



LIJEČNIČKI VJESNIK

GLASILO HRVATSKOGA LIJEČNIČKOG ZBORA
THE JOURNAL OF THE CROATIAN MEDICAL ASSOCIATION

Utemeljen 1877.

Founded 1877

4. HRVATSKI GERONTOLOŠKI I GERIJATRIJSKI KONGRES

S MEĐUNARODNIM SUDJELOVANJEM

Hotel Park Plaza Histria, Pula, Hrvatska

29. 9. – 1. 10. 2023.

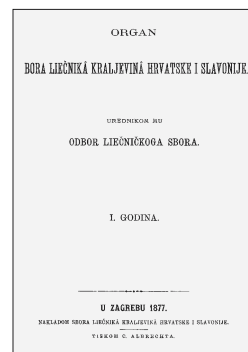
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Za izdavača

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Glavni i odgovorni urednik

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Zagreb, 2023.

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Opis

Liječnički vjesnik je najstariji hrvatski medicinski časopis koji neprekidno izlazi od 1877. te redovito bilježi sva važna stručna i strukovna dostignuća u hrvatskoj i svjetskoj medicini. U *Liječničkom vjesniku* objavljuju se uvodnici, stručni i znanstveni radovi, pregledni članci, prikazi bolesnika, lijekova i metoda, preliminarna znanstvena i stručna priopćenja, osvrti, pisma uredništvu, prikazi knjiga, referati iz literature i drugi prilozi. Svi rukopisi podvrgnuti su procesu recenzije.

Rukopisi i svi članci šalju se *Uredništvu Liječničkog vjesnika*, Zagreb, Šubićeva ul. 9, tel. (01) 46-93-300, e-pošta: lijecnicki-vjesnik@hlz.hr.

Članarina, pretplata i sve novčane pošiljke šalju se Hrvatskomu liječničkom zboru, Zagreb, Šubićeva ulica 9, na IBAN HR7423600001101214818, OIB 60192951611. Članarina Hrvatskoga liječničkog zbora iznosi 30 eura; za liječnike pripravnike i obiteljska članarina iznosi 15 eura. Pretplata za *Liječnički vjesnik* je 42 eura (inozemstvo 84 eura). Radi redovitog primanja časopisa svaku promjenu adrese potrebno je javiti Uredništvu. Svaki član Hrvatskoga liječničkog zbora ima pravo besplatno objaviti članak u *Liječničkom vjesniku*; autori koji nisu članovi Zbora moraju platiti naknadu u iznosu od 27 eura + PDV.

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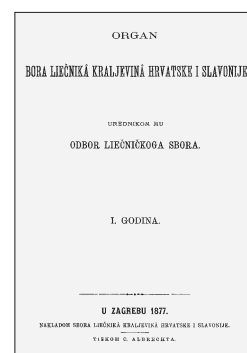
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Description

The Croatian Medical Association started publishing its professional journal *Liječnički Vjesnik* in 1877. *Liječnički Vjesnik* is one of only about a hundred international journals that were coming out in the late 19th century, maintained continuity during the 20th century, and then entered the 21st century. It is also the oldest Croatian medical journal and regularly captures all important achievements, professional and trade events. Editorials, professional and scientific papers, review articles, patient reviews, medications and methods, preliminary scientific and expert papers, reviews, letters to the editor, book reviews, literature papers and other contributions are published in the journal *Liječnički Vjesnik*. Through publishing original scientific and professional papers by local authors, *Liječnički Vjesnik* has contributed to the overall health care improvement. All manuscripts are subjected to a review process. All articles should be addressed to the Croatian Medical Association, Office of *Liječnički Vjesnik*, Zagreb, Šubićeva 9, tel. (01) 46-93-300, e-mail: lijecnicki-vjesnik@hlz.hr.

MEMBERSHIP AND SUBSCRIPTION: Membership, subscription or any other cash dispatches should be sent to the Croatian Medical Association, Zagreb, Šubićeva 9, Croatia. Bank account: HR7423600001101214818, VAT number HR60192951611. The membership fee for the Croatian Medical Association is 30 euros. The membership fee for the family member is 15 euros. Subscription fee for *Liječnički vjesnik* is 42 euros (84 euros). Members and other legal entities are advised to inform Croatian Medical Association – Editorial Board of *Liječnički Vjesnik* about any change of address in order to receive the journal regularly. Each member of the Croatian Medical Association is allowed to publish the article in the journal *Liječnički vjesnik* for free. Non-members are also allowed to publish the article with administration fee in amount of 27 euros + VAT.

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4. HRVATSKI GERONTOLOŠKI I GERIJATRIJSKI KONGRES

S MEĐUNARODNIM SUDJELOVANJEM

4th CROATIAN CONGRESS
OF GERONTOLOGY
AND GERIATRICS

WITH INTERNATIONAL PARTICIPATION

*Ususret novim prilikama
Towards new opportunities*

Hotel Park Plaza Histria
PULA, HRVATSKA / CROATIA
29.9. - 1.10.2023.



Poštovane kolegice, poštovani kolege, dragi prijatelji,

U ime Hrvatskog društva za gerontologiju i gerijatriju Hrvatskog liječničkog zbora i Povjerenstva za gerijatriju Ministarstva zdravstva Republike Hrvatske pozivam Vas da nam se pridružite na 4. HRVATSKOM GERONTOLOŠKOM I GERIJATRIJSKOM KONGRESU s međunarodnim sudjelovanjem koji će se održati u Puli od 29. rujna do 1. listopada 2023. godine (Međunarodni dan starijih osoba).

Kao i u većini europskih zemalja suočavamo se sa sve većom potražnjom za kvalitetnim zdravstvenim, socijalnim, obrazovnim i gospodarstvenim uslugama namijenjenim rastućoj starijoj populaciji pa se stoga i naš zdravstveni sustav uz sinergiju ostalih mora usmjeriti prema integriranom pristupu skrbi za starije. Ovo putovanje uključuje mnoge profesije – od onih koji rade u zajednici preko primarne i sekundarne zdravstvene zaštite i institucija – koje trebaju uskladiti svoje prakse s personaliziranim i holističkim pristupom brige za starije osobe. Podizanje svijesti o dodanoj vrijednosti specijalizirane gerijatrijske skrbi i gerijatrijske pismenosti među zdravstvenim djelatnicima jedan je od načina postizanja ovog cilja.

U ime organizatora pozivamo različite stručnjake, znanstvenike, kreatore politika i tvrtke da zajednički istražimo nove mogućnosti kroz transdisciplinarni koncept skrbi za stariju populaciju. Ovo je jedinstvena prilika za interakciju s kolegama o aktualnim trendovima, inovacijama, izazovima i postojećim rješenjima u području gerontologije i gerijatrije kroz različite oblike edukacije, od simpozija, okruglih stolova, radionica, interaktivnih skupova do plenarnih predavanja.

Radujemo se Vašem odazivu i aktivnom sudjelovanju na Kongresu u prekrasnom drevnom gradu Puli kako bismo istražili putove i programe prema novim mogućnostima održivog razvoja gerijatrije i gerontologije.

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Predsjednica Kongresa

doc. prim. dr. sc. Tajana Pavić, dr. med.

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Hrvatsko društvo za gerontologiju i gerijatriju Hrvatskog liječničkog zbora

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POČASNA PREDSEDNICA KONGRESA

doc. prim. dr. sc. Spomenka Tomek-Roksandić, dr.med.

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medicinski
dvomjesečnik



PROGRAM

	Petak 29.9.2023.	
14:00	OTVARANJE KONGRESA	dvorana Ulika
14:15-14:35	Gerijatrija kao specijalizacija u medicini prof.dr.sc. Nenad BOGDANOVIĆ	
14:35 - 14:55	Edukacija iz gerijatrije i gerontologije u RH doc.dr.sc. Tajana PAVIĆ doc.dr.sc. Spomenka TOMEK - ROKSANDIĆ	
14:55 - 15:15	Gerastenija kao gerijatrijski sindrom prof.dr.sc. Nenad BOGDANOVIĆ	
15:15 - 15:30	Tematski broj Medix-a "Gerastenija" doc.dr.sc. Tajana PAVIĆ	
15:30 - 16:00	Pauza za kavu	
16:00 - 18:00	dvorana Ulika Sesija 1 GERIJATRIJSKI BOLESNIK S KARDIOMETABOLIČKIM BOLESTIMA	
16:00 - 18:00	Politerapija u starijih osoba sa kardiometaboličkim bolestima prof.dr.sc. Maja ORTNER HADŽIABDIĆ Multidimenzionalni pristup starijim osobama s kardiometaboličkim bolestima Moderator: doc.dr.sc. Valerija BRALIĆ LANG <ol style="list-style-type: none">Gerijatrijski pristup u liječenju starijih osoba s najčešćim kardiometaboličkim bolestima - doc.dr.sc. Valerija BRALIĆ LANGŠto moram znati o antikoagulansima/antihipertenzivima/hipolipemicima u starijih osoba - prof.dr.sc. Jasna ČERKEZ HABEKLiječenje šećerne bolesti tipa 2 u starijih osoba - doc.dr.sc. Gorana MIROŠEVIĆ	
20:00	VEČERA	

PROGRAM

Subota 30.9.2023.	
08:30 – 10:30	<p>dvorana Ulika Sesija 2 MIŠIĆNO KOŠTANO ZDRAVLJE I STARENJE / MUSCULOSKELETAL HEALTH AND AGING</p>
08:30 – 10:30	<p>Sarkopenija kao gerijatrijski sindrom / Sarcopenia as a geriatric syndrome professor Francesco LANDI</p> <p>Mišićno zdravlje, sarkopenija i starenje/Musculoskeletal health, sarcopenia and aging Moderator: doc.dr.sc. Tajana PAVIĆ</p> <ol style="list-style-type: none">1. Nutritivni aspekti u izazovima starenja mišićno-koštanog sustava / Nutritional aspects in challenges of the aging musculoskeletal system – prim.dr.sc. Vedran TOMAŠIĆ2. Koristi i praktični izazovi kombiniranja nutritivnih intervencija i vježbanja na mišićno-koštano zdravlje/ Benefits and practical challenges of interventions combining dietary protein and exercise – prof.dr.sc. Darija VRANEŠIĆ BENDER3. Alati za jednostavnu procjenu nutritivnog rizika u starijih osoba/ Tools to assess nutritional risk in older adults – doc.dr.sc. Tajana PAVIĆ4. Specifičnosti gerijatrijske rehabilitacije za mišićno zdravlje/ Key points of geriatric rehabilitation for muscle health – doc.dr.sc. Dubravka BOBEK
08:30 – 10:30	<p>dvorana Bianca Istriana Sesija 3 STARIJE OSOBE S KOGNITIVNIM OŠTEĆENJEM</p>
08:30 – 10:30	<p>Kognitivni problemi u starijih osoba prof.dr.sc. Ninoslav MIMICA</p> <p>Interdisciplinarni pristup mentalnom zdravlju starijih osoba Moderator: prof.dr.sc. Nenad BOGDANOVIĆ</p> <ol style="list-style-type: none">1. Rano kognitivno oštećenje/demencija – prof.dr.sc. Nenad BOGDANOVIĆ2. Spekter neurodegeneracije i cerebrovaskularnih promjena u gerijatrijskog bolesnika; koliko je klinika bitna? – prof.dr.sc. Nataša KLEPAC
10:30 – 11:00	Pauza za kavu
11:00 – 13:00	<p>dvorana Ulika Sesija 4 SVEOBUHVAJNI PRISTUP GERIJATRIJSKOM PACIJENTU (CGA)</p>
11:00 – 13:00	<p>Gerijatrijska medicina u Europi prof.dr.sc. Mirko PETROVIĆ</p> <p>Sveobuhvatni pristup gerijatrijskom pacijentu (CGA) Moderator: doc.dr.sc. Miroslav HANŽEVAČKI</p> <ol style="list-style-type: none">1. CGA i kako ga primijeniti – prof.dr.sc. Mirko PETROVIĆ2. Pristup gerijatrijskom bolesniku s kognitivnim problemima – prof.dr.sc. Ninoslav MIMICA3. Gerijatrijska procijena u ambulantama obiteljskog liječnika – doc.dr.sc. Miroslav HANŽEVAČKI4. Gerijatrija u bolničkom sustavu; jučer, danas, sutra – dr. Višnja MIHALIĆ

PROGRAM

	Subota 30.9.2023.
11:00 – 13:00	<p style="text-align: center;">dvorana Bianca Istriana</p> <p style="text-align: center;">Sesija 5 ORTOGERIJARIJA</p>
11:00 – 13:00	<p>Specifičnosti ortopedskih zahvata u starijih osoba doc.dr.sc. Slaven BABIĆ</p> <p>Pristup starijim osobama s visokim rizikom fraktura Moderator: doc.dr.sc. Slaven BABIĆ</p> <ol style="list-style-type: none">1. Visokorizične starije osobe i troškovi prijeloma kuka – doc.dr.sc. Srećko SABALIĆ2. Preparati za koštano zdravlje u starijih osoba: što, kada i kako? – doc.dr.sc. Gorana MIROŠEVIĆ3. Koju vrstu fizičke aktivnosti preporučiti starijim osobama s osteoporozom – prim.dr.sc. Diana BALEN, prof.dr.sc. Simeon GRAZIO
13:00 – 14:00	RUČAK
14:00 – 16:00	<p style="text-align: center;">dvorana Ulika</p> <p style="text-align: center;">Sesija 6 LOKALNA ZAJEDNICA U SKRBI ZA STARIJE OSOBE</p>
14:00 – 16:00	<p>Lokalna zajednica u skrbi za starije osobe Moderator: doc.dr.sc. Spomenka TOMEK - ROKSANDIĆ</p> <ol style="list-style-type: none">1. Starije osobe u sustavu socijalne skrbi/institucijska i izvaninstitucijska skrb – dr. Sanja JAGUSTIN CHRISTIANSSON2. Patronažna sestra u procesu zdravstvene njege u kući starijih osoba – doc.dr.sc. Mara ŽUPANIĆ3. Smještaj u domovima za starije; izazovi i rješenja – dr.sc. Romana GALIĆ4. Institucionalno nasilje iz perspektive korisnika i osoblja domova za stare – prof.dr.sc. Silvia RUSAC, Natalija ČAČKO5. Sigurnost bolesnika kao standard kvalitete u gerijatriji – prof.dr.sc. Jasna MESARIĆ
14:00 – 16:00	<p style="text-align: center;">dvorana Bianca Istriana</p> <p style="text-align: center;">Sesija 7 ZAJEDNO U EU PROJEKTIMA</p>
14:00 – 16:00	<p>EU projekti: tko, kako i zašto Anja MIHELJ, dipl. oec</p> <p>EU projekti u praksi Moderator: doc.dr.sc. Ivan LEROTIĆ</p> <ol style="list-style-type: none">1. HECUBA projekt – dr.sc. Tatjana ŠKARIĆ-JURIĆ2. SHARE projekt – prof.dr.sc. Šime SMOLIĆ3. Procjena prikladnosti terapije benzodiazepinima: saznanja iz projekata EuroAgeism H2020 ESR i START/MED/09 – mag. Ingrid KUMMER4. Katedra za socijalnu gerontologiju Alma Mater Europaea u europskim integracijama i projektima – Emerita Prof. dr. Jana GORIUP5. COST projekt PROGRAMMING – doc.dr.sc. Tajana PAVIĆ
16:00 – 16:30	Pauza za kavu

PROGRAM

Subota 30.9.2023.	
16:30 - 18:30	dvorana Ulika Sesija 8 ZAJEDNO U BORBI ZA ZDRAVIJE STARENJE
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Sociodemographic differences in attitudes of elderly towards aging

Sociodemografske razlike u stavovima starijih osoba prema starenju

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Introduction and objective: In modern developed societies, there are still stereotypes towards aging that are often based on insufficient knowledge and experience in relationships with the elderly. Unlike some other stigmatized groups, elderly people often accept negative stereotypes, which will ultimately affect their attitude towards aging. With the aim of better understanding the specifics of aging, with this research we wanted to investigate whether there is a difference in attitudes towards aging among elderly based on their sociodemographic characteristics (gender, marital status, place of residence, level of education).

