

Al VIII-lea Congres Național de Geriatrie și Gerontologie

cu Participare Internațională

«Abordarea Multidimensională în Geriatrie și Gerontologie»



Institutul Național de Gerontologie și Geriatrie „Ana Aslan”
București • Sediul Otopeni • 20 - 23 oct. 2016
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«Abordarea multidimensională în Geriatrie și Gerontologie»

I.N.G.G. “Ana Aslan” • Sediul Otopeni – București • 20 octombrie - 23 octombrie 2016

	JOI 20 octombrie	VINERI 21 octombrie	SÂMBĂTA 22 octombrie	DUMINICĂ 23 octombrie
	I.N.G.G. “Ana Aslan” - Sediul Otopeni			
SALA A	13.00–14.00 Deschiderea Congresului Național 14.00-15.30– SESIUNE PLENARĂ 14.00-14.30- Actualitati în neurologia vârstnicului -Prof. Dr. Alexandru Șerbănescu 14.30-15.00- Antropologie, gerontologie si geriatrie -Acad. Prof. Dr. Constantin Bălăceanu-Stolnici 15.00-15.30- Estrogenii si riscul cognitiv -Prof. Dr. Catalina Poiana 15.30-17.00– SESIUNE PLENARĂ 15.30-16.00- Noi abordari privind actiunea antioxidanta a procainei si Gerovital H3 la nivel celular si molecular -Prof. Dr. Daniela Grădinaru 16.00-16.30- National Graduate School of Gerontology -Prof. Torbjörn Svensson 16.30-17.00- Riscul cardiovascular in poliartrita reumatoida – de la evidente la practica clinica -Conf. Dr. Denisa Predeteanu 17.00-17.15 – Pauză de cafea 17.15-19.00 – SESIUNE PLENARĂ 17.15-17.45- Abordarea tulburarilor de comportament in demente -Prof.Dr.Catalina Tudose 17.45-18.10 - Multidisciplinaritate în Geriatrie si Gerontologie -Prof. Dr. Gabriel-Ioan Prada	09.00-11.15 – SESIUNE PLENARĂ 09.00-09.25- O noua strategie terapeutica in gerontologie-geriatrie:activarea calilor si componentelor neuroono-glio-capilare -Prof. Dr. Dan Riga, -Prof. Dr. Sorin Riga 09.25-09.50- Regimul alimentar si importanta sa la persoana virstnica -Prof. Dr. Ioana Dana Alexa 09.50-10.15- Ritmuri cerebrale in starea de veghe si in timpul somnului -Dr. Emanuela Dincă 10.15-10.35- Particularitati ale tubului digestiv la persoanele de varsta a III-a -Sef lucr. Dr. Lelia Susan 10.35-10.55- Noi valențe ale terapiei Aslan în contextul actual -Dr. Farm. Speranța Prada 10.55-11.15- Managementul terapiei medicamentoase a varstnicului cu incontinenta urinara -Farm. Cristina Daniela Marineci 11.15-11.30 – Pauză de cafea 11.30-13.30 – SESIUNE PLENARĂ 11.30-12.00- Psihiatria geriatica cu implicatii medico-legale aspecte etice -Dr. Nicoleta Tataru 12.00-12.30- Hipertensiunea arteriala pulmonara la varstnici - Prof. Dr. Dan Radulescu 12.30-12.55- Un nou sindrom geriatic: disfagia orofaringiana -Asist.Univ. Dr. Zamfir Mihai-Viorel 12.55-13.20- Principii de calitate in arhitectura contemporana a centrelor de	09.00-10.00 – SESIUNE PLENARĂ 09.00-09.30- Interventie de optimizare a dietei si nivelului de activitate fizica la varstnici – studiul RAHEO partea a II-a -Dr.Anna Marie Herhelegiu 09.30-10.00- Conectomul - ultimul hotar in descifrarea mintii umane -Dr.Adrian Stănescu 10.00-11.00- SIMPOZION “Recuperarea medicală a vârstnicului din perspective interdisciplinare “ -Prof. Adriana Sarah Nica ~Recuperarea post accident vascular ischemic la vârstnici- rezultate comparative- -Asoc. Prof. Ana Capizisu ~Interfața dintre geriatrie și recuperare în patologii de tip locomotor -Dr. Gilda Mologhianu 11.00-11.15 – Pauză de cafea 11.15-13.45 – SESIUNE PLENARĂ 11.15-12.15- Terapii clasice in abordarea multidimensionala a patologiei varstnicului ZENTIVA 12.15-12.30- Diploma Europeana în Geriatrie și Gerontologie -Prof. Dr. Andreas Stuck 12.30-12.45- Efectul terapiei cu laser de putere joasa, kinetoterapiei si fizioterapiei în patologiiile osteoarticulare degenerative la pacientii varstnici -Dr. Floarea Revnic, CSI 12.45-13.00 – Markerii biochimici in afectiunile neurodegenerative; potentiale utilizari si limite -Dr. Cătălina Pena, CSIII	08.30-10.00 – SESIUNE PLENARĂ 08.30-09.00- Comorbidități în cadrul afecțiunilor neurocognitive la vârstnici -Prof. Dr. Gabriel-Ioan Prada 09.00-09.30- Perspective geriatrie in tulburările neurocognitive -Șef lucr. Dr. Valer Donca 09.30-10.00- Relevanta diagnosticului imagistic in scaderile de auz cu tinitus -Dr. Daniela Neacsu 10.00–10.15 Pauză de cafea – Sesiune de comunicări științifice / POSTERE – GERIATRIE ȘI GERONTOLOGIE 12.15–13.00 – Pauză de prânz 13.00–15.00 – SESIUNE PLENARĂ 13.00-13.30- Spatiul sinusoidal hepatic si procesul de imbatranire-studiu postmortem -Dr. Crina Amalia Carazanu 13.30-14.00- Calitatea vieții la vârstnicii diabetici cu afectiuni cardiovasculare -Dr. Raluca Nacu 14.00- 14.30- Protectia socio-comunitara a varstnicilor in contextul vulnerabilitatii

