



Review

Psychogeriatric care in Poland[☆]J. Mazurek^{a,*}, J. Kowalska^b, J. Rymaszewska^c^a Gornoslaskie Centrum Rehabilitacji "REPTY", Tarnowskie Gory, Poland^b Department of Physiotherapy, University School of Physical Education, Wroclaw, Poland^c Department of Psychiatry, Wroclaw Medical University, Poland

ARTICLE INFO

Article history:

Received 30 August 2012

Received in revised form

28 October 2012

Accepted 8 November 2012

Available online 21 December 2012

Keywords:

Psychogeriatric services

Elderly

Poland

ABSTRACT

This paper describes the principles and capabilities of health care services provided to elderly people with disabilities in Poland, particularly affected by mental disorders. We show that organizational forms of care for people with dementia do not always meet the needs of such patients and their carers. This requires an increase in the number of preventive and promotional programs and the number of institutions offering professional help. Difficulties with the organization and financing of care for patients with mental disorders and serious medical expenses are one of the biggest challenges for health care systems not only in Poland but also across the world.

© 2012 Elsevier GmbH. All rights reserved.

Contents

| | |
|---|----|
| 1. Introduction | 7 |
| 1.1. Home care | 8 |
| 1.2. Fixed institutional care | 9 |
| 1.3. The part-time institutional care | 9 |
| 1.4. Outpatient clinics, associations and foundations | 9 |
| 2. Summary | 9 |
| References | 10 |

1. Introduction

Classification of mental and behavioural disorders included in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) does not identify separately the group of diseases of old age, which are included to all organic ones. The specificity of mental disorders among the elderly often relies on complex psychopathological status. The most common mental disorder of the elderly is dementia. In more advanced stages of dementia, personality and behaviour disturbances prevail, which make it more difficult to care for the patient and which complicates the process of treatment and rehabilitation (Szczepańska-Gieracha et al., 2010). In each case it is necessary to exclude a somatic cause

of mental disorders and to determine which symptoms and behaviour of older patients are the result of the disease, and which are the result of the environment. Psychogeriatric treatment and care should be carried out in a holistic way, taking into consideration the various forms of therapy, as well as the types of institutions (Bilikiewicz and Parnowski, 2003).

It is estimated that there are currently about 35 million people with dementia (about 30 million suffer from Alzheimer's disease), and the number is expected to double by 2040 (Fig. 1). Prevalence of dementia in the population over 65 years of age is estimated at about 10%. This percentage increases logarithmically with age from about 1% in 65 years, to about 30–40% after 90 years of age. The prevalence doubles every 5 years. Recently, an increase of the economic and social costs of this disease has been stressed, since dementia patients generate almost 35% of total health expenditure (Andlin-Sobocki et al., 2005). Dementia due to the large number of people affected, the difficulties with the organization and financing of care for patients with serious medical expenses,

* Corresponding author. Tel.: +48 695 18 09 84.

E-mail address: Justyna.Mazurek@poczta.onet.pl (J. Mazurek).[☆]The authors declare that they have no competing interests and the work has not been published previously.

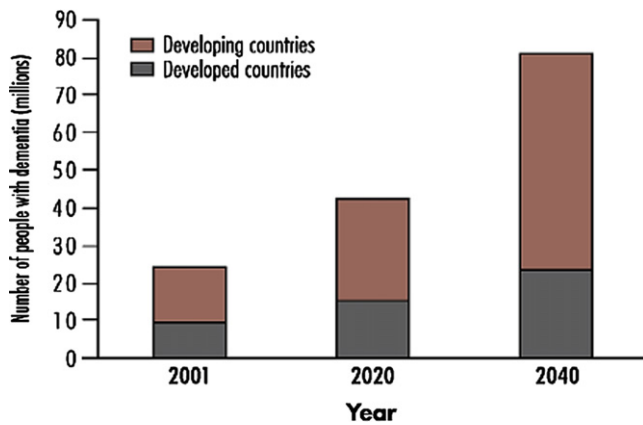


Fig. 1. Number of people affected by dementia diseases in developed and developing countries (Publishing American Psychiatric).

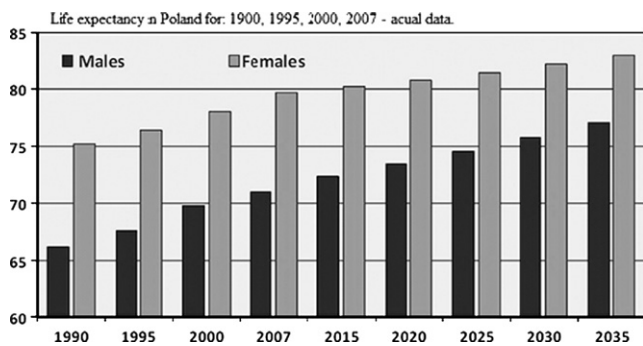


Fig. 2. Forecast of the average life expectancy in Poland (Central Statistical Office, 2009).

has become one of the biggest challenges for health care systems of the present century (Durda, 2008; Berr et al., 2005).

