
CONFERENCE ABSTRACT

EVIDENCE BASED FOR PLANNING MEASURES OF GEROPROFILAXIS IN NURSING HOMES: INTEGRATED MEDICAL AND SOCIAL CARE IN CROATIA ICIC20 Virtual Conference – September 2020

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Recent demographic changes in Croatia indicate that every 5th person is older than 65 years of age. Continuous assessment, monitoring, analysis and evaluation of gerontologic-public health indicators of health needs and functional ability of the elderly are fundamental to make plans for institutional and non-institutional care for the elderly. Furthermore, this is important to create integrated gerontologic programs in the health protection of the elderly. These specificities of the elderly population are associated with specific geriatric syndromes, loss of functional ability and requirement for physical assistance and nursing care.

Illness is the most common reason for which elderly patients are referred to institutional nursing homes and it is also the most common cause of functional disability among the elderly in Croatia. Due to this, it is instrumental that targeted gerontoprophylactic measures are employed and evaluated and these measures should encompass primary, secondary, tertiary and quaternary prevention measures among the elderly.

In our previous studies, conducted among 8 nursing homes in Croatia, during the year of 2014, we report following results:

- Most common primary diagnoses among elderly residents were: 1. stroke (8.24%), 2. essential (primary) hypertension (8.15%), 3. femur fracture (5.01%), while most common accompanying diagnoses were essential (primary) hypertension (11.14%), diabetes mellitus (3.41%), and stroke (2.88%)
- The degree of functional ability among 859 elderly residents showed that nearly one half (46.34%) of this cohort was permanently dependent. Body mass index (BMI) showed that 8.03% of residents were overweight while 9.54% were underweight.

Referral Center of the Ministry of Health for Health Care of the Elderly performs a priority set of gerontoprophylactic measures based on the evaluation of the results obtained from gerontologic-public health analysis. These measures include, but are not limited to:

- Routine monitoring of gerontologic-public health indicators through web service NRS 2002 to timely detect malnutrition/overweight status of the elderly patients and by employing List of Records No1 for the monitoring of health needs of the elderly insured in nursing homes.

- Establishment of new departments with capacities to care for the elderly population with Alzheimer's disease and other forms of dementia.
- Continuous education of caregivers and health professionals that are involved in the healthcare for the elderly, especially in domains of communication with people suffering from dementia, the establishment of new nutrition-gerontologic standards, both in institutional and non-institutional care for the elderly.
- Continuous monitoring of the quality of care for the elderly in nursing homes.
- Emphasizing the role of occupational therapists and physiotherapists in the multidisciplinary gerontologic team by establishing plans and programs that are tailored to preserve the functional ability of the elderly and that can evaluate relevant outcomes of such delivery care.
- The synergy of experts in the protection of the health of the elderly in nursing homes and intersectoral approach towards health and social care. This is especially important in the domain of social and geriatric health care with the individualized gerontologic approach.