	18.10-18.35- Studiu corelational între depresie si disfuncția cognitivă la vârstnici – indice discriminant neurocognitiv? -Conf. Dr. Rozeta Drăghici 18.35-19.00- Impactul statusului nutritional in osteoporoza -Sef lucr. Dr. Lelia Susan 19.00-20.00 LIFELONG LEARNING, PRILEJ DE INTERGENERATIONALITATE- Expoziție de proiecte de arhitectură FERESTRE SPRE NOI - Expoziție de Artă și ArtTerapie 20.00 COCKTAIL	varstnici de tip nursing home -Şef lucrări Dr. Arh. Zamfir Mihaela 13.20-13.30- Dispozitiv de urmarire a pacientilor cu Boala Alzheimer - Dragoş Nanuti 13.30-14.30 – Pauză de prânz 14.30-16.30 – SESIUNE PLENARĂ 14.30-15.00- Indicele glezna brat -manifestari in afectarea cardiovasculara -Sef lucr. Dr. Lelia Susan 15.00-15.30- Rolul evaluarii geriatrice complexe in prelungirea vietii active pentru o imbatranire independenta si sanatoasa -Dr. Elena Lupeanu, CS II 15.30-16.00- Studii de 1H rezonanta magnetica nucleara si biochimice ale fluiditatii membranei eritrocitate de la pacientii hipertensivi cu sau fara accident vascular cerebral -Dr. Floarea Revnic, CSI 16.00-16.30- Aplicatii de eSanatate care sustin servicii medicale integrate si centricitatea-pe-pacienti varstnici -Ianculescu Marilena (PM) 16.30-16.45 – Pauză de cafea 16.45-19.00 – SESIUNE PLENARĂ 16.45-17.15- Observatii privind cauzele de deces in geriatrie -Prof. Dr. Constantin Bogdan 17.15-17.45-Disfunctionalitati in relationarea specialistului geriatru cu ceilalti specialisti -Dr. Victoria Rotaru 17.45-18.10- Aspecte neurochirurgicale ale tumorilor supratentoriale intraaxiale la varstnici -Sef lucrari.Dr.Corneliu Toader 18.10-18.30 – Studiul relatiei -boala arteriala coronariana aterosclerotica- markerii inflamatiei, acid lactic-deficit cognitiv - Dr. Bodescu Maria Madalina	13.00-13.15- Factori de risc și strategii de prevenție a căderilor la vârstnici -Prof.Dr.Gabriel-Ioan Prada 13.15-13.30- Centru de Studiu al Memoriei si Stimulare NeuroCognitivă CSM.SNC -Conf Dr. Rozeta Drăghici 13.30-13.45- Noutati in tratamentul insuficientei cardiace cronice conform ghidului ESC 2016 -Dr. Alice Munteanu 13.45-14.30 – Pauză de prânz 14.30-16.00 – Sesiune de comunicări științifice – TINERI MEDICI GERIATRI 16.00-16.15 – Pauză de cafea 16.15-18.15 – Sesiune de comunicări – MASA ROTUNDA – -Nevralgia de trigemen la pacientii varstnici -Sef lucrari.Dr.Corneliu Toader - Chirurgia meningioamelor intracraniene la pacientii varstnici -Sef lucrari.Dr.Corneliu Toader -Experiente de viata ale varstnicilor identificate cu abuz in clinica de geriatrie -Conf. Dr. Ovidiu Gavrilovici -Recuperarea geriatrica-de la concept la practica -Dr. Aurelian Sorina Maria -Obezitatea la pacientul varstnic-particularitati -Dr. Luminita Aurelia Pasca -Patologia dureroasa toracica la varstnici – indicator echivalent de ischemie miocardica -Dr. Dragos Munteanu -Importanta hidratarii corecte a pacientului varstnic -Dr. Florian Alexandru Obretin -Ingrijirea pacientilor cu fibrilatie atriala in lumina noilor ghiduri -Dr. Platon Izabela Corina	somatice si psihice -Prof. Dr. Rodica Ghiuru 14.30-15.00- Strategii de adaptare la pensionare -Prof. Dr. Gabriel-Ioan Prada 15.00-15.30 Închiderea Congresului Național
		18.30 - MASA DE SEARA		

	09.00-19.00 SIMPOZIONUL NAȚIONAL DE GERONTOPSIHLOGIE “GERONTOPSIHLOGIA ÎN CONTEXT MULTIDIMENSIONAL” 09.00- 09.15 Deschiderea oficială -Prof. Dr. Gabriel-Ioan Prada 09.15- 11.15 - CONFERINȚE I 09.15- 09.45- Elemente psihologice, neuropsihologice si epigenetice care accelereaza sau incetinesc imbatranirea - Prof. Univ. Dr., C.S.I Cristian Vasile 09.45-10.15- Coeziunea, flexibilitatea și comunicarea în familie - Conf. Univ. Dr., C.S.II Cornelia Rada 10.15-10.45- Bune practici in clinica de memorie - Drd. Psih. Maria Moglan 10.45-11.15- Considerații etice în abordarea pacientului vârstnic - Drd. Psih. Cristina Oprea 11.15-11.30 – Pauză de cafea 11.30- 13.30 – CONFERINȚE II 11.30-12.00- Experiența geronto-psihologică și geronto-psihiatrică a unui geriatru practicant – observații, opinii, comentarii - Prof Asoc. Dr. Constantin Bogdan 12.00-12.30- Tulburările de comportament la vârstnici secundare excesului de medicamente antiinflamatoare și protectoare gastrice - Drd. Psih. Corina Răducea 12.30-13.00- Evenimente electro-neurofuncționale determinate de activări standard de rutină și experimentale - Biol. Dr. Emanuela Dinca 13.00-13.30- Intervenția de optimizare cognitivă – Tehnică de lucru integrată în Programul de recuperare post AVC - Psih. Dr. Andreea Marin 13.30 – 14.30 – Pauză de prânz
	09.00 – 11.00 – Sesiune de comunicări științifice – BIOLOGIA ÎMBĂTRÂNIRII 11.00 – 11.15 – Pauză de cafea 11.15 – 13.45 Sesiune de comunicări – NURSING GERIATRIC 13.45 – 14.30 – Pauză de prânz

14.00-14.30- Sesiune POSTERE
- GerontoPsihologie

14.30-16.30- Sesiune Comunicari Științifice -
Gerontopsihologia in context multidimensional