In Poland, due to the decrease in the number of deaths in 1990–2010, there was a significant increase in the length of life. During this period, the average life expectancy of a newborn male has increased by almost 6 years (from 66.23 to 72.10, with 58.60 years of healthy life), and for women over 5 years (from 75.24 to 80.59, with 62.20 years of age in health) (Rzadowa Rada, 2011; Eurostat). According to the forecasts of the Polish Central Statistical Office for the period 2009–2035, an increase in average life expectancy—together with low fertility rates—will be reflected in significant changes in the age structure of the population. In the next 20 years, there will be the rapid aging of the population. Life expectancy will continue to be prolonged, and in 2035 the value will be additional 5 years (77.10) in men and 3 additional years (82.90) in women (Central Statistical Office, 2009; Fig. 2).

Epidemiological studies on the number of elderly people suffering from mental illness are in Poland, by far, very few. The population of people with dementia is estimated to be about 450–500 thousand (including 300–350 thousand patients with Alzheimer's disease) (Jóźwiak, 2008). On the basis of unfavourable demographic and epidemiological projections, it can be assumed that within 20 years, in Poland, the number of patients suffering from dementia will rise to 1.2 million. These figures illustrate the scale of the problem, which will have to face in this country in the near future.

In Poland, the care of people with dementia is conducted within the framework of the functioning of different structures, under the Ministry of Health and Ministry of Social Welfare. There are nursing services designed for older people, but there is no specific services for patients with mental disorders.

PSYCHOGERIATRIC CARE IN POLAND

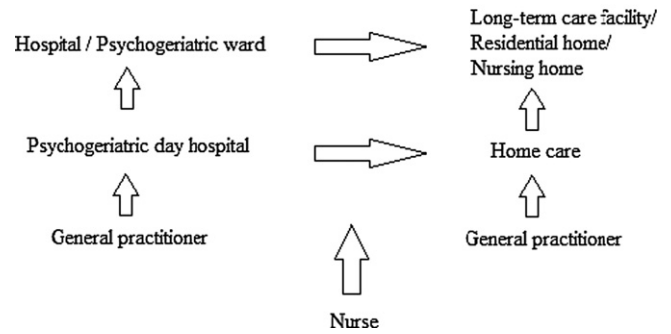


Fig. 3. Scheme of care for the elderly mentally ill in Poland, based on: Organization of care nursing, MZiOS (Ministerstwo, 1999).

Taking care of patients in this group is as organized as:

1. Home care (it is possible to employ a nonprofessional caregiver dealing with patients at home).
2. Institutional care:
 - (a) fixed (around the clock psychogeriatric troops, medical care facilities, nursing facilities welfare, community welfare centres and nursing homes, personal care homes),
 - (b) part-time (ambulatory: well-trained nurses, daily: daily psychogeriatric branches or short-term: for example, in personal care and grooming),
3. functioning of psychogeriatric clinics, associations, foundations and support groups (Fig. 3).

In Poland, there are also individual medical units, dealing with mental health problems holistically and specific to neurological diseases typical of old age, which in one place are organized by integrated teams who focus on diagnosing and treating these disorders (e.g. Old Age Psychoneurology Centre in Bydgoszcz: Parkinsonism and Clinic of Extrapyraxidal Diseases, Clinic Psychogeriatric and Memory Disorders, Geriatric Psychiatry Branch Daily, Environmental Treatment Team in Psychogeriatric and Alzheimer's Disease Center or the Alzheimer's Disease Center in Ścinawa: neurological and psychiatric and counselling: psychogeriatry and neurology).

In Poland there is no data on the number of elderly people suffering from mental disorders residing in different types of institutions. In 2009, there were only 450 geriatric beds available in the entire country, which means that there were 1.20 beds per 100,000 population and 0.90 beds per 10,000 the elderly. For comparison, Belgium has a number of 7500 geriatric beds, which is 42.2 beds per 10,000 elderly, Denmark, respectively: 569 (10.50 and 6.70), and Sweden—2200 (24.40 and 14.00) (Kropińska and Wiciorowska-Tobis, 2009).

1.1. Home care

The results carried out within the European research EURO-FAMCARE show that the family caregivers almost entirely cover the wide spectrum of patient's needs, depending on their area (82%–96%) (EUROFAMCARE, 2003–2006). In Poland, the registry does not enrol family caregivers, so it is difficult to determine the details of their number, or their socio-economic situation. It is estimated that in this country about 92% of elderly people suffering from dementia live at home from the beginning of the disease until their death. The largest group of caregivers are spouses, mostly women. Children are the second largest group.

Download English Version:

<https://daneshyari.com/en/article/909174>

Download Persian Version:

<https://daneshyari.com/article/909174>

[Daneshyari.com](https://daneshyari.com)