions of old people. Frankl in his logotherapy gave the answer to those who really want to find the answer to their questions.

A principal approach in searching for the answer is to change the direction of the question. We shall not ask: what else can I expect from life but we should rather ask what can life expect from me, what else I can do in my life. If one understands this challenge as one of his tasks, then its fulfilment becomes easier. The meaning of life consists also in suffering and it is up to seniors what kind of attitude they take towards their suffering. It is a man's privilege, a man's freedom. From ethical point of view freedom contains

- a sense of responsibility,
- a respect for personal freedom and options of others
- an effort to help others without a feeling of any sacrifice or loss of either time or any personal preferences or needs. This component of man's freedom makes one's life useful and meaningful in old age, too.

Many problems of old people concerning their relatives or their contempora-

ries involve the issue of tolerance of seniors towards other people's needs. This applies also in the tolerance of their relatives and the community towards seniors.

An analysis of sexuality of old people in general and a marked predominance of old women and widows with limited social contacts is a commonly discussed issue.

An analysis of the ethics in old age regards the ethics of proper care for old people and old people themselves, the ethics of nursing care and finally the ethics of terminal care and the process of dying, as a preparation for good and peaceful death. Premature and needless death occurs also in old people. There exist no proper conditions and probably there will never exist hospices in sufficient number so that they

would serve all those who are dying. But there already exist conditions to apply the philosophy of a hospice in all places where people die, the philosophy of fighting the pain, suffering and loneliness or isolation of the dying person.

We should not omit such phenomena like neglect, abuse and maltreatment of old people that are ethically absolutely inadmissible, having criminal-law features. In our contribution we mentioned just some of the ethical aspects of seniors that call for prompt solution. We have to prepare for the solution of the growing problems of old people and be helpful to those in need.

Prof. Ladislav Šoltés, MD., DSc.

Immunotherapy of respiratory infections in old age - have our expectations come true?

J. Hromec, S. Krčméry

Summary

Within multicentre postregistration study LUIGER (immunotherapy by the drug Luivac, tablets, in patients aged 65 and over) 100 patients with recurrent infections of lower respiratory tract were followed up at 5 workplaces in the Slovak Republic. The immunomodulation therapy effect by the preparation Luivac on the frequency, intensity, duration of recurrent respiratory tract infections, specific concomitant treatment and possible side effects of the drugs were evaluated. The first results - after 4 month follow-up were already reported in the journal Geriatrics 1/2004. Currently we present the results after 1 year follow-up. The decrease in the frequency and severity of respiratory tract infections persisted, the need of application of symptomatic treatment, theophylline preparations and beta-2 agonists significantly decreased; smaller reduction was observed in antimicrobial treatment and steroids. During the check up after 1 year, 31.6% of patients needed no permanent medication as opposed to 12 % at the beginning of the study ($p < 0.01$).

No serious adverse effects of the drug were observed, the tolerance of treatment was excellent. 2 patients died during the follow-up period from other serious diseases.

Key words: recurrent infections - respiratory tract infections - immunomodulation therapy - bacterial lysate - SR

Subjective finding of use of health care delivery by subjects over 60 years of age

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

Summary

Subjects over 60 years are marked by high morbidity and use of health care delivery. The paper presents selected data on the use of health care delivery as indicated by the patients at the questionnaire at their general practitioners' (GP). The study was conducted anonymously and the data were collected by the students of Medical Faculty in Plzeň. In the years 2001 and 2002 the group comprised 616 subjects altogether, 38% of men and 62% of women, gender structure generally corresponded with the senior population. The data involved the use of ambulatory care (GP, specialists), inpatient care (hospitalization and spa facilities) and information on drug use. The use of health care delivery corresponds with morbidity of the population followed up and with the frequency and structure of morbidity of seniors in general. The data concerning morbidity in this group are dealt with elsewhere.

Key words: old age - geriatrics - gerontology - use of health care delivery - general practitioner - specialists - drugs

Leisure time activities of seniors as an inseparable part of health and social prevention

L. Čeledová, K. Zikmundová, H. Zavázalová

Summary

The paper presents the results of an inquiry conducted among the students of the University of Third Age. The university students are formed by active seniors whose mean age is 65 years (± 2 years) who realize that it is necessary to practise leisure time activities and adhere to the right way of life. The majority of seniors take care of their health, go to their GP and/or specialists at regular intervals in about once or twice in 6 months. 85 % of seniors are satisfied with the care provided by their doctor. This part of population is quite well informed about the available modes of health and social care in their city.

This inquiry concerns only urban and relatively healthy and motivated part of seniors. The situation will certainly differ in the countryside or smaller towns, where the spectrum of services for seniors, is considerably lower. The attention must be focused on those seniors who are handicapped and cannot practise their hobbies as they cannot leave their homes. Quality of life is a top priority, particularly in the group of old people that suffer from various diseases.

Key words: seniors - activity - education - University of third age

Compliance in old age

5
Geriatrics
2/2005

L. Hegyi

Summary

Geriatric pharmacotherapy is characterized by polypragmasy, prevalence of symptomatic treatment over causal, high incidence of adverse effects of drugs, specificities of pharmacokinetics and pharmacodynamics and particularities of doctor-patient interaction and cooperation.

Current medicine leads a client to taking responsibility for one's health and to a greater independence in decision making about oneself. In this way the client's competence in decision about his/her treatment increases. The term compliance refers to the cooperation between the doctor and the patient in the treatment process and the term non compliance refers to non-cooperation. The prerequisite of compliance is the patient's ability to understand the treatment and his willingness to realize it.