Moderatori: Prof. Dr. Psih. Mihaela Roco,
Drd. Psih. Cristina Oprea

16.30-16.45 – *Pauză de cafea*

16.45-17.30 Atelier interactiv –
Stimulare Neurocognitivă – Fișe de lucru

Rozeta Drăghici,
Alexandra Avădanei,
Andreea Marin

17.30-19.00 MASĂ ROTUNDĂ –
Gerontopsihologia clinică- evaluare și intervenții specifice

Moderator: Conf. Dr. Psih. Rozeta Drăghici
Alexandra Avădanei, Claudia Bălan,
Ancuța Neaga, Nadia Sirbu,
Polixenia Stan, Ioana Vârtan

Programme of the VIIIth National Congress of Geriatrics and Gerontology with International participation

«Multidimensional approach in Geriatrics and Gerontology»

“Ana Aslan” N.I.G.G., Otopeni Department – Bucharest • October 20 – October 23, 2016

	Thursday October 20	Friday October 21	Saturday October 22	Sunday October 23
	N.I.G.G. “Ana Aslan” – Otopeni Department			
HALL A	13.00–14.00 Opening Ceremony 14.00-15.30 – PLENARY SESSION 14.00-14.30-Trends in elder’s neurology -Prof. Dr. Alexandru Șerbănescu 14.30-15.00- Anthropology, gerontology and geriatrics -Acad. Prof. Dr. Constantin Bălăceanu- Stolinici 15.00-15.30- Estrogens and cognitive risk -Prof. Dr. Catalina Poiana 15.30-17.00 – PLENARY SESSION 15.30-16.00- New insights regarding procaine and Gerovital H3 antioxidant action at cellular and molecular level -Prof. Dr. Daniela Grădinaru 16.00-16.30- National Graduate School of Gerontology -Prof. Torbjörn Svensson 16.30-17.00- Cardiovascular risk in rheumatoid arthritis - from evidence to clinical practice -Conf. Dr. Denisa Predeteanu 17.00-17.15 – Coffee break 17.15-19.00 – PLENARY SESSION 17.15-17.45- Addressing behavioral disorders in dementia -Prof.Dr.Catalina Tudose	09.00-11.15–PLENARY SESSION 09.00-09.25– A new therapeutical strategy in gerontology-geriatrics:activation of neuro-n-glio-capillary components and ways -Prof. Dr. Dan Riga, -Prof. Dr. Sorin Riga 09.25-09.50- Dietary principles in senior population -Prof. Dr. Ioana Dana Alexa 09.50-10.15- Cerebral rhythms in standby and in sleep -Dr. Emanuela Dincă 10.15-10.35– Elderly digestive track specific features -Sef lucr. Dr. Lelia Susan 10.35-10.55- New features of Aslan therapy in the present context -Dr. Pharm. Speranța Prada 10.55-11.15- Urinary incontinent senior’s medication therapy management -Pharm. Cristina Daniela Marineci 11.15-11.30 – Coffee break 11.30-13.30 – PLENARY SESSION 11.30-12.00- Forensic psychiatry in the elderly – ethical issues -Dr. Nicoleta Tataru 12.00-12.30- Arterial pulmonary hypertension in the geriatric population - Prof. Dr. Radulescu 12.30-12.55- A new geriatric syndrome: oropharyngeal dysphagia -Asist. Univ. Dr.Zamfir Mihai-Viorel	09.00-10.00 – PLENARY SESSION 09.00-09.30- Intervention to optimize diet and physical activity in older adults -RAHEO study part II -Dr. Anna Marie Herghelegiu 09.30-10.00- Conectomul - last milestone in deciphering the human mind -Dr.Adrian Stănescu 10.00-11.00- SYMPOSIUM “Medical rehabilitation of the elderly from interdisciplinary perspectives” -Prof. Adriana Sarah Nica -Post ischemic stroke recovery at elderly- comparative results - -Asoc. Prof. Ana Capizisu -The interface between Geriatrics and rehabilitation medicine in musculoskeletal pathologies -Dr. Gilda Mologhianu 11.00-11.15 – Coffee break 11.15-13.45 – PLENARY SESSION 11.15-12.15- Classical therapies in multidimensional approach of diseases in older people ZENTIVA 12.15-12.30 European Diploma in Geriatrics and Gerontology -Prof. Dr. Andreas Stuck	08.30-10.00 – PLENARY SESSION 08.30-09.00- Comorbidities in neurocognitive disorders in the elderly -Prof. Dr. Gabriel-Ioan Prada 09.00-09.30- Geriatric perspectives in neurocognitive disorders -Șef lucr. Dr. Valer Donca 09.30-10.00- Relevance of diagnostic imaging in hearing loss with tinnitus -Dr. Daniela Neacsu 10.00-10.15 – Coffee break 10.15-12.15 – SCIENTIFIC SESSION Communications / POSTERS - GERIATRICS and GERONTOLOGY 12.15-13.00 – Lunch break 13.00-15.00 – PLENARY SESSION 13.00-13.30- Liver sinusoidal spaces and the aging process-a postmortem study -Dr. Crina Amalia Carazanu 13.30-14.00- Quality of life in elderly diabetics with cardiovascular disease -Dr. Raluca Nacu 14.00- 14.30- The socio-community protection of the elderlies in the context of somatic and psychological vulnerability -Prof. Dr. Rodica Ghiuru 14.30-15.00- Strategies to adapt to retirement -Prof. Dr. Gabriel-Ioan Prada

