

Communication in interprofessional team is crucial to avoid mistreatment of pain in long term care residents. Education of all members of interprofessional team in LTC facilities in symptoms of delirium and geriatric depression is necessary for improving detection of these geriatric symptoms in residents.

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Application of peptide geroprotectors in elderly patients with age-related pathology

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Authors: Khavinson V, Ryzhak GA, Mikhailova ON, Ryzhak AP

Institutions: IAGG-ER, St. Petersburg Institute of Bioregulation and Gerontology, Russia

Chronic cerebrovascular insufficiency is one of the most common pathologies leading to disability in the old. Safe and effective preventive and therapeutic means is an urgent problem in gerontology.

A randomized, placebo-controlled clinical trial to study the efficacy of application of the brain and vessel peptide bioregulators in the complex treatment of DE was conducted. 83 patients aged 62–75 and diagnosed with “DE stage I–II” participated in the trial. The duration of the disease ranged from 2 months to 10 years.

The patients were divided in 3 groups. I group (control, n = 27) received placebo by 2 capsules twice a day during 30 days. II group (n = 28) received brain bioregulator “Cerluten”, and III group (n = 28) received both “Cerluten” and vessel bioregulator “Ventfort” by the same scheme.

The efficacy was estimated by the dynamics of subjective indices and results of correction test.

Evaluation of the patients’ subjective status revealed decreased complaints of headaches, hyperirritability and emotion lability in the second and third groups. Before treatment, 78.1% of patients complained of headaches after mental or exercise stress. By the end of the treatment 67.4% of patients from the control group, 25.7% from the second group and 18.2% of patients from the third group complained of headaches. Emotional balance was reported by 68.3% of patients after treatment with Cerluten, and by 84.1% of patients treated with Cerluten and Ventfort (by 34.2% of patients in the control group).

69.7% of patients from the second group and 87.8% of patients from the third group reported restored working capacity, memory functions – 64.8% and 82.1%, attention recovery – 72.6% and 84.2%, sleep normalization 61.3% and 77.7% of patients correspondingly (20–42% of patients in control group).

The results of correction test showed that number of the browsed characters increased by 42% in patients of the second group and 48% in the third group (19.2% in the control group).

The use of Cerluten and Ventfort in complex treatment of DE improved the treatment efficacy 2.3 fold as compared to placebo-control. This justifies the employment of brain and vessels geroprotectors in conventional treatment of DE stage I–II.

Treatment of Pulmonary Embolism among 260 In-patients of Acute Medical Department in Elderly Persons

Abstract Number: 16

Authors: Weberova D, Weber P, Kubesova H, Meluzinova H, Polcarova V, Canov

Institutions: Department of Internal Medicine, Geriatrics and Practical Medicine, Faculty Hospital and Masaryk University, Brno, Czech Republic

Introduction: Pulmonary embolism (PE) is after myocard infarction and cerebrovascular events third oftenest cardiovascular cause of death. Simultaneously belongs among at least often correctly diagnosed cardiovascular diseases.

Aim of the study: The retrospective analysis from the database of inpatients with the target assess the clinical course of PE according to prevalence, mortality, average duration of stay, risk factors, used diagnostic methods and kinds of therapy. Another aim of study was a comparison the dates among the survivors and deceased persons.

Patient's set and method: Between 2005 and 2010 years we had altogether 6,323 elderly patients of an average age 80.7 ± 6.9 y. (range 65–103 y.) treated at the Department of Geriatrics. Out of this number there were 4,163 women (66%) and 2,160 men (34%). We evaluated the course of PE in 260 cases of mean age 79.8 ± 7.2 y. (165 women and 95 men). For the verification of the diagnosis of PE were used next usual proceedings (anamnesis, clinical examination, ECG, X-ray, labs etc.) also ECHO-cardiography, perfusion scan or helical CT of chest. 80% of deceased had autopsy. In the set in-patients with PE 89 died (34.2%) and 171 (65.8%) survive with anticoagulant treatment and discharged from the department.

Results: Prevalence of PE was 4.1% per year among all hospitalized elderly in-patients (≥ 65 y.). Its occurrence was increasing with age to 81 y. and thereafter slightly decreasing. 89 of all above mentioned persons with PE died on PE. In one third of deceased was PE occasional finding in autopsy without any previous clinical signs. Mortality in asymptomatic persons was significantly higher in comparison to patients wit symptomatic PE ($\chi^2 = 57.293$; $p < 0.001$). We didn't find significant