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### *The position of geriatrics in the present-day Slovak health care - 2005*

The current situation of geriatrics as a scientific field has to be judged along with the state of health care and the state of a particular population group that is being cared for.

The Slovak health care - unlike the majority of the society - has been undergoing the transformation process for 15 years. The system change should have been launched by 7 health care reform laws adopted in October 2004. The discrepancy between the intention and the reality has been manifested in a series of application problems:

1. Financing of health care remained linked to the state budget. The state continues in paying the insurance fee for 3.1 million of citizens. In 2005 the state will have paid for this purpose 21.4 billion

crowns. The real costs for this group of insureds are estimated to reach 74 billion crowns, i.e. deficit exceeding 50 billion crowns. Such a high deficit can be covered neither from solidarity or any other sources.

2. The debt of health care system represented 22 billion crowns towards the end of the year and is continuously rising despite debt settlement.

3. Up to the year 2004 the operation costs of health insurance companies were limited by the law that settled the amount for their financing from the collected insurance fee to 4%. This represented about 2.4 billion crowns per year. The remaining sources had to be used for health care. This law became invalid since 1 July 2005 and currently no data on operation costs of health insurance companies are available.

4. Taxes on health insurance increased, ranging from 11% to 116% according to respective groups of payers.

5. Co-participation of citizens in health care has considerably increased. In 2002 it was 7 billion crowns as opposed to 16 billion crowns in 2004 with a constantly increasing trend.

6. The accessibility of health services has reduced and reflected mostly in prolonged waiting list for surgical interventions and in high charges for medicaments. Long waiting lists also support the extent of informal payments.

7. The expenses on health care, calculated per citizen and year remain very low. In Slovak Republic it amounted to 399 EURO in 2004. In the same year Czech Republic spent on health care 649 EURO.

8. Performance-related-payments are low and do not correspond to the real costs. The restrictions in procedures result in refusal of patients in hospital care and in extra unpaid work in ambulatory care. The law forces physicians to provide health care but enables health companies not to pay for the care being delivered.

9. Wages of health care workers fall behind the average nominal wages in economy. At the end of 2004 the average wages in health care did not amount to 13 000 crowns. Moreover, in 2004 the sector of health care and social services was the only one with a 3.7% drop in real wages. In comparison with health care, lower wa-

ges are only in hotels, restaurants and agriculture.

10. The health reform laws were repeatedly amended over a few months' period. Consequently, the administrative load of health care providers has markedly increased.

11. Concurrently with the reform process, massive insinuation practices concerning health care workers emerged that were considerably supported by the Minister of Health. This fact further contributed to the deterioration of doctor-patient relationship.

12. Due to the above facts many doctors, particularly the young started seeking job opportunities abroad. In 2003, 63 doctors left for other countries, in 2004, 363 and in the first months of the year 2005, 227 doctors. Based on the current information we can state that the proper transformation of health care has not occurred yet, the changes were implemented only in legislation and proprietary relations.. Furthermore, public money goes to private owners increasing thus the financial burden of the inhabitants which is apparent in expenses on their health. The accessibility of health services decreased, the costs of health care providers increased but their income did not rise.

In this situation the social status of seniors has shown an unfavourable development. As early as in 2001 households expenses of seniors exceeded their income.

Since that time multiple increase in prices for energy, foodstuffs, health and other expenses was recorded. Valorization of pensions could not keep up with the price development. It is a well-known fact that worsening situation of pensioners directly affects their health status.

The development of geriatric services has reflected in the increased number of beds and the number of outpatient department seems to be a positive factor in this situation.

As the synopsis shows the number of geriatric outpatient departments and long-

*Table 1 Average wages in national economy of SR and health care*

Year	In national economy of SR	In the sector of health care and social care
2000	11 430	9 318
2001	12 365	10 380
2002	13 511	12 020
2003	14 365	12 430
2004	15 825	12 865
1. Q. 2005	16 022	12 496

*Source: ŠÚ (State Institute) of SR*

*Table 2 Net monthly income and household expenditures of nonworking pensioners /for 1 member in Slovak crowns*

	1997	1998	1999	2000	2001
<b>Income</b>	4557	4695	5028	5445	5908
<b>Expenditure</b>	4510	4904	5212	5576	6110

Source: ŠÚ SR, 2003 (Institute of Statistics)

term care facilities (departments) have increased as the result of financial policy of insurance companies and decreased number of acute beds. More than a half of newly developed departments for long-term care lacks in doctors specialized in geriatrics.