HALL A	17.45-18.10- Multidisciplinary in Geriatrics and Gerontology -Prof. Dr. Gabriel-Ioan Prada 18.10-18.35- Correlation study between depression and cognitive dysfunction in the elderly - discriminant neurocognitive index? -Conf. Dr. Rozeta Drăghici 18.35-19.00- The nutritional status impact in osteoporosis -Şef lucr. Dr. Lelia-Maria Şuşan 19.00-20.00 LIFELONG LEARNING, PRILEJ DE INTERGENERAȚIONALITATE- Expoziție de proiecte de arhitectură WINDOWS TOWARDS US – Art and ArtTherapy Exhibition 20.00 COCKTAIL	12.55-13.20- Quality principles in the contemporary architecture of nursing homes for elderly -Şef lucrări Dr. Arh. Zamfir Mihaela 13.20-13.30- Tracking Device for Patients with Alzheimer's Disease -Dragoş Nanuti 13.30-14.30 – Lunch break 14.30-16.30– PLENARY SESSION 14.30-15.00- Ankle-brachial index - a cardiovascular impairment measure -Sef lucr. Dr. Lelia Susan 15.00-15.30- Comprehensive geriatric assessment role in extending active life for independent and healthy aging -Dr. Elena Lupeanu, CS II 15.30-16.00-1H nuclear magnetic resonance and biochemical studies of erythrocyte membrane fluidity in hypertensive patients with /without stroke -Dr. Floarea Revnic, CSI 16.00-16.30- eHealth applications, enablers for an integrated care and older-patients centricty -Ianculescu Marilena (PM) 16.30-16.45 – Coffee break 16.45-19.00 – PLENARY SESSION 16.45-17.15- Comments on the cause of death in geriatrics -Prof. Dr. Constantin Bogdan 17.15-17.45- Relationship failure between geriatrics and other specialists -Dr. Victoria Rotaru 17.45-18.10- Neurosurgical aspects of supratentorial intraaxial tumors in elderly -Sef lucrari. Dr. Corneliu Toader 18.10-18.30- The relation between coronary-arterial -ateroscopic disease- markers of inflammation, lactic acid and cognitive deficiency - Dr. Bodescu Maria Madalina	12.30-12.45- The effect of low power laser therapy, kintotherapy and physiotherapy in degenerative and osteoarticular pathologies in elderly patients -Dr. Floarea Revnic, CSI 12.45-13.00- Biochemical markers in neurodegeneration; potential uses and limitations -Dr. Cătălina Pena, CSIII 13.00-13.15- Risk factors and prevention strategies of falls in the elderly -Prof. Dr. Gabriel-Ioan Prada 13.15-13.30- Centre of Study of Memory and Neurocognitive Stimulation CSM-SNC -Conf. Dr. Rozeta Drăghici 13.30-13.45 – Update in ESC 2016 guidelines for the treatment of chronic heart failure -Dr. Alice Munteanu 13.45-14.30 –Lunch break 14.30 – 16.00 –SCIENTIFIC SESSION COMMUNICATIONS – YOUNG GERIATRICIANS 16.00-16.15 – Coffee break 16.15 – 18.15 – ROUND TABLE SESSION-Communications - Trigeminal neuralgia in elderly patients -Sef lucrari. Dr. Corneliu Toader - Surgery of intracranial meningiomas in elderly -Sef lucrari. Dr. Corneliu Toader -Life experiences of abused elderly in geriatric care -Conf. Dr. Ovidiu Gavrilovici - Geriatric rehabilitation from principles to practice -Dr. Aurelian Sorina Maria	15.00–15.30 Closing Ceremony
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		18.30 - DINNER	-Obesity in the elderly particularities -Dr. Luminita Aurelia Pasca -The anterior chest pain in elderly – the indicator of the miocardic ischemiae -Dr. Dragos Munteanu -The importance of well hydration in the elderly -Dr. Florian Alexandru Obretin -How we manage patients with atrial fibrillation in the light of new guidelines -Dr. Platon Izabela Corina	
HALL B		09.00-19.00 THE NATIONAL SYMPOSIUM OF GERONTOPSYCHOLOGY “GERONTOPSYCHOLOGY IN MULTIDIMENSIONAL CONTEXT” 09.00- 09.15 Official Opening -Prof. Dr. Gabriel-Ioan Prada 09.15- 11.15 - CONFERENCES I 09.15- 09.45- Psychological, Neuropsychological and Epigenetic Factors Accelerating or Slowing Down the Ageing - Prof. Univ. Dr., C.S.I Cristian Vasile 09.45-10.15- Cohesion, Flexibility and Communication in the Family - Conf. Univ. Dr., C.S.II Cornelia Rada 10.15-10.45- Memory Clinic Best Practices - Drd. Psih. Maria Moglan 10.45-11.15- Ethical Considerations in Elderly Aproaching - Drd. Psih. Cristina Oprea 11.15-11.30 –Coffee break 11.30- 13.30 - CONFERENCES II 11.30-12.00- Geronto-psychological and Psychiatric Experience of a Practitioner Geriatrician - Observations, Opinions, Comments - Prof Asoc. Dr. Constantin Bogdan	09.00 – 11.00 – SCIENTIFIC SESSION Communications BIOLOGY OF AGING 11.15 – 13.45 – GERIATRIC NURSING SESSION-Communications 13.45 – 14.30 – Lunch break	
HALL B				

12.00-12.30- Behavioral Disturbances in the Elderly Following an Excess of Antiinflammatory and Gastric Protection Medicine

- Drd. Psih. Corina Răducea

12.30-13.00- Cerebral Rhythms in Standby and in Sleep

- Biol. Dr. Emanuela Dinca

13.00-13.30- Cognitive Optimization Therapy – Integrated Training Techniques in the Post-Stroke Medical Rehabilitation

- Psih. Dr. Andreea Marin

13.30 – 14.30 – Lunch break

14.00-14.30 - GerontoPsychology POSTERS Session

14.30-16.30 - Scientific Session COMMUNICATIONS

Gerontopsychology in Multidimensional Context

Moderators: Prof. Dr. Psih. Mihaela Roco,
Drd. Psih. Cristina Oprea

16.30 – 16.45 – Coffee break

16.45 – 17.30 – Interactive workshop – Neurocognitive Stimulation – Worksheets

Rozeta Drăghici,
Alexandra Avădanei,
Andreea Marin

17.30 – 19.00 – ROUND TABLE –

-Clinical Gerontopsihology – Assessment and Specific Interventions

Moderator: Conf. Dr. Psih. Rozeta Drăghici

Alexandra Avădanei, Claudia Bălan,
Ancuța Neaga, Nadia Sîrbu,
Polixenia Star, Ioana Vârtan