The most common causes of non compliance involve insufficient knowledge about the drugs used, insufficient information on the mode of usage, fears from undesirable effects which one can read in leaflet information, self-medication, consultation with la'y men, concurrent treatment by several doctors, polypragmasy and poverty. Regardless of age, the rate of non compliance is 25% - 50 %. Social non compliance is caused by poverty, inability to pay for drugs, by living in isolation due to age, biologic or social causes and by lack of control in taking drugs. Rational non compliance occurs when patients adhere to the prescribed regimen, but they observe no improvement, if there is no prospective favourable treatment effect, the treatment may have an unfavorable effect or the desired effect will appear, despite the fact the therapeutic regimen was not observed.

Characteristic features of compliance in old age consist mainly in the fact that old patient is greatly interested in his health and his therapy, he is willing to cooperate with his doctor - approximately 70% of patients are willing to stick to the treatment and most of old patients are competent enough to rationally cooperate during their treatment. An old patient will easier accept the prescribed pharmacotherapy than make any change in his way of living or in his habits.

Generally expected compliance in any particular drug is relatively constant ranging between 80 - 85%, regardless of the patient's age. In concurrent administration of 5 drugs only 33-44% of patients are fully cooperating, in combination of 10 drugs, this percentage decreases to 10-20% of patients. Typical senile causes of non compliance involve cognitive function disorders, reduction of visual acuity, deafness, arthritic changes of hands, motor disorders of extremities, decrease of quality of life, side effects of drugs, tendency to consult the treatment with one's close friends and self-medication. 54 % of people over 70 admit self-medication.

The most used drugs comprise analgesics in 20%, laxatives in 14% antisclerotic drugs in 13 %, psychopharmaceuticals in 10%, geriatric drugs in 9% and vitamins in 6%.

The modes of optimizing of compliance rest in doctor's informing the patient about his treatment, in proper explanation of adverse effects of drugs, in detailed anamnesis and firm standpoint towards self-medication as well as adhering to the principle: the fewer drugs the better compliance.

Key words: geriatric pharmacotherapy - compliance in old age

Current problems of rehabilitation in geriatrics

M. Palát

Summary

Current problems of rehabilitation and geriatrics are still of current concern mainly because the number of old people increases corresponding thus with the increase in chronic diseases in old age.

The purpose of rehabilitation with regard to the definition of the World Health Organization (WHO) is a restoration of disease-affected functions and providing of certain quality of life. The indication spectrum for rehabilitation programmes in geriatrics is represented especially by the diseases of musculo-skeletal system, cardiovascular system diseases, chronic diseases of respiratory system and central nervous system disorders. The spectrum of indication for longterm rehabilitation programmes is supplemented by psychic disorders.

Within rehabilitation programmes physical therapy, ergotherapy, speech therapy and other methods aiming at psychosocial functions, are exploited. The longterm programmes are complemented by activation methods.

The basic concept of rehabilitation in geriatrics is illustrated by the scheme ensuing from the three-dimensional diagnostics accentuating the complex of rehabilitation measures. The issue of prognosis is also an important factor.

The paper presents the forms of rehabilitation care - ambulatory and inpatient form, spa treatment, home care and community rehabilitation. - the team work resting in organic cooperation of rehabilitation physician, geriatrician, physiotherapist and other specialists is another important element.

Key words: rehabilitation in geriatrics- rehabilitation methods - three-dimensional diagnostic - indications - forms of rehabilitation care

Informed consent in accordance with transformation laws

K. Tóth, L. Hegyi

Summary

Over the past decade the accentuation of human rights and emphasizing the possibilities of decision making on one's health, have drawn the attention of lay and professional public in health care creating thus a new situation in understanding this problem. The European Chart of Patients' Rights became the foundation in formulating patients' rights in our transformation laws in health care, too

The patients' rights are formulated mainly in the Law of National Council of SR, No. 576 from 21 October 2004 on health care, health care delivery and on changing and amending some laws, as amended. The right for informed consent belongs to the most significant laws.

Key words: patients' rights - informed consent

Palliative medicine – emergencies in palliative care

7
Geriatrics
2/2005

T. Hanisková, Š. Krajčík

Summary

Emergencies in palliative care ? Which symptoms in palliative care are reversible and which are irreversible ? Can active treatment maintain or improve such patient's quality of life ? As in any emergency, the assessment has to be as prompt and complete as possible. While unnecessary hospital admission may cause distress for the patient and caregivers, missed emergency treatment of reversible symptomatology can be disastrous. Major emergencies in palliative care are hypercalciemia, superior vena cava obstruction, spinal cord compression and bone fractures.

Key words: palliative medicine - hypercalciemia - obstruction of vena cava superior - spinal cord obstruction - pathologic bone fractures

Old people's homes – bewitched chamber

L. Hegyi

Summary

Unsatisfactory health status is a significant cause of leaving for old people's home (mainly in men). Unfavourable health status along with maladjustment stress result in an increased morbidity of old people's residents especially at the beginning of their stay. Multimorbidity is a cause of deteriorating self-sufficiency and onset of geriatric syndromes such as falls, incontinence and dementia. It also contributes to a growing consumption of drugs and more frequent hospitalizations.

Key words: ageing - old people's homes - geriatrics - geriatric syndromes - polypharmacy