It should not be omitted that in 2004 Ministry of Health of SR that is responsi-

The above law on long-term care that is expected to shift away the financial burden of care for approximately 250 000 seniors, who partially need other people's assistance, to the state or the clients themselves, to communities or autonomous regions, i.e. subjects not disposing of the necessary financial means, has not been approved so far, due to disagreements between

*Table 3 Selected geriatric facilities during 2000-2003*

Type of facility	2000	2003	2005
Geriatric ambulatory care	30		50
Geriatric department	20/882 beds	21/799 beds	19
Long-term care facility/ DPT of long-term care	29/1416 beds	53/1944 beds	46
Departments and beds Altogether	49/2298 beds	74/2743 beds	65

Source: ÚZIS 2001, 2003 (Institute of Health Informatics and Statistics), Health care companies 2005

le mainly for the methodological management of health care, published in connection with the Law on long-term care a table containing the capacities of facilities serving this purpose. The table brings a mix of acute and chronic beds, after-care beds that officially do not fall in the branch of geriatrics and nursing beds that have a character of social beds.

*Table 4 Departments of geriatrics, long-term care, after-care and nursing - SR, 2002*

Number of seniors, older than 65 years	615205
Number of beds at selected departments	4036
Number of hospitalized at selected departments	48543
Participation of seniors, who vere treated	7,9 %
<i>Source: Ministry of Health of SR, 2004</i>	

the Ministry of Health and the Ministry of Labour, Social Affairs and Family. Moreover, the law endangers geriatrics as a branch of medicine because it expects the transformation of a part of geriatric beds into social ones without adequate health care.

The following conclusions can be drawn:

1. Health status of the elderly is continuously deteriorating owing to unfavourable social development.

2. The quality and accessibility of health care services for seniors is getting worse.

3. All the shortcomings of undergoing health care reform concern old patients, geriatricians as health care providers and geriatrics as a medical specialty.

4. Seniors as a social group are the least interested for the society, which is badly felt especially in health care.

**Prof. Ladislav Hegyi, M.D., D.Sc.**  
**Prof. Štefan Krajčík, M.D., CSc.**

# The phenomenon of the so called idiopathic and symptomatic epilepsy from the aspect of age categories

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Geriatrics  
3/2005

B. Kollár, P. Varsik, D. Buranová, P. Kučera, J. Štofko

## Summary

The 1989 ILAE international classification divides epilepsies from etiopathogenetic aspect into idiopathic, symptomatic and cryptogenic. While the concept of symptomatic epilepsy seems to be clear, the concepts of idiopathic and cryptogenic epilepsy practically overlap by their meaning, because in neither of them the cause of epileptic seizures is clear or has been elucidated. However, cryptogenic epilepsy is considered "a probably symptomatic" epilepsy.

Our working team has solved this problem in the following way. In the so called phenomenon of idiopathic and cryptogenic epilepsy by means of routinely used 5-degree diagnostic algorithm, our team members attempt consistently and purposefully to decrease the number of this way diagnosed cases, that according to literature data, form as much as 70 - 80% of the total number of epilepsies. The diagnosis of idiopathic epilepsy is considered rather a diagnostic failure and it is used only in those cases when our diagnostic algorithm fails.

From the etiological aspect epilepsy has its characteristics in every age group. Epilepsy appearing in children or adolescents is most frequently caused by developmental genetic malformations or gestation-acquired disorders, in seniors predominate cerebrovascular diseases followed by cerebral tumours or craniocerebral injuries. Since epileptic syndrome is often a polyetiologic syndrome from etiological viewpoint, in some types of metabolic-toxic syndromes there is a discussion about the possibility of developmental microdysplasias that may serve as potential original site and about trigger mechanisms of the manifestation of epileptic seizure.

*Key words: idiopathic epilepsy - symptomatic epilepsy - epilepsy from the aspect of age categories*

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## Health and social issues of subjects treated in home nursing care agencies

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

## Summary

The study deals with the evaluation of health and social issues of seniors - insured persons treated in the agencies of home nursing care. The evaluation results made by the professional team of Health and Social Faculty of the Ostrava University compared with the results of an inquiry conducted by medical audit doctors of Metallurgic Health Insurance Company (Hutnická zaměstnanecká pojišťovna) showed no principal differences in comparing of complex evaluation of health status, needs and problems.