JOI 20 octombrie 2016
Thursday 20th October 2016

SALA A / Hall A

13.00–14.00 • Deschiderea Congresului Național
Opening Ceremony

14.00 – 15.30 • SESIUNE PLENARĂ / PLENARY SESSION

- 14.00-14.30- **ACTUALITATI IN NEUROLOGIA VARSTNICULUI**
TRENDS IN ELDER'S NEUROLOGY
Prof. Dr. Alexandru Șerbănescu
Sectia de Neurologie, Spitalul Clinic Colentina, Bucuresti
- 14.30-15.00- **ANTROPOLOGIE, GERONTOLOGIE SI GERIATRIE**
ANTHROPOLOGY, GERONTOLOGY AND GERIATRICS
Acad. Prof. Dr. Constantin Bălăceanu- Stolnici
Institutul de Antropologie "Fr. Rainer" al Academiei Romane, Universitatea Ecologica
- 15.00-15.30- **ESTROGENII SI RISCUL COGNITIV**
ESTROGENS AND COGNITIVE RISK
Prof. Dr. Catalina Poiana
Institutul National de Endocrinologie "C.I. Parhon", Bucuresti

15.30 – 17.00 • SESIUNE PLENARĂ / PLENARY SESSION

- 15.30-16.00- **NOI ABORDARI PRIVIND ACTIUNEA ANTIOXIDANTA A PROCAINEI SI GEROVITAL H3 LA NIVEL CELULAR SI MOLECULAR**
NEW INSIGHTS REGARDING PROCAINE AND GEROVITAL H3 ANTIOXIDANT ACTION AT CELLULAR AND MOLECULAR LEVEL
Prof. Dr. Daniela Grădinaru
Universitatea de Medicina si Farmacie "Carol Davila", Bucuresti
- 16.00-16.30- **SCOALA NATIONALA DE GERONTOLOGIE**
NATIONAL GRADUATE SCHOOL OF GERONTOLOGY
Prof. Torbjörn Svensson
Center for Ageing and Supportive Environments, CASE, Lund University
- 16.30-17.00- **RISCUL CARDIOVASCULAR IN POLIARTRITA REUMATOIDA – DE LA EVIDENTE LA PRACTICA CLINICA**
CARDIOVASCULAR RISK IN RHEUMATOID ARTHRITIS - FROM EVIDENCE TO CLINICAL PRACTICE
Conf. Dr. Denisa Predeteanu
Spitalul Clinic "Sf. Maria " Clinica de Medicina Interna si Reumatologie
Universitatea de Medicina si Farmacie "Carol Davila", Bucuresti

17.00-17.15 – Pauză de cafea / COFFEE BREAK

17.15 – 19.00 • SESIUNE PLENARĂ/ PLENARY SESSION

- 17.15-17.45- **ABORDAREA TULBURARILOR DE COMPORTAMENT IN DEMENTE**
ADDRESSING BEHAVIORAL DISORDERS IN DEMENTIA
Prof. Dr. Catalina Tudose
Spitalul Clinic de Psihiatrie „Prof. Dr. Al. Obregia”, București

- 17.45-18.10- **MULTIDISCIPLINARITATE ÎN GERIATRIE SI GERONTOLOGIE**
MULTIDISCIPLINARY IN GERIATRICS AND GERONTOLOGY
Prof. Dr. Gabriel-Ioan Prada
 Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
 Universitatea de Medicina si Farmacie "Carol Davila", Bucuresti
- 18.10-18.35- **STUDIU CORELATIONAL ÎNTRE DEPRESIE SI DISFUNCTIA COGNITIVĂ LA VÂRSTNICI**
– INDICE DISCRIMINANT NEUROCOGNITIV?
CORRELATION STUDY BETWEEN DEPRESSION AND COGNITIVE DYSFUNCTION IN THE
ELDERLY - NEUROCOGNITIVE DISCRIMINANT INDEX?
Conf. Dr. Psih. Rozeta Drăghici
 Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 18.35-19.00- **IMPACTUL STATUSULUI NUTRITIONAL IN OSTEOPOROZA**
THE NUTRITIONAL STATUS IMPACT IN OSTEOPOROSIS
Sef lucr. Dr. Lelia Susan
 Spitalul Clinic Universitar CF Timisoara, Romania

19.00 - 20.00

LIFELONG LEARNING, PRILEJ DE INTERGENERAȚIONALITATE-
Expoziție de proiecte de arhitectură
LIFELONG LEARNING, PRILEJ DE INTERGENERAȚIONALITATE-
Architectural projects exhibition

FERESTRE SPRE NOI - Expozitie de Artă și ArtTerapie
WINDOWS TOWARDS US – Art and ArtTherapy Exhibition

20.00 COCKTAIL

VINERI 21 octombrie 2016
Friday 21st October 2016

SALA A / Hall A

09.00 – 11.15 • SESIUNE PLENARĂ / PLENARY SESSION

Moderatori / Chairpersons: *Dan Riga, Sorin Riga, Ioana Dana Alexa*

09.00-09.25- **O NOUA STRATEGIE TERAPEUTICA IN GERONTOLOGIE- GERIATRIE: ACTIVAREA CAILOR SI COMPONENTELOR NEURONO-GLIO-CAPILARE**
A NEW THERAPEUTICAL STRATEGY IN GERONTOLOGY- GERIATRICS: ACTIVATION OF NEURONO-GLIO-CAPILLARY COMPONENTS AND WAYS

Prof. Dr. Dan Riga,

Prof. Dr. Sorin Riga

Spitalul Clinic de Psihiatrie „Prof. Dr. Al. Obregia”, București

09.25-09.50- **REGIMUL ALIMENTAR SI IMPORTANTA SA LA PERSOANA VIRSTNICA**
DIETARY PRINCIPLES IN SENIOR POPULATION

Prof. Dr. Ioana Dana Alexa

Universitatea de Medicina si Farmacie „Grigore T. Popa” Iasi

09.50-10.15- **RITMURI CEREBRALE ÎN STARE DE VEGHE ȘI ÎN TIMPUL SOMNULUI**
RHYTHMS IN STANDBY AND IN SLEEP

Dr. Emanuela Dincă

Institutul National de Gerontologie si Geriatrie ”Ana Aslan”, Bucuresti

10.15-10.35- **PARTIC CEREBRALE IN STAREA DE VEGHE SI IN TIMPUL SOMNULUI**
CEREBRAL ULARITATI ALE TUBULUI DIGESTIV LA PERSOANELE DE VARSTA A III-A
ELDERLY DIGESTIVE TRACK SPECIFIC FEATURES

