

LONGEVITY AMONG PATIENTS ADMITTED TO ACUTE GERIATRIC DEPARTMENT BETWEEN 1995 - 2009 YEARS

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Introduction: Concept of health in advanced age (incl. longevity) is inseparably connected with self-sufficiency and age-appropriate physical, psychic and social activities. Aim of the study: The retrospective study of dates was aimed at conducting an analysis and comparison of self-sufficiency and mental functions in sub-files of long-livers and non-long-livers in the course of hospitalisation. File specification: Between 1995 and 2009 years we had altogether 11,495 elderly patients of an average age 80.5±7.0 y. (range 65-103 y.) hospitalised at the Department of Geriatrics. 1,171 of them (10.2%) were long-livers- i.e. age 90 or older; 272 men (23.3%) and 899 women (76.7%). We divided the patient set into three different age subgroups (65-74 y.; 75-89 y. and ≥ 90 y.) and compared the results among them. Results: All the subgroups showed statistically significant increase of the geriatric syndromes, such as falls, immobility, incontinence and cognitive impairment (including dementia and delirium) with increasing age. We documented high need of an aftercare and institutional care in the subgroup of long-livers. Moreover we did the ADL and MMSE-tests at admission and before discharge. The dependency and need of the assistance is increasing with age and is high among people ≥ (90 y.). Conclusion: Geriatric patients (including long-livers) are permanently threatened with de-compensation of their functional state and require specific modification of specialist's approach when deciding on regimen and treatment measures. Continuous assessment of self-sufficiency and mental status is therefore crucial in the elderly (as well as in longevity).