Methods: The survey was conducted using a survey method in the spring of 2019. on a sample of 148 respondents with an average age of 74.56 years (from 66 to 89) who are daily users of the living room of the Pensioners' Association in Bjelovar (City in Croatia). To check attitudes towards aging, a questionnaire was applied to examine in the first part what chronological age indicates old people and how long they want to live, the second part refers to the claims about why they want to live so long and the last one refers to the tendency of respondents to age.

Results: The significance of the Mann-Whitney test indicates statistically significant differences ($p < 0.05$) between the results of respondents in attitudes towards aging regarding to marital status, place of residence and level of education. Respondents living in a marital union perceive a more positive attitude than respondents who are unmarried, widowed and divorced. It has also been observed that a higher level of education has a positive effect on the perception of attitude towards aging.

Conclusion: Attitude towards aging and how old we feel will be greatly influenced by social and personal events, as well as our own physical condition. By educating and taking care of their health, the elderly are changing their own attitude, and they encourage society to reflect and change stereotypes towards aging.

Keywords: age; aging; elderly; attitudes; stereotypes

Subjektivna procjena osoba starije životne dobi Primorsko-goranske županije o vlastitom zdravstvenom stanju i kvaliteti života

Self assessment of elderly people on their health condition and quality of life in Primorsko Goranska County

HELENA GLIBOTIĆ KRESINA, Silvia Mohorić, Nevenka Vlah, Iva Sorta Bilajac Turina, Sara Kresina

Odjel za javno zdravstvo
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Prema popisu stanovništva iz 2021. godine udio osoba starijih od 65 godina u PGŽ iznosi 25,82%. Kronične nezarazne bolesti vodeći su uzroci pobola i pomora upravo u starijoj životnoj dobi. Percepcija vlastitog zdravlja i samoprocjena kvalitete života važni pokazatelji realnog zdravstvenog stanja pojedinca.

Cilj: Analizirati samoprocjenu zdravstvenog stanja i kvalitetu života osoba starije životne dobi u gradu Rijeci.

Metode: Ispitanici su osobe starije životne dobi podijeljene u 2 grupe:

- a) osobe starije životne dobi koje su aktivni članovi klubova za umirovljenike - aktivni stariji
- b) osobe starije životne dobi koje nisu članovi klubova - pasivni stariji

Rezultati: Prikupljena je i obrađena 91 anketa. Aktivni stariji su članovi Kluba umirovljenika Čavle, Matice umirovljenika Rijeka, Kluba umirovljenika Kastva, te pasivni stariji su smješteni u dom za starije osobe Anja Aničić te osobe koje su u skrbi patronažne službe. 24 ispitanika su bili muškarci a 66 žene. Svoje zdravlje kao dobro ili jako dobro opisalo je 36% ispitanika aktivnih, nasuprot 13% onih svrstanih u grupu pasivnih starijih s time da nijedan ispitanik svrstan u grupu pasivnih starijih nije opisao svoje zdravlje kao jako dobro. 44% ispitanika pasivnih starijih je opisalo svoje zdravlje kao loše ili vrlo loše, nasuprot 9% aktivnih starijih. Svoje zdravlje prosječnim smatra 55% aktivnih starijih i 44% pasivnih starijih. U grupi aktivnih starijih, niti jedan ispitanik nije smatrao da je jako ograničen u obavljanju uobičajenih aktivnosti, u usporedbi sa 53% pasivnih; malo ograničenima smatralo se 68% aktivnih i 41% pasivnih, a neograničenima 28% aktivnih i 6% pasivnih. Svoje financijsko stanje 12% aktivnih i 61% pasivnih ispitanika smatra ispodprosječnim, 82% aktivnih i 36% pasivnih starijih prosječnim, a 5% aktivnih i 3% pasivnih starijih ispitanika iznadprosječnim. Na Likeart-ovoj skali od 1-7 s pitanjima o mentalnom zdravlju, aktivni su označili da se osjećaju više živo i vitalno (4,33 aktivni i 3,65 pasivni), energizirano (3,24 i 2,5), razbuđeno (4,41 i 3,56) te da su zadovoljni svojim životom (4,53 i 4,06).

Zaključak: Aktivni stariji svoje su zdravlje, ograničenost i financijsko stanje opisali mnogo pozitivnije od pasivnih ispitanika. Također, samoprocjena vlastitog mentalnog stanja, količine energije i zadovoljstva životom kod aktivnih sudionika je upadljivo pozitivnija nego kod ispitanika koji nisu aktivni u nijednoj umirovljeničkog udruzi.

Requirements of geriatric population for Emergency Medicine Department of The County of Split-Dalmatia in year before Covid-19 pandemic and in year of Covid-19 pandemic

Potrebe gerijatrijske populacije za Zavodom za hitnu medicinu Splitsko-dalmatinske županije u godini prije pandemije Covid-19 i u godini pandemije Covid-19

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Objective: The aim of this paper is to explore the frequency of requirements of geriatric population for Emergency Medicine Department of SDC from the perspective of diagnosis in year before COVID-19 pandemic and in year of COVID-19 pandemic.

Materials and methods: This retrospective study included all patients treated at the Emergency Medicine Department from February 2019 to February 2021. Data on age, sex and diagnosis of patients by ICD-10 classification were collected from medical software „e-Hitna“.

Results: The need for medical interventions in Emergency Medicine Department of SDC is reduced by 23,45% in year 2020. compared to 2019. It was determined by this study that the decrease in the number of interventions is statistically significant ($\chi^2=1492,72$; $P<0,001$). The decrease in the number of patients is determined in both sexes and among all age groups. By ICD-10 classification, the number of all diagnostic needs has been reduced, except U00-U99 where the increase from 0 to 584 patients is determined and G00-G99 where no statistically significant change has occurred ($\chi^2=1,29$; $P=0,257$). Largest decrease has appeared in group V01-V99 where diagnostic needs didn't occur at all in year 2020. as opposed to 2019.

Conclusions: The need for medical interventions in Emergency Medicine Department of SDC has changed in the given period before and during pandemic. Number of male patients is reduced by 20,7% and female patients by 26,2% in year of pandemic as opposed to year before. Among all age groups (65-74, 75-84, 85 and older), the largest decrease has occurred in age group 65-74. By ICD-10 classification, the number of diagnostic needs has decreased in all diagnosis groups in the year 2020. as opposed to 2019., except group U00-U99 where the increase of 584 patients has occurred.

LITERATURE

1. Skitarelić N, Dželalija B, Siktarelić N. Covid-19 pandemija: kratki pregled dosadašnjih spoznaja. *Med Jad* 2020;50(1):5-8
2. Smjernice za liječenje oboljelih od COVID-19 [Internet]. Zagreb: Ministarstvo zdravstva Republike Hrvatske; 2020.
3. Izvješće o COVID-19 i starijim osobama u Republici Hrvatskoj [Internet]. Zagreb: Hrvatski zavod za javno zdravstvo, 2021.

Promicanje zdravlja u starijoj životnoj dobi u Dubrovačko-neretvanskoj županiji

Health promotion among elderly in Dubrovnik Neretva County

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Uvod i cilj: Starenje u Dubrovačko-neretvanskoj županiji (DNŽ) (12,3% u 1971.; 22,5% u 2021.) je veliki javnozdravstveni izazov. Cilj rada je prikazati javnozdravstvene aktivnosti Službe za promicanje zdravlja Zavoda za javno zdravstvo Dubrovačko-neretvanske županije (Služba) koje promiču zdravo starenje.

Metode: Prikazane su metode promicanja zdravlja: edukativna predavanja, radionice te medijske aktivnosti usmjerene gerontološkoj populaciji u DNŽ prije pandemije COVID-19 bolesti.

Rezultati: Služba je aktivnosti promicanja zdravlja u ovoj populaciji počela provoditi u 2002. objavama tematskih članaka i suradnjom s brojnim stručnjacima iz područja zdravstva i socijalne skrbi u lokalnim medijima. U suradnji s Nastavnim zavodom za javno zdravstvo Primorsko-goranske županije tiskana je brošura „Zlatno doba života“, podijeljena klubovima umirovljenika, korisnicima domova za starije osobe i ostalima tijekom drugih javnozdravstvenih aktivnosti. Služba je u 2008. izradila video materijal na DVD mediju „Vježbajte s nama“ sa sedam različitih vježbi za starije osobe. U njihovoj izradi sudjelovali su liječnica Službe, umirovljena dubrovačka glumica i fizioterapeut. DVD-ovi su podijeljeni širom županije starijim osobama u udrugama, klubovima, domovima za starije i drugdje, a održane su i radionice s ovim vježbama. Video materijali s vježbama dostupni su na web stranici Zavoda. Povodom Svjetskog dana zdravlja 2012. Služba je prvi put organizirala sportsko natjecanje „Zdravo stari, za godine ne mari!“, gdje su sudjelovali članovi udruge matice umirovljenika i korisnici dubrovačkih domova za starije osobe. Suradnja s Domom za starije i nemoćne osobe Majka Marija Petković u Blatu (Korčula) traje više od desetljeća održavanjem tematskih predavanja i radionica. Godine 2017. Služba je pokrenula ciklus gerontoloških predavanja i radionica u domovima za starije osobe na području grada Dubrovnika i Konavala (teme: tjelesna aktivnost, prehrana, hidracija, mentalno zdravlje, oralno zdravlje i dr.). Raznim aktivnostima redovito se obilježava Međunarodni dan i Mjesec starijih osoba uz kontinuiranu distribuciju promotivno-edukativnih materijala. Prosvjeđivanje opće populacije o zaštiti i očuvanju zdravlja u starijoj dobi provodi se kontinuirano putem lokalnih medija.

Zaključak: Iako bez kontinuiranog djelovanja u pojedinim segmentima javnozdravstvenih aktivnosti, Zavod je prepoznat kao poticatelj i nositelj promicanja aktivnog zdravog starenja uz dobru suradnju institucija koje skrbe za osobe starije dobi.

Ključne riječi: starije osobe, promicanje zdravlja, zdravo aktivno starenje, video materijal s vježbama

Model sociokulturnih sastavnica kvalitete života osoba starih osoba u Republici Hrvatskoj

A model of social and cultural components of quality of life of elderly people in the Republic of Croatia

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Starenje predstavlja multidimenzionalni fenomen koji je potrebno istraživati na temelju karakteristika stanovništva (1). Suvremena istraživanja nastoje otkriti razloge zbog kojih je starost postala socijalni problem te društvene uvjete u kojima je došlo do pojave problema. Zahvaljujući porastu životnog standarda i unaprjeđenju sustava zdravstvene i socijalne zaštite svjedoči se činjenici da se životni vijek produljio i predviđa se da će se do 2060. godine srednja dob stanovništva Europske unije zadržati na 47,6 godina, što je u usporedbi za 15 godina više nego u prošlom stoljeću. Istraživanja starenja i obolijevanja tradicionalno se usredotočuju i na društveno–medicinske aspekte bolesti i individualnu patologiju starijih. Društvene promjene u procesu starenja podrazumijevaju promijene u odnosu društva i pojedinca, a očituju se u promjenama društvenih aktivnosti, interakciji i ulozi starijih osoba. Sve više je starijih osoba koje u aktivne i produktivne, te starost doživljavaju kao priliku za nove mogućnosti (2). Državni Zavod za statistiku Republike Hrvatske (2022) iznio je podatke da prema popisu stanovništva u Republici Hrvatskoj iz 2021. godine danas u Hrvatskoj živi 3.888.529 stanovnika što je daleko ispod svih predviđenih očekivanja. Udio osoba starijih od 60 godina je 28,3% (2011. iznosio je 24,3%). O problemima kvalitete života osoba starije životne dobi u Republici Hrvatskoj iz perspektive sociokulturnih čimbenika rađena su brojna istraživanja po regijama. Tako na primjer istraživanjem osjećaja usamljenosti i kvalitete života provedenim u Osječko–baranjskoj županiji nisu pronađene razlike u kvaliteti života i osjećaju usamljenosti, a u longitudinalnom istraživanju o kvaliteti života u proučavanom razdoblju od 2003. i 2008. godine u Bjelovarsko–Bilogorskoj županiji dobiveni rezultati govore o padu subjektivne kvalitete života. Generalno gledajući, usprkos regionalno različitim podacima u regijama Hrvatske 2003. i 2008. godine dobiveni rezultati govore o padu subjektivnog zadovoljstva kvalitetom života (5). Istraživači otkrivaju da faktori koji utječu na kvalitetu života starijih osoba ovise o različitim sociokulturnim kontekstima i društvenim normama. Različiti povijesni, politički i kulturni utjecaji u primorskoj i u kontinentalnoj Hrvatskoj jedan su od razloga za provođenje ovog istraživanja u Republici Hrvatskoj.

Ciljevi: Problem istraživanja je ispitati sociokulturne sastavnice kvalitete života starijih osoba u Republici Hrvatskoj. Svrha ovog istraživanja je ispitati sociokulturne sastavnice koje utječu na kvalitetu života starijih osoba u Republici Hrvatskoj, a naš cilj je istražiti povezanost sociokulturnih čimbenika koji utječu na kvalitetu života osoba starije dobi u Republici Hrvatskoj. Provođenjem istraživanja želimo dobiti odgovore kako socijalni i kulturni čimbenici prema Hofstedu utječu na kvalitetu života starijih osoba u Republici Hrvatskoj, kakve su razlike u percepciji kvalitete života osoba starije životne dobi u kontinentalnoj Hrvatskoj od kvalitete života osoba starije životne dobi u obalnoj Hrvatskoj iz perspektive sociokulturnih čimbenika, te kakve su razlike u percepciji kvalitete iz perspektive sociokulturnih čimbenika u odnosu na sociodemografske karakteristike osoba starije životne dobi u Republici Hrvatskoj.

Glavni cilj istraživanja je istražiti utjecaj sociokulturnih čimbenika na kvalitetu života osoba starije životne dobi u Republici Hrvatskoj. Ciljevi teorijskog dijela dajemo sažeti pregled dosadašnjih istraživanja vezanih uz sociokulturne dimenzije koje utječu na kvalitetu života osoba starije životne dobi, te želimo oblikovati teoretski konstrukt utjecaja sociokulturnih čimbenika na kvalitetu života osoba starije životne dobi u Republici Hrvatskoj. Kroz empirijske ciljeve metodom anketiranja želimo prikupiti podatke istraživanja, obraditi ih, analizirati i prezentirati, te Ispitati utjecaj sociokulturnih čimbenika prema Hofstedu na kvalitetu života osoba starije životne dobi u Republici Hrvatskoj. Nadalje želimo Ispitati razlike u kvaliteti života osoba starije životne dobi u kontinentalnoj Hrvatskoj od kvalitete života osoba starije životne dobi u obalnoj Hrvatskoj iz perspektive sociokulturnih čimbenika, ispitati razlike u percepciji kvalitete života iz perspektive sociokulturnih čimbenika u odnosu na sociodemografske karakteristike osoba starije životne dobi u Republici Hrvatskoj (npr. spol, stupanj obrazovanja, bračno stanje, zdravlje).