Sef lucr. Dr. Lelia Susan

Clinica IV-a Medicală a Spitalului Clinic CFR Timișoara, Secția de geriatrie

10.35-10.55- **NOI VALENTE ALE TERAPIEI ASLAN IN CONTEXTUL ACTUAL**
NEW FEATURES OF ASLAN THERAPY IN THE PRESENT CONTEXT

Prada Speranta, Patru Corina, Popa Natalia

Institutul National de Gerontologie si Geriatrie "Ana Aslan", București, Romania

10.55-11.15- **MANAGEMENTUL TERAPIEI MEDICAMENTOASE A VARSTNICULUI CU**
INCONTINENTA URINARA
URINARY INCONTINENT SENIOR'S MEDICATION THERAPY MANAGEMENT

Farm. Cristina Daniela Marineci

Medicaments, București, România

11.15 – 11.30 – Pauză de cafea / COFFEE BREAK

11.30 – 13.30 • SESIUNE PLENARĂ / PLENARY SESSION

Moderatori / Chairpersons: *Nicoleta Tătaru, Dan Rădulescu*

11.30-12.00- **PSIHIATRIA GERIATRICA CU IMPLICATII MEDICO-LEGALE ASPECTE ETICE**
FORENSIC PSYCHIATRY IN THE ELDERLY – ETHICAL ISSUES

Dr. Nicoleta Tataru

Oradea, Romania

12.00-12.30- **HIPERTENSIUNEA ARTERIALA PULMONARA LA VARSTNICI**
ARTERIAL PULMONARY HYPERTENSION IN THE GERIATRIC NiPOPULATION

Prof. Dr. Dan Radulescu

UMF Iuliu Hatieganu, Clinica Medicala V, Spitalul Clinic Municipal, Cluj Napoca

12.30-13.00- **UN NOU SINDROM GERIATRIC: DISFAGIA OROFARINGIANA**
A NEW GERIATRIC SYNDROME: OROPHARYNGEAL DYSPHAGIA

Asist.Univ. Dr. Zamfir Mihai-Viorel

Disciplina Fiziologie II- Neurostiinte, UMF “Carol Davila”

13.00- 13.30- **PRINCIPII DE CALITATE IN ARHITECTURA CONTEMPORANA A CENTRELOR DE**
VARSTNICI DE TIP NURSING HOME
QUALITY PRINCIPLES IN THE CONTEMPORARY ARCHITECTURE OF NURSING HOMES
FOR ELDERLY

Șef lucrări Dr. Arh. Zamfir Mihaela

Universitatea de Arhitectura si Urbanism “Ion Mincu”

13.30 – 14.30 – *Pauză de prânz / LUNCH BREAK*

14.30 – 16.30 • **SESIUNE PLENARĂ / PLENARY SESSION**

Moderatori / Chairpersons: *Lelia Susan, Elena Lupeanu, Floarea Revnic*

- 14.30-15.00- **INDICELE GLEZNA BRAT -MANIFESTARI IN AFECTAREA CARDIOVASCULARA**
ANKLE-BRACHIAL INDEX - A CARDIOVASCULAR IMPAIRMENT MEASURE
Sef lucr. Dr. Lelia Susan
Spitalul Clinic Universitar CF Timisoara, Romania
- 15.00-15.30- **ROLUL EVALUARII GERIATRICE COMPLEXE IN PRELUNGIREA VIETII ACTIVE PENTRU O IMBATRANIRE INDEPENDENTA SI SANATOASA**
COMPREHENSIVE GERIATRIC ASSESSMENT ROLE IN EXTENDING ACTIVE LIFE FOR INDEPENDENT AND HEALTHY AGING
Dr. Elena Lupeanu, CS II
Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 15.30-16.00- **STUDII DE 1H REZONANTA MAGNETICA NUCLEARA SI BIOCHIMICE ALE FLUIDITATII MEMBRANEI ERITROCITATE DE LA PACIENTII HIPERTENSIVI CU SAU FARA ACCIDENT VASCULAR CEREBRAL**
1H NUCLEAR MAGNETIC RESONANCE AND BIOCHEMICAL STUDIES OF ERYTHROCYTE MEMBRANE FLUIDITY IN HYPERTENSIVE PATIENTS WITH /WITHOUT STROKE
Dr. Floarea Revnic, CSI
Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 16.00-16.30- **APLICATII DE eSANATATE CARE SUSTIN SERVICII MEDICALE INTEGRATE SI CENTRICITATEA-PE-PACIENTI VARSTNICI**
eHEALTH APPLICATIONS, ENABLERS FOR AN INTEGRATED CARE AND OLDER PATIENTS CENTRICITY
Ianculescu Marilena (PM)
Institutul Național de Cercetare-Dezvoltare in Informatica (ICI), Bucuresti

16.30-16.45 – *Pauză de cafea / COFFEE BREAK*

16.45 – 19.00 • **SESIUNE PLENARĂ / PLENARY SESSION**

Moderatori / Chairpersons: *Constantin Bogdan, Victoria Rotaru, Corneliu Toader*

- 16.45-17.15- **OBSERVATII PRIVIND CAUZELE DE DECES IN GERIATRIE**
COMMENTS ON THE CAUSE OF DEATH IN GERIATRICS
Prof. Dr. Constantin Bogdan
Centrul Medico-Social „Sfantul Andrei” Bucuresti
- 17.15-17.45- **DISFUNCTIONALITATI IN RELATIONAREA SPECIALISTULUI GERIATRU CU CEILALTI SPECIALISTI**
RELATIONSHIP FAILURE BETWEEN GERIATRICS AND OTHER SPECIALISTS
Dr. Victoria Rotaru
Centrul Medico-Social „Sfantul Andrei” Bucuresti
- 17.45-18.10- **ASPECTE NEUROCHIRURGICALE ALE TUMORILOR SUPRATENTORIALE INTRAAXIALE LA VARSTNICI**
NEUROSURGICAL ASPECTS OF SUPRATENTORIAL INTRAAXIAL TUMORS IN ELDERLY
Sef lucrari. Dr. Corneliu Toader
Universitatea de Medicina si Farmacie, “Carol Davila”, Bucuresti
- 18.10-18.30- **STUDIUL RELATIEI -BOALA ARTERIALA CORONARIANA ATEROSCLEROTICA-MARKERII INFLAMATIEI, ACID LACTIC-DEFICIT COGNITIV**
THE RELATION BETWEEN CORONARY-ARTERIAL -ATEROSCOPIC DISEASE MARKERS OF INFLAMMATION, LACTIC ACID AND COGNITIVE DEFICIENCY
Dr. Bodescu Maria Madalina
Universitatea de Medicina si Farmacie “Grigore T. Popa” - Iasi

