THE ROLE OF FAMILY DOCTORS IN BULGARIA IN SOLVING THE MAIN MEDICAL AND SOCIAL PROBLEMS WHICH ARE OF DIRECT CONCERN TO ELDERLY PEOPLE

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ABSTRACT

Family doctors are key player in the process of caring for elderly and geriatric patients. On the basis of their professional competence, they participate not only in medical care for the elderly people, but also mental and social assistance of the elderly. With reference to the study of the basic medical and social problems in the elderly is necessary to develop a complex prevention-oriented program for medical and psychosocial geriatric care in Bulgaria.

Key words: Family doctors, the elderly people, medical and social problems

INTRODUCTION

From medical and biological point of view, the aging of the human body is seen as a period of life in which the appearances of disabilities to physical and mental functions are increased many times in comparison with the transitional stages. (1) In individual direction, it is a process associated with the accumulation of irreversible functional losses, to which person strives for adapting in a socially acceptable way. Over the last decade, increasingly important becomes demographic aging and the consequences, which it entails. Changes in the standard of living, developments in medical science and practice, prevention of many infectious and contagious diseases with high lethality, and also reduction/ of coefficients of birthrate and child mortality, lead to prolongation of survival of populations to adulthood and increase the relative share of persons in non-productive age. People in retiring age represent a significant contingent in the Patient Registry to each family doctor.

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Specific health and social problems of individuals over 65 years requires special approaches and decisions, as well as additional knowledge in the field of geriatrics and gerontology. (1, 6)

Goal

The aim of our study was to determine the specific social and health problems of older people and the role of GPs in resolving them through the provision of required medical care. Materials and methods:

To realize the goal, we have examined and analyzed the publications and reports of local and foreign experts, colleagues - doctors, social workers, psychiatrists, psychologists and other studied topics. Further we interviewed a group of 24 family doctors exercising their activities in Stara Zagora region in December 2014. The interview process was implemented on the territory of the Medical Faculty in section "General Medicine" within two astronomical hours. Because of the wide range of issues, which were discussed by the study group, we publish a relatively small part of the received and analyzed information.

DISCUSSION AND RESULTS

In a number of national and international reports about the health of nations annually was observed the tendency of increasing

morbidity with ageing. (4, 5, 10, 11) There is a specific characteristic of health problems in elderly patients, for which is reported by respondents. Most of them have an opinion that the majority of the disease symptoms in the elderly are vague and poorly manifested. Elderly patients themselves sometimes ignore their suffering and later seek medical advice from their doctor. Sometimes typical geriatric symptoms such as incontinence, joint pain, balance disorders, anemia, shortness of breath, trophic ulcer and others could be underestimated and unexplored seriously. And in other cases, the signs of old age be interpreted as a disease and to apply continuous medical therapy. (1) Often elderly people suffer from more than one chronic non-infectious disease, i.e. it observed condition „polymorbidity“.

During the interview, family doctors shared the high frequency of diseases of the locomotor system (arthritis, rheumatism, osteoarthritis), disease of the cardiovascular system (arterial hypertension, angina pectoris, heart failure, myocardial infarct, cerebrovascular disease), neoplasms (breast carcinoma, colorectal carcinoma, pancreatic carcinoma, lung carcinoma, leukemia's), diseases of the endocrine glands (diabetes, thyrotoxicosis), impaired vision, impaired hearing and others. Contrary to the best European practices in our Health Insurance Fund is not reimbursed medicaments necessary for the prophylaxis of strokes – i.e. for example patients with transient ischemic attacks and asymptomatic ischemic disorder in cerebral circulation, can not count on better prevention and adequate monitoring by a specialist, including the modern methods of medical imaging. The few number of test strips to control blood sugar levels dooms patients with diabetes of bad quality monitoring and it is a prerequisite for poor control of the disease and inadequate treatment with all the ensuing serious consequences - diabetic retinopathy, polyneuropathy, diabetic gangrene. (2) Due to poor dental health of elderly patients is difficult and deficient nutrition, which also carries risks of development of anemic conditions, loss of weight, inadequate intake of vital nutrients, vitamins and microelements, to reduce the body's immune defense system. Separately, most neoplastic processes affecting various organs and systems are manifested mainly in the elderly and they can have an insidiously beginning or can be detected in advanced and late stage, which determines the need to expand the range of preventive activities in primary health care, active

surveillance and early diagnosis of suspected cancer persons.