Postavljene su sljedeće hipoteze:

H1.: Postoji veza između **čimbenika** društvene nejednakosti i kvalitete **života** starijih ljudi u Hrvatskoj.

H1.2: Postoji veza između **čimbenika** individualizma i kvalitete **života** starijih ljudi u Hrvatskoj.

H1.3: Postoji veza između **čimbenika** muškosti i kvalitete **života** starijih ljudi u Hrvatskoj.

H1.4: Postoji veza između **čimbenika** kontrole neizvjesnost i kvalitete **života** starijih ljudi u Hrvatskoj.

H2: Kvaliteta **života** starijih građana u kontinentalnoj Hrvatskoj ne razlikuje se od kvalitete **života** starijih građana u obalnoj Hrvatskoj.

H3: Kvaliteta **života** starijih građana u Republici Hrvatskoj razlikuje se ovisno o spolu.

Metode: U istraživanju je primijenjena kvantitativna istraživačka paradigma. Za postizanje teoretskih ciljeva disertacije korištene su opće znanstvene metode koje ponajprije obuhvaćaju metodu deskripcije, metodu kompilacije, metodu komparacije i metodu analize. Teorijski ciljevi ispunjeni su pregledom novije znanstvene literature. Pretraživanjem novije znanstvene literature dobili smo uvid u postojeća istraživanja iz područja sociokulturnih **čimbenika** i kvalitete **života**. Dosadašnji pregled literature pokazuje da i dalje postoji neistraženi segment povezanosti između sociokulturnih **čimbenika** i kvalitete **života** te stoga valja isti istražiti u Republici Hrvatskoj. Drugi set empirijskih ciljeva ostvaren je pomoću statističkih metoda.

U svrhu ovog istraživanja primijenjeni su kao mjerni instrumenti: WHOQOL – BREF upitnik za mjerenje kvalitete **života**. WHOQOL–BREF predstavlja upitnik Svjetske zdravstvene organizacije kojim se u originalu sastoji od 100 čestica (WHOQOL–100) i kojim se ispituju 6 domena kvalitete **života**. Domene uključuju tjelesno i psihičko zdravlje, nezavisnost, socijalne odnose, okolinu, religiozna ili osobna vjerovanja. Hofstedeov upitnik kulture uključuje kulturne dimenzije i glavne karakteristike društvena nejednakost (distanca moći), odnos pojedinca i grupe, odnos muškarca i **žene**, izbjegavanje nesigurnosti, te životno usmjerenje.

Rezultati: U dobivenim rezultatima napravljena je korelacijska analiza između određenih domena. Značajne povezanosti stavljene su kao prediktorske varijable u multivarijatnom regresijskom modelu predikcije odgovarajuće razine kvalitete **života**. Analizom dobivenih rezultata potvrđena je Hipoteza 1: Postoji veza između **čimbenika** društvene nejednakosti i kvalitete **života** starijih ljudi u Hrvatskoj. Postoji veza između **čimbenika** društvene nejednakosti i kvalitete **života** starijih ljudi u Hrvatskoj. Ispitanici koji percipiraju više društvenu nejednakost postižu više rezultate na okolišnoj i socijalnoj domeni.

Postoji značajna pozitivna korelacija između tjelesne domene kvalitete **života** te domene percepcija individualizma i postoji pozitivna korelacija između okolišne domene kvalitete **života** te domene percepcija individualizma **čime** je potvrđena Hipoteza 1.2: Postoji veza između **čimbenika** individualizma i kvalitete **života** starijih ljudi u Hrvatskoj.

Postoji značajna pozitivna korelacija tjelesne domene kvalitete **života** te domene percepcija muškosti. Postoji značajna pozitivna korelacija psihološke domene kvalitete **života** te domene percepcija muškosti **čime** je potvrđena i Hipoteza 1.3: Postoji veza između **čimbenika** muškosti i kvalitete **života** starijih ljudi u Hrvatskoj.

Postoji značajna pozitivna korelacija tjelesne domene kvalitete **života** te domene kontrole neizvjesnosti. Postoji značajna pozitivna korelacija socijalne domene kvalitete **života** te domene kontrole neizvjesnosti. Ovime je potvrđena i Hipoteza 1.4: Postoji veza između **čimbenika** kontrole neizvjesnost i kvalitete **života** starijih ljudi u Hrvatskoj.

Na temelju analize podataka utvrđeno je da kvaliteta **života** starijih građana u kontinentalnoj Hrvatskoj

ne razlikuje se od kvalitete **života** starijih građana u obalnoj Hrvatskoj **čime** je potvrđena Hipoteza 2: Kvaliteta **života** starijih građana u kontinentalnoj Hrvatskoj ne razlikuje se od kvalitete **života** starijih građana u obalnoj Hrvatskoj.

Također ne postoje značajne razlike u pojedinim domenama kvalitete **života** obzirom na spol te obiteljski status, te ne postoje značajne razlike u pojedinim domenama kvalitete **života** obzirom na spol te obiteljski status **čime** je Hipoteza 3: Kvaliteta **života** starijih građana u Republici Hrvatskoj razlikuje se ovisno o spolu odbačena.

Zaključak: Dobiveni rezultati u ovom istraživanju prikazali su sociokulturne sastavnice u **životu** starijih osoba i njihov utjecaj na kvalitetu njihova **života**. Kvaliteta **života** starijih osoba i sociokulturnih sastavnica koje ju sačinjavaju procjenjuje se kroz različite komponente i subjektivno je definirana kroz individualnu percepciju i odnos prema objektivnim i subjektivnim **čimbenicima**. Sve veći udio starijih osoba u društvu predstavlja ekonomski i socijalni izazov za upravljanje zdravstvenim i socijalnim sustavom na lokalnoj i nacionalnoj razini. Ljudi percepciju društvene nejednakosti najviše razlike doživljavaju u psihološkoj i okolinskoj domeni kvalitete **života**. Prema vlastitom mišljenju društvena i politička tranzicija od 90-ih godina prošlog stoljeća do danas stvo-

rila je velike društvene razlike, gubitak povjerenja u državne institucije što je vidljivo u lokalnoj sredini, a svakako ostavlja traga na negativnu percepciju društva u cjelini, te generira nezadovoljstvo pojedinca. Iako postoji veza između individualizma i svih četiri domena kvalitete života, najveće razlike odnose se na socijalnu i psihološku domenu. Iako u provedenim dosadašnjim istraživanjima u kojima vidimo da je najveća razina individualizma najveća u gradovima Dubrovnik i Rijeka, a najmanja u Zagrebu i regiji Istre ne vidimo razloge razlika jer navedeni gradovi i regije pripadaju najrazvijenijim dijelovima Hrvatske. Smatramo da djelovati kao pojedinac ili kao dio jedne grupe ovisi o subkulturnim pravilima koja prevladavaju u nekoj zajednici i da su podložna promjenama ovisno o trenutnoj situaciji. Na tu temu potrebno je raditi daljnja istraživanja. Provedeno istraživanje daje uvid u sociokulturne sastavnice koje sačinjavaju subjektivnu percepciju zadovoljstva životom i kvalitete života u cjelini i primjenjivo je u budućim istraživanjima na navedenu temu u Republici Hrvatskoj. Socijalna gerontologija je mlada znanstvena disciplina i istraživanja u području socijalne gerontologije nalaze svoju primjenu u modernom društvu implementacijom rezultata istraživanja u socijalno i političko okruženje kroz inovativne modele u skrbi za starije osobe. Za rješavanje problema potrebna je izgradnja socijalnih mreža i socijalne podrške, razumijevanje promjena u obiteljskoj strukturi, prepoznavanje zdravstvenih čimbenika fizičkog, mentalnog i duhovnog zdravlja pojedinca, te utjecaja socioekonomskih faktora. U Hrvatskoj nije do sada provedeno dovoljno istraživanja koja bi omogućila kvalitetne regionalne usporedbe. Iz tog razloga preporučamo da se ovoj problematici na nacionalnoj razini posveti veća pozornost, da se provode longitudinalna istraživanja koja bi tijekom vremena identificirala promjene i omogućila istraživanja i rezultate na kontinuiranoj osnovi. Istraživanje sociokulturnih sastavnica koje utječu na kvalitetu života omogućit će kreiranje javnih politika, te će se na temelju dobivenih rezultata i implementacijom novih znanja, povećati povjerenje u državne institucije i podići subjektivna percepcija kvalitete života starijih osoba u Republici Hrvatskoj.

LITERATURA

1. Sanderson W, Scherbov S. New Approaches to the Conceptualization and Measurement of Age and Aging. *Journal of Aging and Health*. 2016;28(7):1159-1177.
2. Štifanić M. Društveni aspekti starenja i obolijevanja. *Diacovensia*. 2018;26 (3), 505-527. Preuzeto s: <https://doi.org/10.31823/d.26.3.8>
3. Nejašmić I, Toskić A. Starenje stanovništva u Hrvatskoj – sadašnje stanje i perspektive. *Hrvatski geografski glasnik*. 2013;75. (1.), 89-110. <https://doi.org/10.21861/HGG.2013.75.01.05>
4. Bara M, Podgorelec S. Društvene teorije umirovljenja i produktivnog starenja. *Etnološka tribina*. 2015;45 (38), 58-71. <https://doi.org/10.15378/1848-9540.2015.38.02>
5. Vuletić G, Stapić M. Kvaliteta života i doživljaj usamljenosti kod osoba starije životne dobi. *Klinička psihologija*. 2013;6 (1-2), 45-61. Preuzeto s <https://hrcak.srce.hr/167454>
6. Martinis T. Percepcija kvalitete života u funkciji dobi. 2005. Preuzeto s: <http://darhiv.ffzg.unizg.hr/id/eprint/337/1/TinaMartinis.pdf>
7. Brumnić V, Sukić L L, Jelica S. Utjecaj dobi na kvalitetu života gerijatrijske populacije // Zbornik prispevkov Celostna obravnava pacijenta. Novo mesto: Univerza v Novem mestu. 2018; 76-82.
8. Pjevač N, Benjak T, Pjevač N. Povezanost tjelesne aktivnosti i kvalitete života starijih osoba. *Journal of Applied Health Sciences = Časopis za primijenjene zdravstvene znanosti*. 2019;5 (2), 163-169. Preuzeto s: <https://doi.org/10.24141/1/5/2/2>
9. Tucak Junaković I, Nekić M. Percepcija uspješnog starenja u starijih osoba. *Acta Iadertina*. 2016; 13 (2), 0-0. Preuzeto s: <https://hrcak.srce.hr/190147>
10. Ambrosi-Randić N, Plavšić M, Strenja E. Uspješno starenje. Pula: Društvo psihologa Istre etc..2008.
11. Phelan AE, Anderson LA, LaCroix AZ, Larson EB. Older adults' views of „successful aging“ – how do they compare with researchers' definitions? *Journal of the American Geriatric Society*, 2004;52 (2): 211–216. Preuzeto s: <https://doi.org/10.1111/j.1532-5415.2004.52056.x>

Comparison of quality of life indicators of the elderly in Croatian urban and rural areas

Usporedba indikatora kvalitete života između starijih osoba u hrvatskim urbanim i ruralnim sredinama

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Introduction and objective: Population aging poses great challenges for the health and social systems of countries where the increase of the elderly population is recorded. Such demographic trends also occur in the Republic of Croatia. Social responsibility represents achieving optimal living conditions and ensuring the quality of life for the elderly. There appears to be consensus among researchers that improvement in quality of life measurement with the aim of linking various factors affecting the quality of the older population is needed. Quality of life is a multidimensional concept influenced by various subjective and objective factors. Surroundings largely affect the quality of life of the elderly, and therefore implies the importance of researching the impacts of the features of various resources in the local area on the quality of life of the elderly.

Objective: The aim of the research is to establish the quality of life of the elderly Croatian population and to investigate whether there are differences in quality of life indicators depending on whether people live in rural or urban areas.

Methods: The research tools used in the research include structured standardized personal data questionnaire and standardized measurement instruments including the World Health Organization (WHOQOL-BREF) questionnaire, the Barthell index of daily life activities, and the scale of temporal satisfaction with life. The study sample consisted of subjects of both sexes, 65 and over years of age, in the urban and rural areas of the Republic of Croatia.

Results: The results of the research have shown that there are statistically significant differences in the domains of quality of life and certain sociodemographic and socioeconomic indicators depending on whether the elderly live in urban or rural parts of Croatia.

Conclusion: Due to the differences that have emerged in the research, the responsibility of the Croatian institutions at national and local level would be to ensure that elderly, regardless of environment and personal socioeconomic status, should live in an environment that facilitates social functioning and reduces differences in the provision of health and social services needed in this age group.

Keywords: quality of life, elderly, urban environment, rural environment

Health Tourism in Croatia: Tradition, Competitiveness, Sustainability and Effects of New Investments

Zdravstveni turizam u Hrvatskoj: tradicija, konkurentnost, održivost i učinci novih investicija

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Introduction and aim: Health tourism in the Republic of Croatia has preserved a long-standing tradition in the international environment since ancient times. With the achievement of a high level of quality and variety of service provision in all forms of health tourism from spa, medical, wellness, sports and recreational tourism, and through natural geological prerequisites, wealth of water, excellent traffic location, climatic benefits and long-standing tradition, the service began to be finally realized through specialization potential for stronger development of this segment of tourism in Croatia. By analyzing the advantages and disadvantages of health tourism, and through examples of good practice, it is shown that encouraging investments in the accelerated development of health tourism services affects the achievement of competitiveness at the regional and international level and the possibility of developing and investing in health tourism, as a leader of sustainable health tourism in the international environment.

Methodology: Based on the analyzes of the state of health tourism and investments and new investments in health tourism, a projection of estimates of investments in health tourism and the effects of investments on the Republic of Croatia and the EU member states was made, and through the conducted research by online survey of providers of health-tourism services on the domestic market and providers of the same service in EU member countries.

Results: By evaluating the effects of new investments in health tourism in Croatia and through the perception of bidders in assessing the assumptions for additional new investments and expanding the range of services in health tourism, with a different approach to health tourism from the perspective of bidders and the impact of new investments, it will be determined to what extent the determinants of sustainable tourism development are successfully implemented in practical application in the development of health tourism.

Conclusion: The specificity of health tourism in Croatia, along with additional investments and long-standing tradition, has great potential for the realization of a year-round tourist offer based on long-term environmental preservation and achieving self-sustainability.

Keywords: Health tourism; Competitiveness; Investments; Tourist offer; Quality; Sustainable development; Republic of Croatia; EU

LITERATURE

1. *Ivandić N, Kunst I, Telisman-Kosuta N.* Assumptions of the sustainability of health tourism in the Republic of Croatia - principles of development and key success factors. *Proceedings of the Institute for Scientific Work Varazdin*, 2016;27:25-46.
2. *Persić M, Zivadinov IP, Vlasic D.* Health tourism development research framework at the destination level. In *Tourism & Hospitality Industry 2018, Congress Proceedings 2018*, str. 320-345.
3. *Telisman Kosuta N, Marusic Z.* Perception of Croatia as a health tourism destination in the intermediary market - qualitative research: final report, 2018.