18.30 - MASA DE SEARA / DINNER

VINERI 21 octombrie 2016
Friday 21st October 2016

SALA B / Hall B

09.00 – 19.00

SIMPOZIONUL NAȚIONAL DE GERONTOPSIHOLOGIE
”GERONTOPSIHOLOGIA ÎN CONTEXT MULTIDIMENSIONAL”
THE NATIONAL SYMPOSIUM OF GERONTOPSYCHOLOGY
”GERONTOPSYCHOLOGY IN MULTIDIMENSIONAL CONTEXT”

09.00-09.15 Deschiderea oficială / *Official Opening*
Prof. Dr. Gabriel-Ioan Prada

09.15 – 11.15 • CONFERINȚE I / *CONFERENCES I* •

Moderatori / Chairpersons: Cristian Vasile, Cornelia Rada

09.15-09.45– ELEMENTE PSIHOLOGICE, NEUROPSIHOLOGICE SI EPIGENETICE CARE
ACCELEREAZA SAU INCETINESC IMBATRANIREA
*PSYCHOLOGICAL, NEUROPSYCHOLOGICAL AND EPIGENETIC FACTORS ACCELERATING
OR SLOWING DOWN THE AGEING*

Prof. Univ. Dr., C.S.I Cristian Vasile

Universitatea Petrol-Gaze Ploiești, Muzeul Județean de Științele Naturii Prahova
Muzeul Județean de Științele Naturii Prahova

09.45-10.15– COEZIUNEA, FLEXIBILITATEA ȘI COMUNICAREA ÎN FAMILIE
COHESION, FLEXIBILITY AND COMMUNICATION IN THE FAMILY

Conf. Univ. Dr., C.S.II Cornelia Rada

Institutul de Antropologie „Francisc I. Rainer” al Academiei Române

10.15-10.45– BUNE PRACTICI IN CLINICA DE MEMORIE
MEMORY CLINIC BEST PRACTICES

Maria Moglan, Catalina Tudose

Societatea Romana Alzheimer

10.45-11.15– CONSIDERATII ETICE ÎN ABORDAREA PACIENTULUI VÂRSTNIC
ETHICAL CONSIDERATIONS IN ELDERLY APROACHING

Drd. Psih. Cristina Oprea

Spitalul Clinic de Psihiatrie „Prof. Dr. Al. Obregia”, București

11.15-11.30 – *Pauză de cafea / COFFEE BREAK*

09.15 – 11.15 • CONFERINȚE II / *CONFERENCES II* •

Moderatori / Chairpersons: Constantin Bogdan , Corina Răducea

11.30-12.00- EXPERIENȚA GERONTO-PSIHOLOGICĂ ȘI GERONTO-PSIHIATRICĂ A UNUI GERIATRU
PRACTICIAN – OBSERVAȚII, OPINII, COMENTARII
*GERONTO-PSYCHOLOGICAL AND PSYCHIATRIC EXPERIENCE OF A PRACTITIONER
GERIATRICIAN- OBSERVATIONS, OPINIONS, COMMENTS*

Prof Asoc. Dr. Constantin Bogdan

Centrul Medico-Social „Sfantul Andrei” Bucuresti

12.00-12.30- TULBURARILE DE COMPORTAMENT LA VARSTNICI SECUNDARE EXCESULUI DE
MEDICAMENTE ANTIINFLAMATOARE SI PROTECTOARE

*BEHAVIORAL DISTURBANCES IN THE ELDERLY FOLLOWING AN EXCESS OF
ANTIINFLAMMATORY AND GASTRIC PROTECTION MEDICINE*

Corina Răducea

Facultatea de Psihologie și Științele Educației, Universitatea București

12.30-13.00- RITMURI CEREBRALE IN STAREA DE VEGHE SI IN TIMPUL SOMNULUI
CEREBRAL RHYTHMS IN STANDBY AND IN SLEEP

Emanuela Dinca

Institutul National de Gerontologie si Geriatrie ”Ana Aslan”, Bucuresti

- 13.00-13.30- **INTERVENTIA DE OPTIMIZARE COGNITIVĂ - TEHNICA DE LUCRU INTEGRATĂ ÎN PROGRAMUL DE RECUPERARE MEDICALĂ POST AVC**
COGNITIVE OPTIMIZATION THERAPY – INTEGRATED TRAINING TECHNIQUES IN THE POST STROKE MEDICAL REHABILITATION
Andreea Marin, Mihai Viorel Zamfir, Ileana Ciobanu, Rozeta Draghici, Mihai Berteanu

Spitalul Universitar de Urgență ELIAS, Clinica de Recuperare Medicală, București
Spitalul Clinic de Psihiatrie "Prof. Dr. Alexandru Obregia", București
Universitatea de Medicină și Farmacie "Carol Davila", București
Institutul Național de Gerontologie și Geriatrie "Ana Aslan", București

13.30-14.30 – Pauză de prânz / LUNCH BREAK

- 14.00-14.30 • Sesiune POSTERE GerontoPsihologie**
GerontoPsychology POSTERS Session •

TRANSFORMAREA PERCEPȚIEI SPAȚIULUI – O TERAPIE POSIBILĂ ÎN TULBURĂRILE NEUROCOGNITIVE
A TRANSFORMING SPACE PERCEPTION – A POSSIBLE CURE IN NEUROCOGNITIVE DISORDERS

Corina Răducea

Facultatea de Psihologie și Științele Educației, Universitatea din București

PAVILION LIFELONG LEARNING, PRILEJ DE INTERGENERAȚIONALITATE- cercetare prin proiect și expoziție

LIFELONG LEARNING PAVILION, OPPORTUNITY FOR INTERGENERATIONAL RELATIONS - research by design and exhibition