With age increases and the frequency of hospitalizations, increases the average stay in the hospital ward and the need for medical assistance and monitoring in the patient's home. Due to limited protective and recreational opportunities of the old organism, the morbidity of acute infections (influenza and influenza-like illness, bronchitis, pneumonia, etc.) is associated with exhausting illness and requires more health care and attention. In connection with observed co- and poly- morbidity in geriatric and older patients, it is appropriate to add to the risk of undesirable side effects, drug interactions and toxicities when taking more medicines and pharmaceutical products. (1, 6, 7, 9) The reduced effectiveness of liver and kidney function in elderly further increase the risk of toxicity and adverse manifestations. Considerable attention and frequent consumption and prolonged use of neuroleptics, hypnotics and sedatives, to which older people can adjust and build dependence. (8) This exclusively delicate topic excites both our and foreign doctors and specialists in conjunction with restrictions on prescription drug medications with green recipes in the absence of real need and available indications. (1, 6, 7, 8)

In terms of medical and social problems in the elderly in most analyzed reports and foreign studies focus on availability of housing in the elderly, their actual economic status, opportunities for communication and support from family and friends. Unfortunately, in Bulgaria is not always the personal home of an adult is consistent with accepted sanitary and hygiene requirements and may pose a risk to their health and security. They are not rare cases of household poisonings and traumas, hypo- or hyperthermia among geriatric patients. Large part of older people live in poverty, misery and bad hygienic conditions. Most of them rely only on their monthly pension, which is impossible to meet their needs. Seriously is limited the satisfaction of basic needs to them, precisely food, residential heating and suitable clothing. Lack of financial resources in elderly patients is reason for narrowing of the consumption of health services, including regular intake of medicines and compliance with the prescribed therapy by a doctor, dental care and rehabilitation. With aging opportunities for communication due to problems with vision, hearing and locomotor system also. (6, 7)

Old people in Bulgaria are entirely deprived of dental prosthetic treatment, although are in dire need. Ophthalmic examinations are also insufficient, but not only as numbers, but also such as periodicity, especially for patients with glaucoma or macular degeneration. It is limited the access to neurological consultations, audiological medical research and timely prosthetics hearing. It is not fully exploit the benefits of physiotherapy, because package of outpatient level is also limited and clinical pathways - with short and insufficient duration. (2) There is difficulty in independent moving and service at considerable part of the geriatric patients. That is affected to their psycho-emotional well-being. The impossibility to maintain informal social connections and contacts is a precondition for the development of depressive disorders and sometimes to increased susceptibility to suicidal behavior. It is known that no less than 15-20% of adults over 65 years develop depression, but for prevention of suicide and more attention to the problems of geronto-psychiatry as generally barely speak. (2)

The same is applied for targeted active search and prophylaxis of adult patients predisposed to osteoporosis, as well as prevention of osteoporotic fractures.

Old age changes the physical, social and psychological parameters of the individual, his life, which have to be reported by the general practitioner in the process of consulting and implementation of health care. Raised by our results and analyzed facts of foreign and our research allow us to support the words of Professor. Peter Coleman of the University of Southampton, UK, that "in recent years, there is a clear tendency gerontology and geriatrics increasingly merge with general medicine." (3) The presence of comorbidities, difficulties in communication, problems with polypharmacy and polypragmasy, and the need for additional support for increasingly dependent patients in general practice are important issues in caring for the elderly. It determines the application of specific methods and behavior of GPs in service of older people, including the effective implementation of a holistic and multidisciplinary approach to solving every problem. (6)

It needs a complex assessment by family doctor about health status and individual risk factors (modifiable and not modifiable) for each older person, active management of the primary and secondary prophylaxis, including immunizations, implementation of screening-programs, early diagnosis and therapy of

diseases, dispensary monitoring in patients with chronic disease and prevention of complications and disability (tertiary prophylaxis). It is necessary to pay increased attention to the ethical and empathetic attitude of family physician in consultation with the elderly, on the psychological climate in ambulatory for primary health care, predisposing to calm and warm conversation, ability to build trust and close contact with older people.

CONCLUSION

Globally, every year grow number of population in retirement age and elderly age. As age, in the majority of patients over 65 significantly expands the range of health and social care. That leaves almost all countries around the world to major economic problem to meet the needs of these individuals. Key role in the implementation and delivery of quality medical and social services for these patients play GPs as the first contact in the existing health care systems. For provision of quality medical services at the level of primary outpatient health care is necessary to develop and realize programs and policies of the health care and social assistance related to the implementation of additional financial resources to meet the needs of these individuals and decent old age. The main objectives and priorities for the organization and realization of these programs should be directed to the preservation of good mental and physical health of older people through prevention, early detection and intervention of mental decline, dementia, and minimizing disability and preserve the autonomy of older people through a supporting network of services based on the individual needs of the patient. In this connection it is necessary to emphasize that it is not only important the role of GPs in the provision of health services to older people, but also the active participation of the whole society, effective collaboration and build inter-professional relationships between health workers (specialists in higher levels of medical care and hospitals, social workers, psychiatrists, psychologists, nurses, etc.) in the health sector, which will contribute to improved health among the elderly population.

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