The Mobile Gerontological Dental Team - an example of best practice

Pokretni gerontostomatološki tim - primjer dobre prakse

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Increase in the share of the elderly population within the general population requires an adaptation of dental care and poses a challenge to existing methods of oral health care. (1)

As early as 2006, the Dental Polyclinic Zagreb recognized the need for analyzing the oral health status of the elderly population in the city of Zagreb through a voluntary project called “Oral Health in the Third Age”. Since then, the Polyclinic started conducting preventive examinations in the nursing homes for the elderly and disabled. The examination results of 1,836 patients, residents of the nursing homes, clearly demonstrated the urgent need for comprehensive dental treatment.

In 2018, the city of Zagreb acknowledged the problem and became involved in co-financing the project, giving rise to the “Mobile Gerontological Dental Team.” The preparatory phase lasted for the first eight months of 2018 and involved the procurement of equipment and material-technical resources for effective dental treatment in nursing homes for the elderly and disabled.

The Mobile Gerontological Dental Specialist Team is capable of providing quality dental services after dental examinations of the residents in nursing homes for the elderly and disabled. The project was initially conceived for the treatment of immobile residents but later expanded to a mobile team that addresses the needs of all nursing home residents. From the project’s inception, there has been a great demand for prosthetic treatment. Since 2021, a specialist in dental prosthetics has been part of the team.

The treatment of nursing home residents takes place by appointment in case of emergencies and regularly, according to prior arrangements with the head nurses of individual nursing homes.

Despite the pandemic years, the project shows growth and justifies all the conclusions drawn from the “Oral Health in the Third Age” project.

Through this project, we have truly made a significant leap forward in caring for the oral health of the elderly population in the city of Zagreb, greatly improving their phonation, mastication, social interaction, and overall quality of life in nursing homes for the elderly and disabled. The idea is for this project to become the basis for expanding the concept on a national level in the coming years.

LITERATURE

1. Chung J. Delivering Mobile Dentistry to the Geriatric Population—The Future of Dentistry. *Dent J (Basel)*. 2019;7(2):62.

Team of mobile specialists of geronto-stomatologist

Mobilni timovi specijalista gerontostomatologa

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More than 10 years ago, the employees of the dental polyclinic started implementing the project by going to homes for the elderly and infirm. The reason for starting the project was the great demand for treatment, diagnosis and therapy in the oral cavity in the elderly population who were immobile or less mobile. The name of such a project was “oral health of the third age”. After a certain time, the very goal of establishing a mobile dental team was realized. In April 2018, co-financing of the project was signed by the City of Zagreb, the name of which is “Mobile specialist geronto-dental team”. The mobile geronto-dental team consists of a doctor of dental medicine-specialist, a nurse and a driver. The team of doctors of dental medicine-specialists includes an oral surgeon, a prosthetist and an oral medic. We also add a vehicle to the dental team, in which there is complete dental equipment for providing dental services. The planning of visits to homes for the elderly and the infirm is done by a coordinator who communicates directly with the head nurses of the homes and arranges the arrival of a mobile geronto-dental team.

The purpose of the mobile geronto-dental team is to help and facilitate the elderly population who are unable to visit a dentist in the complete rehabilitation of the oral cavity.

The method of work begins with a visit to a nursing home, where anamnesis and oral examinations of an elderly person are performed and their oral status is determined. After the examination of an elderly person, oral or written instructions on oral hygiene of the oral cavity and/or instructions on the hygiene of dental prostheses are given. For nursing home users with severe psychophysical conditions (dementia, Alzheimer’s, Parkinson’s), oral hygiene instructions are given in written form to the staff of the nursing home or to the family of the nursing home user. After oral examinations, a schedule of rehabilitation of the oral cavity of nursing home users is carried out according to a specialist mobile dental team. The average number of teeth in elderly people is 15%, while toothless people have 41.6%. The percentage of users who need prosthetic rehabilitation is 49.9%. In the oral cavity, we have a large percentage of oral diseases in nursing home users.

The role of the mobile geronto-dental team is to regularly check the oral health of nursing home users due to the specificity of the general health status of the elderly population.

Improving safe transfer techniques for caregivers in today's ageing society

Unapređivanje tehnika sigurnog transfera za pružatelje skrbi u starećem društvu

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According to Eurostat data, in 2022, 21.1% of the EU-28 population was older than 65 years. The population of the EU-28 will continue to age. As the population structure changes, European countries will face two challenges: rising costs of care for the elderly and a shortage of health workers to provide care to all those who need help. This scenario highlights the need for solutions that can reduce costs, reduce the burden on healthcare and social care workers (both professional civil servants and private care providers), and offer effective assistance to those in need. The significance of the education and application of safe transfer techniques stems from the fact that people with impaired physical function need help during activities of daily life, such as performing transfers from bed to chair, etc. Therefore, the goals of education in safe transfer techniques are multiple: to expand and develop the competencies of educators involved in teaching healthcare workers, increasing applicability and transferability from training/classroom to everyday work, focusing on safety and rehabilitation approach for the patient in a transfer situation, implementation of assisted living technologies to reduce injuries at work. The application of safe transfers can have a long-term effect on patient safety, reducing the outflow of people involved in the care of people with mobility difficulties, reducing injuries at work, and improving education and the working environment in the health and social care sectors. At the same time, with the growing number of the population requiring help in care, there are also difficulties in hiring health workers. Health workers who are involved in providing care during their work are exposed to physical effort, as a result of such physically demanding activities, many health workers suffer from back pain, exhaustion, or even injuries at work. Improving the education of healthcare workers and people involved in care in safe transfer techniques aims to make their working environment safer for users as well as for caregivers. The aim of this work is to present the international's project's outcomes in safe transfer techniques. Eurostat, Population structure and ageing. (pristupljeno 28.5.2023) https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing Safe Transfer Techniques. (pristupljeno 15.4.2023) <https://velfaerdsteknologi.aarhus.dk/vores-opgaver/internationale-projekter/safe-transfer-techniq>

Active leisure time in relation to the quality of ageing

Aktivno slobodno vrijeme u odnosu na kvalitetu starenja

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Introduction and objective: Retirement is a sort of milestone in life. The loss of a professional role leads to a change in motivation for most activities and has both positive and negative effects. The free time that comes in the post-retirement period is experienced individually by each person. Pre-retirement habits and lifestyle, as well as the type of retirement, have a major impact on the perception of free time.

Encouraging elderly people to actively use their leisure time after retirement in the form of physical or mental activities is of great importance for active and quality ageing.

Objective: To investigate the frequency with which pensioners in the island and rural mainland areas of Dubrovnik-Neretva County spend their leisure time in certain ways, and the importance of the way they spend their leisure time for specific areas of life.

Methods: The study was conducted on a sample of elderly people of both sexes in rural areas on the mainland and on the islands, divided into two groups, using questionnaires prepared for research purposes. The data is presented through absolute numbers, percentages and measures of central tendency and graphically through charts. SPSS version 26.0 software was used for the analysis.

Results: The results of the survey show that there is a statistically significant difference between older people from the island area and the rural mainland area for all categories (frequency of spending leisure time in specific ways) except for: “time with family and friends, card and board games, computer and computer games, religious commitments”, as well as a statistically significant difference in the observed indicators related to the gender of the respondents. Respondents’ answers to the questions on the importance of leisure activities by category show that there is a statistically significant difference for most of the observed indicators, except for the categories: “Strengthening family relationships” and “Living a spiritual life”, which is also consistent with the results on the frequency of engaging in certain types of leisure activities.

Conclusion: Active leisure time after retirement and active involvement in the community have a positive effect on all aspects of quality of life. It leads to the expansion of the social network and the prevention of social exclusion of elderly people, the maintenance of physical activity as well as mental and spiritual components, which is of great importance for the quality of ageing.

Educational program for adults as support in health and social care for the elderly

Program edukacije odraslih kao podrška u brizi za zdravlje i socijalnu skrb starijih osoba

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Introduction and objective: Human lifespan has been extended which necessitates social and health system to create policies that ensure implementation of often long-term care. Long lasting care requires large allocations from public finances, whether for the purposes of formal care in institutions such as homes for the elderly and infirm or extra-institutional care in form of social assistance and home health care. There is also an informal care, usually family and unpaid. Regardless of the source, the primary task of the healthcare system is to provide help when the functional ability of the elder is impaired. As the share of the elderly population increases, so does the need to ensure enough people are participating in the care of the said population.

Objective: It is well known that all over the world most elderly people are taken care of by their family members, although the extent varies depending upon the situations. Taking care of elderly family members has many facets, happiness to burden. Care needs for the older adults are increasing not only in the families but also in the communities. There are many reasons for this. Old age population is increasing along with life expectancy.

The aim of this paper is to present a program that aims to increase the number of qualified personnel who will the help other professionals provide quality care at homes of the elderly or in homes for the elderly and infirm. One such program was developed in collaboration between University of Applied Health Studies and Teaching Institute for Public Health Dr. Andrija Štampar from Zagreb. The caregiver of an elderly person training program lasts 650 hours, of which the planned practical part of the program is 380 hours. The practical program would be conducted in health or social institution with which the Health Polytechnic has concluded a business contract cooperation.

Keywords: elderly, long-term care, adult education

Forms of safe application of therapy for elderly people in home care

Načini sigurne primjene terapije za starije ljude na kućnoj njezi

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Introduction and objective: Patient safety is one of the most important public health issues of any healthcare system. Trends in healthcare systems show a high reliance in patient care on the use of new technologies, communication tools and personalized patient care to emphasize prevention of adverse patient impact. If we take into consideration the growing indicators of the continuous growth of the elderly people in countries, and on the other hand the high costs of health care, health professionals reach for the use of telemedicine and the encouragement and empowerment of the patient and the patient's family in order to achieve the goals of preserving the health of patients in elderly age. Quality health care places special emphasis on the safe storage, preparation, administration and records of medicines. Therefore, the provision of remote health services, from drug prescription to medical advice, can be completed with the safe use of prescribed therapy through the use of devices which control and warn about the correct dosage of the drug in the comfort of the patient's home. Elderly people typically take multiple medications for their chronic conditions. The challenges of using complex therapies in the elderly age can be different, and inappropriate use of the drug can lead to side effects and unwanted conditions.

The use of high-tech devices that dispense drugs from the package according to prescribed therapies. By using such advanced devices, with alarms and light signals to instruct the elderly on the correct application of the correct dose, errors in the administration of medicine are reduced and patient safety is increased. In order not to miss a dose, devices for automated dosing and administration of medicine can send a reminder and notify the family or caregiver in a timely manner if an elderly person misses a dose or takes it after the due date.

The investigation of the various advantages of using such devices in the application of therapy in the elderly age is the focus of this paper.

Methods: In this paper, we provide an overview of the various challenges in the safety of drug administration for the elderly. Then an overview of telehealth applications in the care and rehabilitation of geriatric patients. Special emphasis is given to the analysis and application of various devices that assist in the administration of various medications in the home of the elderly in order to ensure the reduction of treatment errors, and thereby indirectly increase the quality of health care.

Results: The application of new communication technologies, the provision of remote health services and devices for accurate drug dosing enable fast, high-quality and accurate application of the prescribed drug therapy. In this way, a higher level of quality of health care is achieved for the elderly, who can take better care of themselves. Also, it enables caregivers, guardians and family to monitor the patient's treatment and in many cases they can react in time during the treatment if the patient did not take the right medicine on time and in the correct dose.

Conclusion: Digitization in healthcare systems enables the use of more patient data and contributes to personalized care and better treatment outcomes. The safety of the patient, especially the elderly, is a challenge in healthcare institutions, but also when using prescribed drugs in home care. Modern methods of treatment and monitoring of drug use in the elderly include the use of devices that automatically dispense the exact dose of the drug at the exact time. In this way, treatment errors, unwanted hospitalizations and side effects are reduced. The use of devices that smartly warn the patient and the family of the elderly when applying therapy also has a positive effect on the quality of healthcare.

Keywords: elderly people, patient safety, telemonitoring, health and social care, automated medication dispense

LITERATURE

1. *Libby AM, Fish DN, Hosokawa PW, et al.* Patient-level medication regimen complexity across populations with chronic disease Clin Ther, 35 (2013), pp. 385-398
2. *Johnson A, Guirguis E, Grace Y.* Preventing medication errors in transitions of care: a patient case approach, J Am Pharm Assoc (2003), 55 (2015), pp. e264-e274, quiz e275–6
3. *Wolff JL, Roter DL, Barron J, et al.* A tool to strengthen the older patient-companion partnership in primary care: results from a pilot study J Am Geriatr Soc, 62 (2014), pp. 312-319, Epub 2014 Jan 13
4. *Jamerson BD, Fillenbaum GG, Sloane R, Morey MC.* A new method for identifying characteristics of needing help to take medicines in an older representative community-dwelling population: the Older Adults Medication Assist Scale J Am Geriatr Soc, 64 (2016), pp. 1195-1202

Removing architectural barriers in the Homes of elderly persons

Eliminiranje arhitektonskih barijera u Domu starijih osoba

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Introduction: For centuries, the elderly have encountered architectural barriers, which today are the cause of great polytraumatism. Prevention has failed in some areas (1), and even modern architects, creating furniture, contribute to the incidence of polytrauma in the homes of the elderly.

Aim: In the Home for Elderly Priests of St. Josip in Zagreb, together with the architects, we planned to reduce the barriers to a minimum, taking into account recreation and free time in the home environment.

Methods and results: We monitored and photographically documented the situation in the home. The bed was ergonomic, but we were not allowed to eliminate the carpet due to the opposition of the pensioners! In the shower cabin and toilet, we managed to eliminate all barriers, such as on the desk and chair, and implement adequate local lighting, as well as in the corridor and elevator. The environment within the garden of the home is also optimised ergonomically. In the wider area (exit to the street, sidewalks, curbs, entrance to the church), there is also ran into a series of barriers!

Conclusions: Architectural barriers are prevalent in modern cultures as a result of material savings in construction (stair height, railings, flooring), but also architectural whims (examples of chairs by Alvar Aalto, Le Corbusier, and others) (2). Most elderly homes still lack adequate lighting, and rapid transitions from light to dark and vice versa enhance the elderly's risk of falling. In terms of architectural obstacles, the local government's concern for the preservation and repair of public areas and lighting is insufficient. Because of the elderly's falls, the carpet will be a "silent killer" for many years to come.

REFERENCES

1. Krapac L. Uloga mjesne i lokalne samouprave u prevenciji invalidnosti. *Acta Medica Croatica* 2007;61(Suppl 1):53-56.
2. Krapac L. Stolac naš svagdašnji, Liječnici u trećoj dobi (treća knjiga) Hr.

Influence of nutrition on the oral health of elderly persons

Utjecaj prehrane na oralno zdravlje starijih osoba

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Introduction: Many studies have shown that proper consumption of food is important for the quality and health of teeth in addition to preventive measures. That is why nutrition counseling is important from the earliest to old age.

Goal: It is important to point out that dental health and proper nutrition are closely related. Nutrition has an important role in overall health, including oral health.

Methods: Education and examinations of the oral cavity and providing information about nutrition are essential for the general health of the elderly. Oral health is important for chewing, digestion, speaking, appearance and psychological state of the individual. It is a prerequisite for good chewing function, which has an impact on the choice of food and its nutritional composition. Lack of teeth affects the digestive capacity and nutritional status of the individual. Chewing also helps in the utilization of all other types of food, since the digestive enzymes only work on the surface of the food particles. The activity of the oral cavity stimulates the flow of saliva. Microorganisms are mechanically removed by chewing. Nutrition is very important for elderly people (over 65). The quality of nutrition depends on the socioeconomic status and culture of the person (eating habits). Many studies have indicated the association of health status = dental status with the intake and selection of nutrients. Proper nutrition for maintaining healthy teeth is based on minerals (calcium, phosphorus, iron, magnesium, fluoride - 85% in bones and teeth), vitamins (A, B, C, D), and proteins of animal and plant origin. Calcium is an important part of everyone's diet, and it is especially important in old age to prevent bone loss or osteoporosis. Osteoporosis can occur in the jawbone and if it does, it can lead to tooth loss.