*Key words: seniors - clients - insured persons - health and social issues- nursing care - complex evaluation of health status, needs and problems of seniors*

## Pleasures and worries of senior citizens

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

### Summary

The purpose of the study was to determine difficult types of activities connected with household duties, favourite pastime activities, most common types of pleasures and worries and lifetime satisfaction of senior citizens over 60 years of age in a sample of 615 general practitioners' patients residing mostly in the Pilsen region (Czech Republic). The data collection was realized during 2001 - 2002.

Household cleaning (18% of respondents) poses the greatest difficulties for senior citizens and for almost one tenth of them (9.4%) all household duties are troublesome. Cultural events are most frequent activities of older citizens (36.6%). Some of them like domestic duties, travelling, care for children and animals. Children and grandchildren (57.9%) give greatest joy for older citizens (especially women). The main worries of seniors usually involve their current health status (43,1%) and the largest fears from the future are represented by the possibility of deteriorated health status and solitude. More than four fifths of senior citizens (86.5%) report that during their life time they were rather satisfied than dissatisfied. The obtained knowledge can be applied in planning health and social services for senior citizens in accordance with their real needs and thereby contribute to the improved quality of their life.

*Key words: senior citizens - pleasures and worries - lifetime satisfaction*

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## The attitude of students of School of Nursing to the process of dying and death

J. Kelnarová, J. Kunovský

### Summary

The process of dying and death is a part of our life. An anonymous questionnaire aims to determine the attitude of students of School of Nursing towards the issues of dying and death. The achieved statistical results from the questionnaire, set up by the students themselves, represent only the first phase in searching for the answer concerning the issues of dying and death.

*Key words: nursing care for the dying - unfavourable health status - stress from dying - death - funeral*

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

## Summary

Activity as an important means of prevention of premature aging has to be developed and promoted not only in middle aged persons but in seniors, as well. The modes of activity are determined by the senior's health status and the scale of services offered by the community. The activity of seniors reflects their overall lifestyle, education, opinions and attitudes. In old age a decreased level of working activity can be substituted by alternative activities. In a group of seniors attending the University of Third Age, we wanted to find their opinions on the way of life in old age. The above group included very active and relatively healthy seniors who do appreciate the significance of the activity, who continue in developing their previous interests and hobbies, travel, go for walks and are engaged in social activities (going to the theatre, going for various trips). They also enjoy caring for their grandchildren.

In a group of patients aged over 60 who came to a general practitioner's a reduced activity was disclosed. Almost a fifth of them do not go for a walk at all, nearly two thirds do not exercise at all, they smoke much more than those who attend University of Third Age and only 11% do not take any medicaments. Maintaining physical, mental, working and leisure activities as well as social contacts is considered an effective means of prevention of social isolation and dependency on other people's help. It also improves the quality of life of seniors.

*Key words: activity - hobbies - education - life style -seniors*

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## Possibilities and restrictions of treatment for the terminally ill

L. Smoleňová, A. Dóczeová

## Summary

The strategy of care for the terminally ill ensues from the principle of improving the quality of the remaining life of patients by palliative care and alleviation of the symptoms resulting from an incurable disease. Apart from the management of somatic complaints it is very important to consider also emotional, spiritual and social needs. When deciding about the mode and intensity of the treatment it is essential to determine whether the patient has already entered the terminal stage. The terminal stage varies in its length and requires specific approach in individual phases. The paper deals with the most common concurrent symptoms and their treatment in terminal stages of the disease, possible risks, side effects and restricted treatment benefits.

*Key words: hospice - holistic approach - palliative care - symptomatic treatment - terminal states*

# Management of patient with lower extremity defect 1.

T. Kopal

## Summary

The treatment of skin defects on lower extremity is demanding from financial, time and nursing aspects. The first step in their management is to identify the cause. The majority of defects on lower extremities is of venous origin, arterial, neuropathic and other ulcers are less frequent.

The elimination of the cause shortens the time of treatment and improves the chances of complete healing of the defect. The following phase requires effective general and local treatment of ulcers – classic or modern methods, wet treatment of wounds. The treatment of lower extremity ulcers calls for interdisciplinary cooperation of doctors. A thoroughful education of the patients is an inevitable part of care.

**Key words:** *ulcer - wet treatment - compressive treatment*