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Fatih district-geriatrics study: mood and cognition of old people who live in community

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Aim: In this abstract, we aimed to investigate the mood and cognitive problems of old population living in Fatih/Istanbul province.
Material and Method: Elder people who live in addresses specified with cluster sampling method were included in the study. Third and fourth year students of İstanbul Medicine Faculty worked as pollsters. Pollsters took standart training for related evaluations. Elder people whose ages between 65 and 101 were included in the study. Cognitive condition scanning was done with mini-cog test and depression scanning was done with GDS-SF. Life quality measurement with EQ-5D life quality survey, functional capacity evaluation with 6-items KATZ Daily Life Activities Skale and 8-items LAWTON-BRODY Instrumental Daily Life Activities Scale were evaluated accordingly. Number of illness and drug, present dementhia, hypertension, diabetes and hyperlipidemia diagnosis were noted.
Results and Discussion: This study includes 204 old cases (94 male,110 female). Average age: 75.4 ± 7.3 year. Table 1 summarizes demographic, cognitive and mood, functuality and life quality evaluation data and distribution between genders. While depression scanning pozitiveness is meaningfully high in women (%22.6 vs %4.3; $p < 0.001$), mini-cog scanning test and present dementhis diagnosis are similar in both genders. Life quality measurement was meaningfully low; chronic disease and the number of drugs were higher. There is no meaningful difference between two genders about age about basic GYA point, present HT, DM, HL diagnoses and subjective health status score.
Conclusion: Old people in society have significant levels of cognitive dysfuncion and depressive mood. Depressive mood, low-life quality, multidisease and drug usage are more and education level and functionality is less than men for women.
Key words: geriatri, cognition, mood

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Unmet needs in Portuguese primary care services: a focus on dementia and other disabling conditions in old age

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Introduction: Older people are a heterogeneous group in terms of multimorbidity and dependence, and amongst chronic diseases dementia is a major cause of disability.
In Portugal, the primary care gatekeeper role ensures that older people make large use of these services, often with (frequently undiagnosed) dementia. Moreover, there are no effective national policies/strategies regarding the primary care of older people or of dementia.
Little is known about older people's perspectives/satisfaction regarding primary care, although higher stages of activity limitation may be associated with less satisfaction with medical services. On the other hand, from the health professionals' points of view, GPs find taking care of older people difficult, and specifically of people with dementia. Recognizing the challenge of health services to meet long-term needs of older people with complex chronic health problems, we aim to explore patients' and professionals' perspectives regarding the delivery of primary care services in Portugal, focused on disabling conditions in general, and dementia in particular.
Methods: This is a mixed-methods study with quantitative and qualitative components. In the former, needs for care, quality of life, and patient's satisfaction will be measured. The latter explores the perspectives of stakeholders (physicians, nurses, patients, carers) through focus groups and in-depth individual interviews.
Results: Here, we focus on the construction of the qualitative study protocol, guided by literature reviews. Main areas include: patient-centered care, primary care and older people.
Conclusion: By exploring unmet needs, we hope to provide evidence-base to best practice recommendations for older populations with disabling conditions, including dementia, in Portuguese primary care.

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Dementia – when the diagnosis goes beyond

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Objectives: Syphilis is caused by the Treponema pallidum and is spread first through sexual contact. It has predictable stages and a well established diagnostic and treatment strategies.
Primary syphilis is a solitary nontender genital chancre. The characteristic exanthema of secondary syphilis involves trunk, face and extremities. The latent stage is further divided into early and late latency. Three presentations of tertiary syphilis are neurosyphilis, cardiovascular syphilis and late benign syphilis.
Methods: Classic review and case report of Secondary Syphilis.
Results: We present a case of a 73 year-old man, with Type 2 Diabetes, Hypertension, Obstructive Pulmonary Disease and Duodenal Ulcer. In April, 2014, he developed a story of weakness, fatigue, behavior changes as irritability, abnormal gait and dysarthria. A dementia screening study had been requested. After no significant results and progressive worsening, he was sent to Neurology, whose main diagnostic hypothesis was a vascular dementia and started treatment with Carbidopa+Levodopa. In February, 2015, besides incontinence of sphincters, he presented a generalized rash characterized by multiple erythematous, scaly and pruritic lesions, that extended to the face, trunk and members. Then it was requested VDRL, TPHA and FTA-Abs, which were positive. Secondary Syphilis was confirmed and he began treatment with Penicillin benzathine.
Currently treated with Carbidopa+Levodopa, he remains clinically stable, keeping follow-up by Neurology and Dermatology.
Conclusions: A high index of suspicion is required because of various clinical manifestations of the disease. Attention to the history and physical examination, testing of high-risk populations and appropriate monitoring can keep this disease under control.

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Promoting successful aging in chronic illness: a study protocol of a randomized intervention program on physical activity in vascular cognitive impairment

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Introduction: Primary prevention in young adults will improve health in successive cohorts of older people, but much of the potential to reduce disease burden will come from more effective primary, secondary and tertiary prevention targeting older people. This is especially important for age-dependent disorders like dementia. Epidemiological studies suggest that physical activity can potentially prevent functional decline and promote successful aging (SA) in healthy elderly. However data on randomized trials of physical activity on SA of people with vascular cognitive impairment is lacking.
Methods: Our aim is to evaluate the effect of physical activity on the components of SA (engagement, personal resources, cognitive function and functional abilities) of subjects with vascular cognitive impairment without functional deficit at baseline. As secondary objectives, we intend to identify determinants of SA in a population with vascular cognitive impairment, and study the impact of the intervention on health resources utilization. Three hundred community dwelling participants will be recruited, and randomized to intervention (walking 45 minutes/day, 5 times/week, for six months) or control group. Besides demographic variables, SA, cognitive and