Conclusion: A poor diet can cause difficulties for the immune system to fight infection, especially if the diet lacks important nutrients. Also, medications can affect the taste of food, food preferences and appetite. Insufficient nutrition in the oral cavity is mostly manifested by changes in the periodontium and oral mucosa. Preventive measures and food consumption rules have a significant role in controlling the quality and health of teeth. That is why it is important to promote and advise on the importance of nutrition for oral health from the youngest to the elderly.

Suicides of people over 60 years old in Primorsko-goranska County in the period from 2012 to 2021

Samoubojstva osoba starijih od 60 godina u Primorsko-goranskoj županiji u razdoblju od 2012. do 2021. godine

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Introduction and aim: Suicides of the elderly are a neglected cause of death and are rarely researched. The aim of this paper is to present data on suicides of people over 60 years of age in Primorsko-goranska County, in a ten-year period (2012-2021); the number of suicides by gender, the methods of committing suicide and the gravity of the persons. The purpose of the work is to point out the specific public health problems of people over 60 years old in order to improve the quality of life of this population.

Methods: The data of the mortality statistics were used, which includes all deceased persons who had a place of residence in Primorsko-goranska County. We divided the people who committed suicide according to gravity into four subregions: the City of Rijeka, the islands, Gorski kotar and the coast.

Results: In the observed period, 188 people over the age of 60 committed suicide, of which 139 (74%) were men and 49 (26%) were women. According to gravity, the number of suicides by subregion is as follows: 73 (38.8%) are from the City of Rijeka, 67 (35.6%) from the coast, 26 (13.8%) from the island, 22 (11.7%) from Gorski kotar. The three leading methods of committing suicide in the observed period among men were: hanging (a total of 86 or 62% of the total suicides), jumping from a height (13 or 9.3%) and a shot from a pistol (9 or 22.3%). The three leading ways of committing suicide among women in the observed period were: hanging (a total of 18 or 36.7% of the total suicides), poisoning with sedatives (8 or 16.3%) and in third place with the same share, drowning and jumping from a height (6 or 12.2%).

Conclusion: The share of people over 60 who committed suicide, in relation to the total number of suicides in the Primorsko-goranska County, is significant, so it is necessary to conduct more detailed research which would improve gerontological health care. The distribution by gender is significantly in favor of men (74:26%), so we can conclude that men are at greater risk. The most common method of committing suicide is hanging in both sexes. Unlike men, women hardly use firearms, while women use sedative poisoning much more often than men, from which we can conclude that the availability of a means of committing suicide plays a role in its implementation. The causes of high suicide rates among the elderly require more detailed sociological research, the conclusions of which would represent a platform for proposing and implementing preventive measures.

Prevenција i zbrinjavanje dekubitusa kod starijih osoba

Prevention and treatment of decubitus in the elderly

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SUMMARY. Pressure ulcer is a significant gerontological public health problem. The occurrence of pressure ulcers is closely related to increased morbidity and mortality. Until recently, its appearance meant “the beginning of the end of life”. Malnutrition shows a high degree of risk and causes an increase in wound healing time. High incidence rates of decubitus in geriatric patients in 2010, in the Home for the Elderly and Infirm, Split, Vukovarska facility, required a priority solution, application of the algorithm of prevention, monitoring and treatment decubitus, and the implementation of 24-hour geriatric health care process standards, which includes the study, planning, monitoring and evaluation of procedures. As a data source for assessing the need to reduce the incidence of decubitus in geriatric patients, the Home User Protocol and Nursing Documentation of Geriatric Health Care were used. In addition to standard methods of prevention and treatment with the correct application of modern dressings, as supportive therapy there were also used specific supplements for faster wound healing, as well as treatment of the wound environment, and the earliest possible mobilization of the geriatric patient. In the observed period from 2010. until 2022. the incidence of decubitus ranged from the above in sequence; in 2010. decubitus was recorded in 19.8% of geriatric patients, in 2015. in 6.8% patients, and in 2022. in 3.4% of patients.

Interdisciplinary gerontological approach with clearly defined norms and algorithms of procedures in prevention, monitoring and treatment of decubitus, evaluation of treatment outcomes and geriatric procedures health care, continuous gerontological education of specialists of different profiles who care for the elderly led to a decrease in the incidence of pressure ulcers, and improvement of the quality of life of the geriatric patient. With a personalized approach to the geriatric patient, continuous monitoring and measurement of the quality of health care, quality improvement in the organization of health care, satisfaction of the patient and his family members can be achieved.

Keywords: prevention and treatment of decubitus, elderly, malnutrition, nursing documentation geriatric health care, continuing education

Uvod

Dekubitus ili tlačni vrijed je značajan gerontološko javnozdravstveni problem. Pojava dekubitusa je usko povezana s povećanim morbiditetom i mortalitetom. Malnutricija pokazuje visok stupanj rizika te uzrokuje produženje vremena cijeljenja rane, smanjenje masnog tkiva i redukciju kožne rezistencije, fizičku slabost, smanjen mobilitet i pojavu edema. Pritisak već od 35 mm Hg u trajanju od 1 sata, kritičan za nastanak dekubitusa, što je praktičan savjet da starije osobe ne leže /sjede u istom položaju. Njegova je pojava donedavna značila „početak kraja života“.

Osvrt /problem: Na zatečeno stanje broja gerijatrijskih bolesnika s dekubitusom 2010. godine, u Domu za starije i nemoćne osobe Split, dislocirani objekt Vukovarska. **Problem:** prioritet za rješavanje visoke stope incidencije dekubitusa kod gerijatrijskih bolesnika, što se predstavljalo protokolom standard procesa gerijatrijske zdravstvene njege, te usporedba s brojem dekubitusa 2015. g. i 2022. god.

Cilj

Smanjiti incidenciju dekubitusa primjenjujući algoritme prevencije i liječenja, te standarde procesa gerijatrijske zdravstvene njege tijekom 24 sata.

Ispitanici: gerijatrijski bolesnici Doma, obilježja u odnosu na funkcionalnu sposobnost fizičke pokretljivosti na dan 31.12.2022.;

- ograničeno pokretan 59
- trajno ograničeno pokretan 47
- trajno nepokretan 148

Sveukupan broj korisnika stacionara doma 254 (202 žene i 52 muškarca).

Dob korisnika; mlađi od 64 g. 23 korisnika, ranijoj (65 – 74. g.) 21 korisnik, srednjoj (75 – 84. g.) 82 korisnika i dubokoj starosti (85. i više g.) 128 korisnika. Prosječna dob korisnika je bila 84 godine, najmlađi korisnik imao je 44 godine, dok najstariji bio je u dobi od 100 godina. Prosječna dužina boravka u stacionaru doma iznosi cca 4 godine i tri mjeseca. Najkraći boravak korisnika u domu iznosio je jedan dan, dok najduži boravak iznosio je 40 godina.

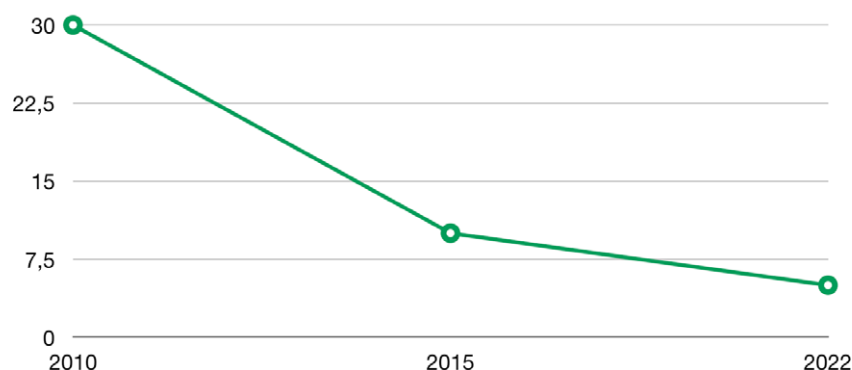
Metode

Izvor podataka za procjenu potreba smanjenja incidencije decubitusa kod gerijatrijskih bolesnika u razdoblju od 2010. g. do 2022. g. je Protokol korisnika Doma i Sestrinska dokumentacija gerijatrijske zdravstvene njege iz koje su praćeni čimbenici rizika nastanka decubitusa i primijenjene smjernice liječenja;

- sestrinska dokumentacija gerijatrijske zdravstvene njege, kojom se planiraju, utvrđuju, prate, proučavaju i evaluiraju zdravstvene potrebe i funkcionalna sposobnost gerijatrijskog bolesnika
- procjena nutritivnog statusa bolesnika 2 x godišnje, p.p. i češće, npr. gubitak apetita više od tri dana
- primjena kliničke enteralne prehrane p.p.
- pravilna prehrana, starijim osobama preporučuje se: dnevni unos visokovrijednih proteina 1,2 – 1.5 g/kg tjelesne mase dnevno, primjena specifičnih suplemenata poput arginina i glutamina, HMB i leucina, unos vitamina A, C, D (800 i.j. dnevno), E, K, kalcij, bakar, željezo, selen i cink, hidratacija 30 – 35 ml/kg.t.t.
- redovito održavanje higijene kože, spriječiti suhoću kože (korištenjem hidratantnih krema, masti, losiona)
- pregled kože 2 x dnevno, posebnu pozornost obratiti na koštane prominencije
- promjena položaja tijela svaka 2 sata, tijekom noći svaka 4 sata
- korištenjem antidekubitalnih pomagala za odterećenje pritiska (ramena, laktovi, sacrum, pete)
- osigurati vlažno cijeljenje rane ispravnom primjenom modernih obloga
- sprječavati napredovanje rane
- zaštititi ranu od infekcije
- kontrolirati eksudat rane (zaštititi okolinu rane barrier kremom)
- zaštititi ranu od kontakta s urinom ili fecesom (kod bolesnika s inkontinencijom urina razmotriti plasiranje urinarnog katetera)
- osigurati atraumatsko liječenje rane
- osigurati debridman rane
- terapija boli, jedna nezaobilazna karika u sveobuhvatnom liječenju dekubitalnog ulkusa
- fizikalna terapija, kao potporna terapija, te što ranija mobilizacija bolesnika

Rezultati

U promatranom razdoblju incidencija decubitusa kretala se navedenim slijedom; u 2010. g. decubitus je zabilježen kod 19,8% gerijatrijskih bolesnika, u 2015. g. kod 6,8% bolesnika, u 2022. g. kod 3,4% bolesnika.



Zaključak

Interdisciplinarni gerontološki pristup s jasno definiranim normama i algoritmima postupaka u prevenciji, praćenju i liječenju decubitusa, evaluacija ishoda liječenja i postupaka gerijatrijske zdravstvene njege, kontinuirana gerontološka edukacija stručnjaka različitog profila koji skrbe za starije osobe doveli su do smanjenja incidencije decubitusa, te unapređenja kvalitete života gerijatrijskih bolesnika. Personaliziranim pristupom gerijatrijskom bolesniku, kontinuiranim praćenjem i mjerenjem kvalitete zdravstvene skrbi može se postići unapređenje kvalitete u organizaciji zdravstvene skrbi, zadovoljstvo bolesnika i članova njegove obitelji.



LITERATURA

1. *Hančević J i sur.* Prevencija, detekcija i liječenje dekubitusa. Zagreb: Naklada Slap, 2009. (priručnik).
2. *Tomek-Roksandić S, Lukić M, Deucht A, Županić M i sur.* Četiri stupnja gerijatrijske zdravstvene njege sa sestriškom dokumentacijom i postupnikom opće/obiteljske medicine u domu za starije osobe. Zagreb: Nastavni zavod za javno zdravstvo Dr. Andrija Štampar, Centar za gerontologiju, 2011. (priručnik)

Quality of life in elderly stroke patients

Kvaliteta života starijih osoba nakon moždanog udara

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Introduction: Elderly stroke patients often have a reduced quality of life due to the consequences of the stroke. Functional independence in the elderly population who have suffered a stroke is one of the key aspects of their quality of life. Dependence on other people's help, particularly in activities of daily, walking, and other functions, are common problems for such patients. Older people, especially after a stroke, often need a strong social support to be able to fulfil their basic needs. Furthermore, the elderly often have modest social networks, they are less socially active, and often socially isolated, which is mostly caused by their physical and mental problems.

Aim: The aim of this paper was to establish a correlation between the quality of life and functional independence as well as with the social support the elderly stroke patients get.

Methods: The research included 50 respondents over the age of 65 who had suffered a stroke. All of them lived at home and were residents of Zagreb. The participants' quality of life was measured by the WHOQOL BREF questionnaire, their functional independence was measured by the Functional Independence Measure (FIM), and the social support by the Social Support Scale.

Results: Statistical significance ($p < 0.05$) was found in the correlation between the physical health domain of the quality of life and functional independence ($\rho = 0.77$; $p = 0.00$), and in the correlation between the mental health domain of the quality of life and functional independence ($\rho = 0.53$; $p = 0.00$). Statistical significance was also found in the correlation between the social support (social support of friends) and the social relationship domain of the quality of life ($\rho = 0.40$; $p = 0.00$), as well as between the social support of friends and the environment domain ($\rho = 0.45$; $p = 0.00$). Statistical significance was also found between the total social support and the social relationship domain ($\rho = 0.29$; $p = 0.04$), and between the total social support and environment domain ($\rho = 0.35$; $p = 0.01$).

Conclusion: Functional independence in elderly stroke patients is an important aspect of their total quality of life, particularly in the physical and mental health domains. It seems that social support of friends aids better integration of this vulnerable group of elderly stroke patients into their social environment reducing their feeling of loneliness and at the same time improving their quality of life.

Keywords: functional independence; stroke; social support; elderly.

LITERATURE

1. Almkvist Muren M, Hüttler M, Hooper J. Functional capacity and health-related quality of life in individuals post stroke. Topics in stroke rehabilitation, 2008;15(1):51-58. doi: <https://doi.org/10.1310/tsr1501-51>.
2. Feigin VL, Barker-Collo S, Parag V, Senior H, Lawes CMM, Ratnasabapathy Y, ... & ASTRO Study Group. Auckland Stroke Outcomes Study: Part 1: Gender, stroke types, ethnicity, and functional outcomes 5 years poststroke. Neurology, 2010;75(18):1597-1607. doi: <https://doi.org/10.1212/WNL.0b013e3181fb44b3>.
3. Lui SK, Nguyen MH. Elderly stroke rehabilitation: overcoming the complications and its associated challenges. Current gerontology and geriatrics research, (9853837): 1-9. 2018. doi: <https://doi.org/10.1155/2018/9853837>.

Covid-19 impact on femoral fragility fractures treatment: overview and comparison of 4 years of treatment at Geriatric Department of Trauma Clinic of Sestre milosrdnice Clinical Hospital Center

Utjecaj pandemije COVID – 19 na liječenje prijeloma kuka: pregled i usporedba 4 godine liječenja pri Zavodu za gerijatrijsku traumatologiju Klinike za traumatologiju KBC Sestara milosrdnica

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Sars-Cov2 virus and Corona pandemic have brought inevitable changes in approach to the patients, especially considering availability of public health care. Emergencies, such as surgical treatment of hip fractures, should not have seen any changes and their treatment should have been the same as in pre-pandemic period.

In this study we reviewed and compared treatment of femoral fragility fractures (FFF) at pre-pandemic (PP - 2018., 2019.) and pandemic period (P - 2020., 2021.) in our Department in non - Covid patients which surgeons are dedicated to treat FFF on orthogeriatric way.

The aim of this study was to compare in-hospital management and clinical outcome with minimum follow-up of 6 months after surgical treatment of FFF.

Inclusion criteria was hip fracture after low energy trauma and age 65+. The patients were identified and analysis was done using Hospital information system. They were divided into 2 cohorts (pre-pandemic and pandemic). Exclusion from study was lost from follow up. We monitored and compared age, sex, comorbidities, time from trauma to surgery, type of anesthesia, mobilisation after surgery, length of hospital stay, loss of blood, in-hospital and 6 months mortality.

There were 295 (151 with complete follow-up) patients with FFF in PP cohort and 332 (202) in P cohort. 74% of patients were female in PP cohort and 71% in P cohort. We found patients in P cohort comparing to PP cohort had significantly shorter time to index surgery and had shorter length of hospital stay. Furthermore, patients treated in pandemic period were mobilised earlier, had less transfusions, decreased in-hospital but increased 6 months mortality and had shorter length of hospital stay.

Non-Covid patients with femoral fragility fractures did not influence any lack of adequate treatment during epidemic in our Clinic. Indeed, data from this study show that Corona pandemic brings faster patients turnover and its wellbeing and did not influence on acceptance of new medical knowledge in treatment of femoral fragility fracture on organisational and executive levels.

LITERATURE

1. *Neuerburg C, Förch S, Gleich J et al.* Improved outcome in hip fracture patients in the aging population following co-managed care compared to conventional surgical treatment: a retrospective, dual-center cohort study. *BMC Geriatr* 19, 330 (2019). <https://doi.org/10.1186/s12877-019-1289-6>
2. *Knobe M, Böttcher B, Coburn M, Friess T, Bollheimer LC, Heppner HJ, Werner CJ, Bach J-P, Wollgarten M, Poßelt S, Bliemel C, Bücking B.* [Geriatric Trauma Center DGU®: Evaluation of clinical and economic parameters : A pilot study in a german university hospital]. *Unfallchirurg* 2019;122(2):134-146. doi: 10.1007/s00113-018-0502-y.
3. *Lisk R, Yeong K.* Reducing mortality from hip fractures: a systematic quality improvement programme. *BMJ Qual Improv Rep.* 2014;3(1). doi.org/10.1136/bmjquality.u205006.w2103. eCollection 2014. PMID: 27493729.

Hospitalizacije i smrtnost starijih osoba zbog ozljeda u Zadarskoj županiji od 2014. do 2018. godine

Hospitalization and mortality rates of elderly people resulting from injuries in the Zadar County in the period between 2014. and 2018.

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Cilj rada: analizirati smrtnost i pobol zbog ozljeda osoba u dobi 65 i više godina u Zadarskoj županiji (ZDŽ) u razdoblju od 2014. do 2018. godine.

Metode: Korišteni su podaci o hospitalizacijama iz Opće bolnice Zadar (OB Zadar) za osobe s prebivalištem u ZDŽ te o mortalitetnoj statistici DZS. Za prikaz ozljeda korištena je MKB-10 revizija, skupina Ozljede, otrovanja i ostale posljedice vanjskih uzroka (S00-T98) te Vanjski uzroci morbiditeta i mortaliteta (V00-Y98). Prikazane su opće i specifične stope te postotni udio.

Rezultati: U promatranom razdoblju u OB Zadar za osobe s prebivalištem u ZDŽ bilo je registrirano ukupno 2255 hospitalizacija osoba u dobi 65 i više godina zbog ozljeda. Žena je bilo 64,1% (1446), a muškaraca 35,9% (809). Prosječna godišnja stopa hospitalizacija bila je viša u žena 144,3/10.000 nego u muškaraca 103,0/10.000 dok je ukupna stopa iznosila 126,1/10.000 stanovnika.

Vodeći vanjski uzroci ozljeda su padovi kod oba spola (M 74,2% i Ž 89,6%), uglavnom nastali na istoj razini (W01). Slijede ozljede nastale u prometu (M 15,8% i Ž 5,5%). Prijelom bedrene kosti je najčešća ozljeda, a registrirana je u 30,2% hospitalizacija zbog ozljeda, slijedi prijelom lumbalne kralješnice i zdjelice s udjelom od 12,4% te prijelom rebara, prsne kosti i torakalne kralješnice s udjelom od 11,5%.

U promatranom periodu zbog ozljeda u ZDŽ umrle su 373 osobe (M 41,3% i Ž 58,7%) u dobi 65 i više godina, a prosječna godišnja stopa smrtnosti iznosila je 208,8/100.000 stanovnika. Za sve godine kao vanjski uzrok ozljeda vodeći su bili padovi. Analizom naravi ozljede najčešći uzrok smrti je bio prijelom bedrene kosti (S72), i u starijih osoba čini 98,6% prijeloma ukupne populacije.

Zaključak: Ozljede i njihove komplikacije, među kojima su kao vodeći vanjski uzroci padovi kod osoba starije životne dobi, važan su javnozdravstveni problem, koji je u velikom dijelu preventabilan i izbjegljiv. U organiziranju provedbi preventivnih mjera nužna je suradnja županijskih Zavoda za javno zdravstvo s liječnicima PZZ, patronažom, domovima za starije osobe, kućnom njegom, udrugama umirovljenika, medijima i lokalnom zajednicom.

Ključne riječi: ozljede, starije osobe, hospitalizacije, smrtnost, prevencija

Unapređenje mentalnog zdravlja osoba starije životne dobi

Improvement of mental health in elderly people

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Kroz poster prezentaciju upoznajemo stručnjake sa unapređenjem mentalnog zdravlja, aktivnim starenjem i suvremenim pristupima u radu s osobama starije životne dobi s poteškoćama mentalnog zdravlja.

Mentalno zdravlje je stanje dobrobiti u kojem pojedinac ostvaruje svoje potencijale, uspješno rješava uobičajene životne probleme i poteškoće, radi produktivno i plodonosno te je sposoban pridonositi zajednici.

Osobe starije životne dobi su osjetljiva, specifična i ranjiva skupina i kao takve su u većem riziku od razvoja različitih poteškoća mentalnog zdravlja. Prema istraživanjima 30% starijih od 65 godina ima poteškoće s mentalnim zdravljem.

Za unapređenje mentalnog zdravlja osoba starije životne dobi potreban je pozitivan i proaktivan odnos prema životu, aktivno druženje, redovita zdravstvena zaštita, redovita tjelesna aktivnost, cjeloživotno učenje. Aktivno starenje odnosi se na očuvanje tjelesnog i mentalnog zdravlja, neovisnost, socijalnu uključenost, pripadanje, osobni rast i smisao života te snažan osjećaj dobrobiti.

Zaključak: Kroz poster prezentaciju nastojimo pomoći stručnjacima u osnaživanju osoba starije životne dobi, te u osvještavanju njihovih profesionalnih vrijednosti i kompetencija. Uloga stručnjaka u radu s osobama starije životne dobi je promicanje zdravog i aktivnog starenja, te unapređenje i razvijanje modela rada u rehabilitaciji, oporavku i socijalnom uključivanju.

Deprescription

Depreskripcija

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Introduction and objective: Deprescribing refers to a process of medication withdrawal, supervised by a health care professional, with the goal of managing polypharmacy and improving outcomes. The aim of this paper is to highlight the key points on who may benefit from and how to deliver deprescription.

Methods: The scientific literature available on PubMed in English for recent 10 years related to deprescription was reviewed.

Results: Medication-related problems are extremely common in older adults and include adverse drug effects, ineffectiveness, use of medications with no indication, excessive or inadequate dosing, use of potentially inappropriate medications, and nonadherence. Patient characteristics which are good targets for deprescribing efforts include polypharmacy, multimorbidity, renal impairment, transitions of care, medication nonadherence, limited life expectancy, older age, frailty, and dementia. Commonly overused and high-risk medications sedative-hypnotics, strongly anticholinergic medications, long-acting sulfonylureas, and chronic use of proton pump inhibitors and nonsteroidal anti-inflammatory drugs in the absence of compelling indications are good targets for deprescribing. Deprescribing is best accomplished in a stepwise approach which includes engaging the patient and gathering information, identifying, and deciding on medications to deprescribe, and implementing a deprescribing plan with monitoring and follow-up. Shared decision-making is essential and should include alignment of patient goals and preferences. Effective communication is needed not only between patients and clinicians but also between health care professionals, family, and care givers.

Conclusion: Common goals for deprescribing include reducing overall medication burden, reducing the risk of specific geriatric syndromes such as falls and cognitive impairment, and improving global health outcomes such as hospitalization and death.

LITERATURE

1. Kua CH, Mak VSL, Huey Lee SW. Health Outcomes of Deprescribing Interventions Among Older Residents in Nursing Homes: A Systematic Review and Meta-analysis. *J Am Med Dir Assoc* 2019; 20:362.
2. Ulley J, Harrop D, Ali A, et al. Deprescribing interventions and their impact on medication adherence in community-dwelling older adults with polypharmacy: a systematic review. *BMC Geriatr* 2019; 19:15.
3. Reeve J, Maden M, Hill R, Turk A, Mahtani K, Wong G, et al. Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis. *Health Technol Assess*. 2022;26(32):1-148.

Ultrasonographic characteristics of elderly Crohn's disease patients

Ultrasonografske karakteristike starijih bolesnika s Crohnovom bolešću

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Introduction and aim: The prevalence of IBD patients over 60 years of age worldwide is increasing, reaching up to 30% of all patients. Intestinal ultrasound (IUS) has been proven a safe, cheap, non-invasive and accurate

TABLE 1. GENERAL AND ULTRASONOGRAPHIC CHARACTERISTICS OF ELDERLY AND NON-ELDERLY CD PATIENTS

	Elderly	Non-elderly	
Number of patients, n	10	124	
Females, %	80	54	
Mean age, years	67.3	39.38	
Montreal disease location, %:			
- L1	80	49.4	
- L2	0	4	
- L3	20	46	
- L4 (alone or with L1-3)	10	12.4	
Initial IUS characteristics	Mean bowel wall thickness (BWT), mm	6.1	4.5
	Bowel wall stratification (BWS), %:		
	- no	30	54.8
	- unsure	20	4.8
	- focal (<4cm)	40	31.5
	- extensive	10	8.9
	Color doppler signal (CDS), %:		
	- normal	20	25.8
	- short signal	30	35.5
	- long inside bowel signal	40	35.5
	- long inside and outside signal	10	3.2
	Limberg score, %:		
	- normal	20	23.4
	- grade 1	10	10.5
	- grade 2	20	29
- grade 3	40	31.2	
- grade 4	10	4.8	
Prestenotic dilatation, %	0	12.1	
Fibrosis, %	0	4	
Stenosis, %	60	36.3	
Fat tissue inflammation %:			
- no	50	58.1	
- unsure	10	4	
- present	40	37.9	
Abdominal lymphadenopathy, %	60	26.6	
Free intraperitoneal fluid, %	20	25	
Abscess, %	0	4	
Fistulae, %	0	5.6	
Perivisceral fat tissue affected, %	30	37.1	
Mean IBUS-SAS score	52.4	41.49	

alternative to standard methods for diagnosing and monitoring of Crohn's disease (CD) such as colonoscopy, CT colography or MR enterography.

Methods: A retrospective, non-interventional, data review study was conducted among consecutive adult CD patients who underwent IUS in Sestre milosrdnice University Hospital Center, Zagreb, Croatia in the period from April 2019 to November 2022. Data of interest were basic patient and disease characteristics and IUS findings such as bowel wall thickness (BWT), bowel wall stratification (BWS), color doppler signal (CDS), fat tissue inflammation and other. Elderly (patients of 65 years of age or older) and non-elderly patient IUS and disease characteristics were compared using descriptive statistics, continuous variables were compared using Mann-Whitney test and categorical variables using Fisher test. P-value <0.05 was considered to be statistically significant in all tests.

Results: A total of 134 patients were included in the study, of which 10 were 65 years of age and older. Both groups of patients were predominately female with ileum being the most common disease location. Mean disease duration prior to IUS in the elderly was 123.8 months. When comparing ultrasonographic data of interest, both groups had numerically similar rates of all measured variables. There was no statistically significant difference observed in mean BWT, stenosis rate, lymphadenopathy rate and mean IBUS-SAS score. All measured variables are presented in Table 1.

Conclusion: These preliminary results revealed no significant differences in ultrasonographic disease characteristics between elderly and non-elderly CD patients. IUS can be used in elderly CD patients as a reliable non-invasive procedure. Confirmation of these results in a larger sample is warranted.

LITERATURE

1. *Molodecky NA, Soon IS, Rabi DM, Ghali WA, Ferris M, Chernoff G, et al.* Increasing incidence and prevalence of the inflammatory bowel diseases with time, based on systematic review. *Gastroenterology*. 2012;142:46–54.

Older age and health-related quality of life in patients with inflammatory bowel diseases

Starija dob i kvaliteta života u bolesnika s upalnim bolestima crijeva

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Introduction: Inflammatory bowel diseases (IBD) are chronic, remitting conditions that primarily affect young patients. However, it is well-known that there is a second, smaller peak of incidence during the fifth to seventh decades of life. Older age and comorbidities not only bring considerable difficulties in managing IBD but also result in different patient perceptions and therapeutic goals. Data regarding the quality of life (QOL) among elderly IBD patients are lacking. Therefore, we aim to compare the QOL between elderly and young IBD patients.

Methods: Consecutive IBD patients from the outpatient clinic at the Sestre milosrdnice University Hospital Center were invited to anonymously complete multiple mixed-methods (quantitative/qualitative) Quality of Life questionnaires (including SF-36, IMPACT, SIDBQ, IBD disk) from October 10th, 2019, until February 15th, 2020. Ordinal data were compared using the Mann-Whitney U test, and categorical variables were analyzed using the Fisher exact test.

Results: A total of 156 patients were analyzed with main characteristics shown in Table 1. There were no statistically significant differences between the groups in any of the 10 assessed items from the IBD disk. However, elderly patients expressed greater concern that their condition would worsen ($p=0.05$) and reported lower scores in questions related to the impact of the disease on physical activity when compared to younger patients. Their disease prevented them from: engaging in heavy physical activities ($p<0.01$); hindered them from participating in moderate physical activities ($p=0.03$); made it difficult for them to reach the 2nd floor without taking a break ($p=0.05$); made it challenging for them to carry a shopping bag from the grocery store ($p=0.03$).

TABLE 1. A TOTAL OF 156 PATIENTS WERE ANALYZED WITH MAIN CHARACTERISTICS

	<65 years old (N=142)	>65 years old (N=14)
Age	35 (24-49)	68 (65-70)
Male gender	71 (50%)	5 (57.1%)
BMI	24.2 (21.5-27.6)	27.6 (24.2-29.1)
UC	66 (46.5%)	9 (64.3%)
Treated with biologics	73 (51.4%)	4 (28.6%)

Conclusion: Senior IBD patients' distinct priorities should be specifically addressed in consultations. Emphasizing mobility, frailty assessment, and education about the significance of exercise is essential for this group of patients.

Elderly inflammatory bowel disease patients: patient and disease characteristics

Karakteristike bolesnika starije životne dobi s upalnim bolestima crijeva

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Introduction: Recent data suggest a rise in the number of older IBD (inflammatory bowel disease) patients and a rising burden of illness in IBD in elderly. Therefore, it is becoming increasingly important to accurately characterize the unique traits of this population as it may influence treatment strategy.

Methods: A retrospective, non-interventional, data review study was conducted among adult bio-naïve IBD patients treated in Sestre milosrdnice University Hospital, Zagreb, Croatia in the period from January 2015 to February 2021 who were initiating biological therapy. Data were gathered using patient's medical records which were reviewed for basic patient information at the time of biologics initiation, as well as for disease characteristics and therapy information. Elderly (patients of 65 years of age or older) and non-elderly patient data were compared. Categorical variables were described as percentages and compared using X2 and Fisher exact test, whereas continuous variables were described as mean value. P-value <0.05 was considered to be statistically significant in all tests.

TABLE 1. GENERAL, DISEASE AND THERAPY CHARACTERICS OF ELDERLY AND NON-ELDERLY BIO-NAÏVE IBD PATIENTS

	CD <65 years	UC <65 years	Combined <65 years	UC 65+ years	CD 65+ years	Combined 65+ years
Number of patients, n	135	49	184	6	5	11
Female, %	48.9	53.1	50	50	100	72.7
Mean age, years	35	37.3	36	74	68	71
Smokers, %	37.8	14.3	34.5	16.7	80	45.5
Mean disease duration, months	86	88.3	86.8	115	112	113
Combotherapy, %	58.1 (n= 93)	69.2 (n=26)	60.5 (n=119)	50 (n=2)	0 (n=2)	25 (n=4)
Combotherapy drug, %:						
-azathioprine	83.3	88.9	84.7	100	/	100
-methotrexate	16.6	11.1	15.3	0	/	0
Biologic, %:						
-infliximab	40	46.9	41.8	0	0	0
-adalimumab	40.8	16.4	34.2	16.7	40	27.3
-ustekinumab	16.2	2	12.5	0	60	27.3
-vedolizumab	3	30.6	10.3	66.7	0	36.7
-tofacitinib	0	0	0	0	0	0
-golimumab	0	4.1	1.1	16.7	0	9.1
Ekstraintestinal manifestations, %	22.2	16.3	20.1	16.7	0	9.1%
Perianal disease, %	22.2	/	/	/	20	/
Surgery, %	31.1	/	/	/	40	/
Disease extension, %:	/		/		/	/
-proctitis		0		0		
-left-side colitis		22.4		50		
-extensive disease		77.6		50		
Disease location, %:		/	/	/		/
-small bowel	28.9				60	
-colon	13.3				0	
-ileocolon	52.6				40	
-upper GI tract	0.7				0	
-upper and lower GI tract	4.4				0	

*CD – Crohn's disease, UC – Ulcerative colitis

Results: A total of 184 non-elderly and 11 elderly patients were analyzed. Baseline IBD patient and disease characteristics were comparable in elderly and non-elderly group as there was no statistically significant difference in female or smoking rates, as well as in disease duration or extraintestinal manifestations rates. When comparing treatment data, anti-TNF α drugs were used significantly less in the elderly group ($p=0.001$). Combination therapy with an immunomodulator and a biologic (combotherapy) was evaluated on patients starting anti-TNF α drugs and was significantly higher in the non-elderly patient group ($p=0.02$) with azathioprine being the most used drug in both groups. Overall gathered and processed data are presented in Table 1.

Conclusion: Elderly IBD patients in our cohort were less likely to be initiated with anti-TNF α therapy and were more likely to have monotherapy compared to younger IBD patients. These results, although limited in value due to the small low number of elderly IBD patients included, indicate a significant difference in treatment approach to elderly IBD patients compared to non-elderly patients with similar disease characteristics. A personalized approach to treatment is important at any age, especially in the older population which is more susceptible to adverse events and often burdened with co-morbidities.

Geriatric approach in the treatment of elderly people with the most common cardiometabolic diseases

Gerijatrijski pristup u liječenju starijih osoba sa najčešćim kardiometaboličkim bolestima

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Introduction and objective: The term ‘cardiometabolic disease’ (CMD) refers to a combination of metabolic abnormalities (increased insulin resistance, hyperglycaemia, visceral obesity, nonalcoholic fatty liver, dyslipidaemia and hypertension). CMD increase the risk of cardiovascular disease (CVD) and type 2 diabetes mellitus (T2DM) which are highly prevalent in the elderly and represent a major geriatric health-care concern. The aim of this paper, with regard to the results of the most important recent clinical research and clinical guidelines, is to point out the geriatric specificities of diagnosis and treatment of hypertension and T2DM as the most prevalent CMDs in this population.

Methods: The scientific literature available on PubMed in English for recent 10 years related to CMD and the geriatric population was reviewed.

Results: With increasing age, there is a decline in the impact of the traditional cardiovascular risk factors on the risk of CVD. Frailty and sarcopenia are emerging new factors that promote a state of cardiometabolic abnormalities that increases the risk of CVD. Other age-related unhealthy behaviours such as inactivity, malnutrition and poor sleeping pattern are also factors linked to CVD. Specific risks and threats in treating hypertension in the elderly are blood pressure cut-offs for diagnosis and treatment targets, multimorbidity, polytherapy, adverse effects, influence on cognition, orthostatic hypotension, frailty, reduced compliance and adherence to treatment. Elderly patients with T2DM are at increased risk of hypoglycemia, their treatment should be simplified and glycemic goals individualized, less stringent and their overtreatment should be avoided.

Conclusion: A geriatric, patient-centered approach with a reasonably optimized treatment, customized to the individual’s frailty level and functional status, should be used to maintain the functionality, independence, quality of life, and dignity of elderly with CMD.

LITERATURE

1. Ungar A, Rivasi G, Petrovic M, Schönenberger A, Martínez-Sellés M, Gasowski J, et al.; From the EuGMS Special Interest Group on Cardiovascular Medicine. Toward a geriatric approach to patients with advanced age and cardiovascular diseases: position statement of the EuGMS Special Interest Group on Cardiovascular Medicine. *Eur Geriatr Med.* 2020;11(1):179-84.
2. Benetos A, Petrovic M, Strandberg T. Hypertension Management in Older and Frail Older Patients. *Circ. Res.* 2019;124:1045–60.
3. El Sayed NA, Aleppo G, Aroda VR, et al., American Diabetes Association. 13. Older adults: Standards of Care in Diabetes— 2023. *Diabetes Care* 2023; 46(Suppl.1): S216–S29.

Adherence to the Mediterranean Diet Related to the Health Related and Well-Being Outcomes of European Mature Adults and Elderly, with an Additional Reference to Croatia

Pridržavanje mediteranske prehrane vezane za ishode zdravlja i dobrobit odraslih starijih osoba u Europi, s dodatnim osvrtom na Hrvatsku

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Introduction & Objective: Expectations of living longer, healthier lives are rising along with life expectancy. It is established that the importance of eating particular foods has a significant impact on quality of life. The Mediterranean diet (MD) is one of the healthiest eating habits and is reliably linked to a number of positive health outcomes [1]. The purpose of this study was to evaluate MD adherence in the over-50 population in Europe, with a focus on Croatia. It also sought to identify regional variations and explore associations with health-related indicators, such as disease incidence, body mass index (BMI), grip strength measurement, control, autonomy, and self-realization scale (CASP-12), and disease incidence.

Methods: For the population over 50, data from the SHARE project [2, 3] were used in this study. Logistic regression was used to link adherence to the Mediterranean diet with health markers after the frequency of each respondent was examined.

Results: According to the study's findings, following the MD pattern is positively correlated with self-perception of health, which followers of the pattern are more likely to rate as "very good" or "excellent" (37.05%), which is significantly different ($p < 0.05$) from people who do not follow the patterns of MD (21.55%). The regression models show that there have been notable changes in the maximal grip strength measure among MD adherents as well ($OR_{\text{MEDIUM}} = 1.449$; $OR_{\text{HIGH}} = 1.293$). Data for EU nations are also broken down into regions (Central and Eastern; Northern, Southern, and Western Europe), which includes Croatia. Croatian participants (39.6% twice a week) showed the biggest differences in meat, fish, and egg consumption trends compared to participants from the other four European regions. Data for Croatia differs from the average for Europe in terms of the percentage of overweight and obese people throughout all recorded age categories, with the 50–64 age group having the highest percentage (normal BMI: just 30.3%).

Conclusion: This study added to the body of literature that is currently available and covered 27 nations in Europe, putting the results in a broader geographic context. The Mediterranean diet has once more shown to be a significant influence in relation to behavior towards one's health. The results that have been given are crucial for public health services since they point to potential crucial elements in maintaining the population's health after the age of 50.

LITERATURE

1. Castelló JV, Tubianosa C. Linking Mediterranean Diet and Lifestyle with Cardio Metabolic Disease and Depressive Symptoms: A Study on the Elderly in Europe. *Int. J. Environ. Res. Public Health* 2020, 17, 7053
2. SHARE Hrvatska. 2022. Available online: <https://www.share-project.hr/o-projektu/> (accessed on 28 November 2022)
3. Börsch-Supan A, Brandt M, Hunkler C, Kneip T, Korbmayer J, Malter F, Schaak B, Stuck S, Zuber S. Data Resource Profile: The Survey of Health, Ageing and Retirement in Europe (SHARE). *Int. J. Epidemiol.* 2013, 42, 992–1001

Rezultati projekta HECUBA kao podloga za daljnja istraživanja usmjerena neposrednoj primjeni u gerontološkoj i gerijatrijskoj praksi

The results of the HECUBA project as the basis for further research directed towards implementation in gerontologic and geriatric practice

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Cilj: HRZZ projekta "Zdravstvene, kulturne i biološke odrednice dugovječnosti: antropološka studija preživljenja u dubokoj starosti – HECUBA" (IP-2018-01-2497; 2018.-2023.) bio je na uzorku osoba starih 85 i više godina sveobuhvatno istražiti utjecaj pojedinih bioloških odrednica, zdravstvenog stanja, socioekonomskih i psiholoških odlika te utjecaja osobne povijesti i kulturnih čimbenika (stavova, ponašanja, navika) na dinamiku procesa starenja. Kako je projekt HECUBA netom okončan, pravi je trenutak da se stručnoj i znanstvenoj javnosti predstavi spektar njegovih rezultata. No, to je i prilika da se ukaže na pojedine nalaze za koje smatramo da daju dobru podlogu za daljnja, primijenjena istraživanja usmjerena uspostavi novih alata, a koji bi doprinijeli unapređenju gerontološke i gerijatrijske prakse u Hrvatskoj. Time se ostvaruje najpoželjniji cilj temeljnih znanstvenih istraživanja, a to je translacija rezultata. Ovdje izdvajamo dvije teme – prva se odnosi na razvoj novog instrumenta procjene vitalnosti osoba duboke starosti koji bi, nakon validacije, mogao prerasti u koristan alat u gerontologiji. Kod druge je riječ o prilagodbi referentnih vrijednosti standardnih hematoloških i biokemijskih pokazatelja koje se koriste u kliničkoj praksi, a za koje je naša preliminarna analiza pokazala da nisu dobro kalibrirane za populaciju osoba duboke starosti. Nove referentne vrijednosti treba validirati na novom uzorku osoba duboke starosti uz pomnu evaluaciju njihovog medicinskog statusa, a takvu studiju trebao bi provesti multidisciplinarni tim koji bi uz liječnike različitih internističkih subspecijalnosti i medicinske biokemičare, uključio stručnjake različitih profila koji dnevno skrbe o osobama duboke starosti. Validacijske studije bilo bi optimalno internacionalizirati te u njih uključiti istraživačke timove iz više europskih država. Smatramo da će za obje ovdje predstavljene inicijative – izradu novog aditivnog skora kao praktičnog instrumenta za praćenje stanja osoba duboke starosti te novih preporučenih vrijednosti biokemijskih i hematoloških kliničkih parametara – biti potrebno oblikovati zaseban projekt koji će biti posvećen isključivo razvoju i testiranju koncepta do razine njihove primjenjivosti. Kako ovi nalazi projekta HECUBA imaju potencijal buduće primjene u gerontološkoj praksi, smatramo da je nacionalni gerontološki i gerijatrijski kongres pravo mjesto za početak rasprave usmjerene ka osmišljavanju strategije za realizaciju ovih projekata.

Ključne riječi: osobe duboke starosti, predikcija preživljenja, aditivni skorovi, referentne vrijednosti, biokemijski i hematološki parametri, primijenjena istraživanja, razvoj koncepta, gerontologija, gerijatrija

Pilotni projekt kvalitete procjene funkcija kognicije, sarkopenije i gerastenije u ambulanti primarne zaštite u sustavu bez razvijene gerijatrijske medicine

Pilot project concerning quality assessment of cognitive functions, sarcopenia, and frailty in a primary care in a system without geriatric medicine experience

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Uvod i cilj: U medicinskim sustavima gdje specijalizacija iz gerijatrije nije uspostavljena pristup procjeni gerastenije, ranom otkrivanju kognitivnih problema i određivanju sarkopenije starijih pacijenata je insuficijentno i zakašnjeno. Ovaj pilot projekt ima cilj da kod pacijenata starijih od 65 godina procijeni krhkost, kogniciju i sarkopeniju u zajedničkom pristupu liječnika i medicinske sestre.

Metode: Neselektivna populacija od 200 pacijenata u ordinaciji obiteljske medicine Doma Zdravlja Centar u zagrebu, imala je zadatak da ispuni Test sata (procjena kognicije), stisne dinamometar (procjena sarkopenija) a liječnik i medicinska sestra su neovisno jedno o drugome procijenjivali stupanj gerastenije prema Rockwoodovoj skali. Medicinski tim je bio kratko educiran metodologijom testiranja. Vrijeme od 15 minuta po pacijentu je bilo dovoljno za testiranje.

Rezultati: Starost populacije je bila jednaka između 110 muškaraca i 90 žena (73g+9 and 71g+9). Prema Rockwoodovoj skali 14% muškaraca i 11% žena je imalo početne znakove gerastenije (skala >4). Blagim znakom sarkopenije se smatra snaga stiska dominantne ruke ispod <30 kg za 15% muškaraca i ispod <20 kg za 17% žene. Test sata je bio patološki kod 36% muškaraca i 44% žena. Gerastenija je odvojeno procijenjena od strane liječnika i od medicinske sestre sa stupanjem suglasnosti mjerenim Cohen Weighted Kappa = 0,77 (p<0,001)

Zaključak: Procjena gerastenije, kognicije i sarkopenije je primjenljiva u primarnoj zdravstvenoj zaštiti i u sustavima koji nemaju razvijeni gerijatrijski pristup pacijentu.

Jednostavnim pristupom može se rano otkriti patološki stupanj gerastenije, smanjena kognicija te početna sarkopenija. Edukativnim mjerama postiže se visoki stupanj suglasnosti procjene krhkosti između zdravstvenih radnika te time utjecaj na prevenciju i liječenje.

Elderly people with a positive test of the national colon cancer screening program in the Dubrovnik-Neretva County

Starije osobe s pozitivnim testom u sklopu nacionalnog programa probira na kolorektalni karcinom u Dubrovačko-neretvanskoj županiji

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Introduction and objective: Three-day home stool testing for invisible blood (test) for healthy, asymptomatic people of both sexes is performed every two years at the invitation of the National Colon Cancer Screening (NCCSP) in Croatia since 2008. The aim of the paper is to present the characteristics of elderly with a positive test result for the Dubrovnik-Neretva County (DNC) at the age of 65 - 74 years as part of the 3rd - 5th calling cycle.

Methods: We used data from the NCCSP IT solution and survey questionnaire that people submitted with test samples in the period April 4th 2016 until May 26th 2023 for the analyzed cycles, processed by descriptive statistical method.

Results: The results are shown collectively for all observed cycles, according to gender, for 603 people (326 men and 277 women) with a positive test (7.1% of men and 5.1% of women among those tested). Respondents mostly live in a married or cohabiting union (77.0% of men, 59.9% of women), have a secondary education (47.5% of men and 44.4% of women). According to the body mass index (BMI), most men have increased body mass, 47.5% (39.4% of women). The obese category, BMI > 40, was recorded in 0.9% of men and 1.1% of women. The hereditary component of colon polyps or cancer is noted by 17.5% of men and 19.9% of women. The majority of respondents (78.8% of men and 71.8% of women) have no family inheritance of inflammatory bowel diseases or other malignant diseases (48.8% of men, 42.2% of women). 45.1% of men and 26.7% of women drink one to two glasses of beer or wine every day. A greater share of former smokers was recorded among male respondents 22.7% (11.6% of women). Among smokers, 5.6% of men and 3.6% of women smoke more than 20 cigarettes a day, for more than 30 years. Eating a healthy diet noted 65.0% of men and 76.2% of women and 62.3% of men and 61.4% of women practice moderate physical activity. Symptoms are present in 21.2% of men and 20.9% of women, the most common of which is hard stool in both sexes, followed by blood in the stool in men and abdominal pain in women.

Conclusion: The majority of elderly people with a positive test for NCCSP have no symptoms or family history of the disease, their body mass is increased and a third of men are long-term smokers with more cigarettes smoked per day. The results suggest the importance of promoting healthy lifestyles in old age as well as motivating asymptomatic elderly people of this age to undergo preventive examinations.

Keywords: elderly, early detection program, colon cancer, home stool testing for invisible blood, Dubrovnik-Neretva County

Presentation of the results within the project “All for memory (SPAM)” Education of educators - Communication with Individuals Affected by Alzheimer’s Disease and Other Dementias

Prikaz rezultata projekta „Svi za pamćenje (SPAM)” Edukacija edukatora- Komunikacija s osobama oboljelim od Alzheimerove bolesti i drugih demencija

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Introduction and objective: With the increasing share of elderly people in the population structure, there is an inevitable rise in the prevalence of Alzheimer’s disease and other dementias. Dementia is not a normal part of aging, and the risk of developing dementia increases with age. The most common cause of dementia is Alzheimer’s disease (AD), which is characterized by memory loss, reasoning impairment, and personality changes. Due to cognitive and psychiatric symptoms, patients experience early functional decline and become increasingly dependent on others for assistance. Recognizing the initial signs of the disease early and initiating standard anti-dementia treatment in a timely manner are crucial for planning the future care of individuals in elderly homes. Additionally, implementing preventive programs to preserve cognitive functions is essential. The objective of the project was to provide training for caregivers of individuals with Alzheimer’s disease and other dementias, as well as to develop training materials.

Methods: The employees of the Service for public health gerontology at the Teaching Institute for Public Health “Dr. Andrija Štampar,” together with their colleagues from Service of mental health, created an educational material called the “Manual for Formal Caregivers: “Communication with Individuals Affected by Alzheimer’s Disease and Other Dementias” for the training participants. Two-day training sessions were organized for educators – nurses working in elderly homes.

Results: The first two-day training took place in Osijek in June 2022, with the participation of 35 attendees from elderly homes across five counties. The second one was held in Zagreb in June 2022, with 36 participants from elderly homes across eight counties. All participants received the manual as an educational material for their caregiving training in their respective elderly homes. Nearly all participants provided positive evaluations of this educational model and the seminars.

Conclusion: The evaluation confirmed the purposefulness of the seminar’s topic, highlighting the need for further similar education programs. Through this training, knowledge was effectively conveyed to the participants, equipping them with the necessary skills for their ongoing work and contributing to the enhancement of care for patients with Alzheimer’s disease and other dementias in elderly homes and gerontological centers.

LITERATURE

1. *Mimica N, Kušan Jukić M.* Dementia and mental disorders. *Medicus.* 2017;26(2 Psychiatry today):215-222. Available from: <https://hrcak.srce.hr/189147> [Accessed June 27, 2023].
2. *Sušac J, Todorić Laidlaw I, Herceg M, Jambrošić Sakoman A, Puljić K, Mimica N.* Difficulties of Caregivers of Individuals Suffering from Alzheimer’s Disease. *Soc Psychiatry.* 2019;47(3):405-411.

Assessing the need for deprescribing benzodiazepines in older adults in primary care: analysis of a Croatian cohort from the EuroAgeism H2020 ESR7 project

Procjena potrebe za depreskrijom benzodiazepina u osoba starije životne dobi u primarnoj zdravstvenoj zaštiti: analiza hrvatske kohorte iz EuroAgeism H2020 ESR7 projekta

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Introduction and aim: Inappropriate and long-term use (longer than 12 weeks) of benzodiazepines (BZD) is associated with unfavourable outcomes, especially in sensitive groups of patients such as the older adults. In order to increase patient safety and improve outcomes, deprescribing should be suggested to patients with prolonged BZD use. Primary aim of this study was to determine the prevalence of BZD use in older adults in Croatian primary health care. Secondary aim was to estimate the need for their deprescribing.

Methods: Data for this observational, cross-sectional study were collected using structured, standardized questionnaire developed for the purpose of the EuroAgeism H2020 ESR 7 project in community pharmacies in two Croatian regions (Istria and Kvarner and City of Zagreb) between June 2019 and December 2020. To determine which patients could benefit from deprescribing BZD, four criteria for deprescribing were defined using Canadian (1), Australian (2), and Tasmanian (3) deprescribing guidelines, as well as the Summary of Product Characteristics of the drugs analysed.

Results: Final analysis included 264 participants who were predominantly female (64,8%) with a mean age of 74.49 (SD=6.81) years. Each participant used on average 5.97 ± 3.17 medications with 90 of them (34.2%) using BZD. The most commonly used BZD was diazepam (n=41, 45.6%), followed by alprazolam (n=25, 27.8%). Insomnia (n=36, 40.0%), anxiety (n=26, 28.9%), and a combination of both (n=9, 10.0%) were the most common indications for BZD use. The majority of participants (n=63, 70%) used BZD for more than 12 weeks, which met the criteria for deprescribing. None of the patients used BZD for less than 12 weeks, and 30% of the patients exceeded the recommended maximum daily dosage for older adults. The results indicated that at least 75 participants (83.3%) could benefit from deprescribing BZD. Furthermore, all patients who participated in this study and used BZD should have their therapy reviewed and optimized.

Conclusion: The results of this study highlight the need for the rationalization of BZD use in older adults in primary care settings. There is a necessity to raise awareness about prescribing BZD medications to older adults and educate both, doctors and pharmacists, about alternative therapeutic options. Guidelines and criteria for deprescribing can serve as useful tools in rationalizing the usage of BZD medications among older adults.

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REFERENCES

1. Pottie K, Thompson W, Davies S, Grenier J, Sadowski CA, Welch V, et al. Deprescribing benzodiazepine receptor agonists: Evidence-based clinical practice guideline. *Can Fam Physician*. 2018;64(5):339–51.
2. NSW Therapeutic Advisory Group. Deprescribing Guide for Benzodiazepines and Z-Drugs. 2018. [cited 2023 May 14]. Available from: <https://www.nswtag.org.au/wp-content/uploads/2018/06/1.1-Deprescribing-Guide-for-Benzodiazepines-and-Z-Drugs.pdf>.
3. Primary Health Tasmania. A Guide to the Use of Benzodiazepines in Older Adults. 2016. [cited 2023 May 14]. Available from: <https://www.primaryhealthtas.com.au/wp-content/uploads/2018/09/A-guide-to-the-use-of-benzodiazepenes-in-older-people.pdf>.

Psychotropic polypharmacy and inappropriate use of benzodiazepines in NHs in Croatia: results from the START/MED/093 project

Politerapija psihotropnim lijekovima i neprikladna uporaba benzodiazepina u domovima za starije osobe u Hrvatskoj: rezultati START/MED/093 projekta

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Introduction and objective: Nursing home (NH) residents are often multimorbid and, due to their complex health condition, are prescribed polypharmacy (PP) and hyperpolypharmacy (HPP). Psychotropic drugs can cause adverse drug events (ADEs), e.g., increased risk of falling, presence of geriatric syndromes, frailty, higher prevalence of hospitalisations and mortality. This study aimed to identify the prevalence of the prescribing of PP/HPP, psychotropic PP and benzodiazepines (BZDs) in NH residents and to outline examples of inappropriate BZD use and factors leading to being prescribed PP/HPP.

Methods: This cross-sectional study was conducted in public NHs, in three regions of Croatia (City of Zagreb, Slavonia and Dalmatia) (Aug-Dec 2022), comprising the Croatian START/MED/093 project sample. 226 NH residents (65+years) were included in the study. Data were collected using the standardised and validated interRAI Long-Term Care Facilities (LTCF) Assessment Tool, enabling comprehensive geriatric assessment. Psychotropic drug use was defined using the ATC system as the use of antipsychotics (N05A), antidepressants (N06A), anxiolytics (N05B), hypnotic drugs/sedatives (N05C) and opioids (N02A).

Results: The mean age of NH residents was 82.5±6.2 years, 89.9% pertained to the higher age group 75+, and most of the subjects were women (76.5%). 49.6% of NH residents used PP (5-9 drugs), 25.7% HPP (10+ drugs), and 65.1% psychotropic PP (2+ psychotropic drugs). 72.1% of the residents used psychotropic drugs, and BZDs were the most prevalent (55.8%). Residents of NHs had significantly increased odds of using a higher number of medications if they were in higher stages of geriatric frailty (Clinical Frailty Scale, CFS≥5; proportional odds ratio POR=4.31), experiencing pain (pain scale≥1; POR=2.50), depression (Depression Rating Scale, DRS≥3; POR=2.31), suffering from coronary heart disease (POR=5.41), diabetes mellitus type 2 (POR=5.22), acid reflux (POR=4.62), and loss of appetite (POR=3.20).

Conclusion: In this study, we identified a high prevalence of NH residents exposed to PP, HPP and psychotropic PP, particularly among older adults with higher degrees of frailty and suffering from specific comorbidities. To prevent possible ADEs, monitoring medication safety in these cohorts of patients is essential. More than every second NH resident was exposed to BZDs and over ¾ inappropriately, thus, targeted interventions reducing inappropriate BZD use should be primarily developed in Croatian NHs.

LITERATURE

1. *Medication Safety in Polypharmacy*. Geneva: World Health Organization; 2019 (WHO/UHC/SDS/2019.11). Licence: CC BY-NC-SA 3.0 IGO.
2. Cadenas R, Diez MJ, Fernández N, García JJ, Sahagún AM, Sierra M, López C, et al. (2021). Prevalence and Associated Factors of Polypharmacy in Nursing Home Residents: A Cross-Sectional Study. *Int J Environ Res Public Health*. 18(4):2037. doi: 10.3390/ijerph18042037.
3. Herr M, Grondin H, Sanchez S, Armaingaud D, Blochet C, Vial A, Denormandie P, et al. (2017). Polypharmacy and potentially inappropriate medications: a cross-sectional analysis among 451 nursing homes in France. *Eur J Clin Pharmacol*. 73(5):601-608. doi: 10.1007/s00228-016-2193-z.

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Presentation of the implementation and results of the SeniORNI EU project

Prikaz provedbe i rezultata EU projekta SeniORNI

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Introduction and aim: The aging demographic trend results in inadequate care for persons of older age caused by a paucity of extra-institutional social services. In the city of Kastav, 18% of the population is over 65 years old (average: 51.4 years¹) and institutional forms of care (nursing homes), often the only available option, have long waiting lists, resulting in an inability to meet user needs. The SeniORNI EU project has been introduced to improve access to social services; it aids in the process of deinstitutionalization and in health and quality of life improvement by providing daytime stay to persons over 65 years old in designated city-owned spaces.

Methods: The project holder is the city of Kastav; the project partners are the Association of Retirees and Older Persons Kastav and the Rijeka Red Cross City Society. The project also includes workshops and lectures held by external experts, thus involving the Teaching Institute of Public Health of Primorsko-Goranska County. Project activities increase the availability of extra-institutional services by establishing and equipping a dedicated space for activities and ensuring expert staff. The predicted activities are: individual and group psychology counselling, continuous measurements of blood pressure and blood glucose with health counselling, lectures on health improvement and maintenance and on other topics relevant to the target population (informatic literacy, foreign languages, healthy cooking courses, etc.), individual and group physiotherapy, massages, organized walks, and other.

Results: The project involves 148 users (24 men) and employs one psychologist, two physiotherapists (one working half-time) and a project coordinator and a health educator working part-time. The following measurable outcomes have been set: the number of organized and conducted daytime stays (7500) and the number of organized and conducted services of counselling and aid (800). From project inception until the end of February 2023, 5402 daytime stays and 5518 counselling and aid services have been provided. A process evaluation has been conducted and found great user satisfaction.

Conclusion: Thanks to SeniORNI, older persons from Kastav are more actively involved in community life and their quality of life has improved, leading to higher quality and fairness of available services and to community development. There is a need for the implementation and improvement of such and similar projects in the future.

Is there an impact of deep sedation with propofol on adenoma detection rate, polyp detection rate and cecal intubation rate in elderly patients?

Postoji li utjecaj duboke sedacije propofolom na stope detekcije adenoma, detekcije polipa i intubacije cekuma u starijih bolesnika?

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Background and aims: Early detection of colon adenomas and polyps reduces the risk of colorectal cancer development. Adenoma detection rate (ADR), polyp detection rate (PDR) and cecal intubation rate (CIR) are quality indicators for screening or diagnostic colonoscopy. The available data from previously conducted research regarding ADR, PDR and CIR in groups of patients who were deeply sedated with propofol and those who underwent colonoscopy without sedation are inconclusive. The aim of this study was to determine the effect of deep sedation vs. no-sedation on ADR, PDR and CIR in group of elderly patients.

Methods: This was a retrospective cohort study which included adult patients over the age of 60, presenting for a first screening or diagnostic colonoscopy performed over a 4-month time. Participants' characteristics were assessed using descriptive statistics. Normal distribution was assessed using Kolmogorov-Smirnov and Shapiro-Wilk tests. Continuous variables were analyzed using Mann-Whitney test and categorical variables using Chi-square or Fisher exact test. Binary logistic regression was conducted to identify significant predictors of the outcomes. Two-tailed tests were conducted, and statistical significance was considered when $p < 0.05$.

Results: Among 196 patients (53.9% female; mean age: 68.5 years) deep sedation was performed in 97 patients (48.2%). Total PDR was 51.2%, ADR was 18.8%, and CIR was 94.5%. Overall, no significant difference was shown in PDR and ADR between no-sedation and deep sedation groups ($\chi^2(1, N = 196) = 0.498, P = 0.48$, $\chi^2(1, N = 196) = 0.47, P = 0.49$ respectively). After adjustments for BMI, colon diverticulosis and history of abdominal surgery differences, CIR was significantly higher in deep sedation group ($\chi^2(1, N = 196) = 6.407, P = 0.01$).

Conclusion: In our mixed cohort of elderly patients undergoing screening and diagnostic colonoscopies, use of propofol-induced deep sedation did not improve ADR or PDR. On the other hand, CIR was influenced by deep sedation. Therefore, further investigations are needed to identify the impact of deep sedation on colonoscopy quality indicators in elderly groups of patients.

Keywords: Polyp detection rate; Adenoma detection rate; Deep sedation; Cecal intubation rate; Elderly patients