Zamfir (Grigorescu) Mihaela, Stănculescu Magdalena

Universitatea de Arhitectură și Urbanism "Ion Mincu" București, România

- 14.30-16.30 • Sesiune de COMUNICĂRI ȘTIINȚIFICE •**
GERONTOPSIHOLOGIA ÎN CONTEXT MULTIDIMENSIONAL
• SCIENTIFIC COMMUNICATIONS Session •
GERONTOPSYCHOLOGY IN MULTIDIMENSIONAL CONTEXT

Moderatori / Chairpersons: Mihaela Roco, Cristina Oprea

- 14.30-14.50- **PROFILUL ÎNGRIJITORULUI FAMILIAL AL PERSOANEI VÂRSTNICE DIAGNOSTICATE CU BOALA ALZHEIMER – ANALIZĂ COMPARATIVĂ ÎNTRE ROMÂNIA, CEEA ȘI POLONIA**

FAMILY CAREGIVER'S PROFILE IN THE CASE OF ELDERLY DIAGNOSED WITH ALZHEIMER DEMENTIA- COMPARATIVE ANALYSIS BETWEEN ROMANIA, CZECH REPUBLIC AND POLAND

Maria Moglan, Ioana Caciula

Universitatea București

14. 50-15.10- **RELATIA ÎNTRE AUTOEFICACITATE, STRATEGII DE COPING ȘI DISTRES LA ÎNGRIJITORII FAMILIALI AI PERSOANELOR CU TNC MAJORĂ**
THE RELATIONSHIP BETWEEN SELF-EFFICACY, COPING STRATEGIES AND DISTRESS IN INFORMAL CAREGIVERS OF PEOPLE WITH MAJOR NCD

Ancuta Maria Neaga

Ambulatoriu Institutului Național de Gerontologie și Geriatrie "Ana Aslan", București

- 15.10-15.25- **IMBUNĂTĂȚIREA CALITĂȚII VIETII PACIENȚILOR DIAGNOSTICAȚI CU DEMENTA**
QUALITY OF LIFE IMPROVEMENT IN PATIENTS DIAGNOSED WITH DEMENTIA

Adriana Savu

Universitatea de Medicină și Farmacie "Carol Davila", București, România

- 15.25-15.40- **MUZICOTERAPIA – TRATAMENT PENTRU ATENUAREA SIMPTOMELOR DEPRESIVE LA PACIENȚII CU DEMENTA**
MUSIC THERAPY – TREATMENT FOR THE ATTENUATION OF DEPRESSION SYMPTOMS IN PATIENTS WITH DEMENTIA

Gina Bianu Costișanu

Universitatea de Medicină și Farmacie "Carol Davila", București, România

- 15.40-15.55- **ADAPTAREA MARITALA IN CONTEXTUL DEPRESIEI SI DEFICITULUI COGNITIV LA PACIENTUL VARSTNIC**
THE MARITAL ADAPTATION AT OLDER PATIENTS WITH DEPRESSION AND COGNITIVE DISORDER
Maria Madalina Bodescu, Maria-Cristina Gavrilescu, Cristinel Stefanescu
 Universitatea de Medicina si Farmacie "Grigore T. Popa", Iasi
- 15.55-16.10- **EVALUAREA TULBURARILOR AFECTIVE SI COGNITIVE LA VARSTNICI**
THE EVALUATION OF DEPRESSION AND COGNITIVE DISORDERS IN ELDERLY GROUPS
Polixenia Stan
 Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 16.10-16.30- **CERCETARI EMPIRICE PRIVIND UNELE TRASATURI DE PERSONALITATE IN PRESENESENTA**
EMPIRICAL RESEARCH ON PERSONALITY TRAITS IN PRESENESENTA
Prof. Univ. dr. Mihaela Roco
 Universitatea din București

16.30 – 16.45 – Pauză de cafea / COFFEE BREAK

16.45-17.30 • ATELIER INTERACTIV – STIMULARE NEUROCOGNITIVĂ – FISE DE LUCRU

• INTERACTIVE WORKSHOP – NEUROCOGNITIVE STIMULATION -WORKSHEETS

Rozeta Drăghici, Alexandra Avădanei, Andreea Marin
 Clinica RoPsiho, București

17.30 –19.00 • MASĂ ROTUNDĂ – GERONTOPSIHOLOGIA CLINICĂ – EVALUARE ȘI INTERVENȚII SPECIFICE

• ROUND TABLE – CLINICAL GERONTOLOGY - ASSESSMENT AND SPECIFIC INTERVENTIONS

Moderator / Chairperson: Rozeta Drăghici

Alexandra Avădanei, Claudia Bălan, Ancuța Neaga, Nadia Sîrbu, Polixenia Stan, Ioana Vârtan
 Institutul Național de Gerontologie și Geriatrie "Ana Aslan", București

SAMBATA 22 octombrie 2016
Saturday 22nd October 2016

SALA A / Hall A

09.00-10.00 • SESIUNE PLENARĂ / PLENARY SESSION

Moderatori / Chairpersons: *Anna Marie Herghelegiu, Adrian Stănescu*

09.00-09.30- **INTERVENTIE DE OPTIMIZARE A DIETEI SI NIVELULUI DE ACTIVITATE FIZICA LA VARSTNICI – STUDIUL RAHEO PARTEA A II-A**
INTERVENTION TO OPTIMIZE DIET AND PHYSICAL ACTIVITY IN OLDER ADULTS - RAHEO STUDY PART II

Lect. Dr. Anna Marie Herghelegiu

Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti

09.30-10.00- **CONECTOMUL - ULTIMUL HOTAR IN DESCIFRAREA MINTII UMANE**
CONECTOMUL - LAST MILESTONE IN DECIPHERING THE HUMAN MIND

Dr. Adrian Stănescu

Spitalul OXXYGENE Otopeni

10.00 – 11.00 SIMPOZION "RECUPERAREA MEDICALA A VARSTNICULUI DIN PERSPECTIVE INTERDISCIPLINARE "

SYMPOSIUM "MEDICAL REHABILITATION OF THE ELDERLY FROM INTERDISCIPLINARY PERSPECTIVES"

Prof. Adriana Sarah Nica

Universitatea de Medicină și Farmacie "Carol Davila" București

~RECUPERAREA POST ACCIDENT VASCULAR ISCHEMIC LA VÂRSTNICI- REZULTATE COMPARATIVE-

POST ISCHEMIC STROKE RECOVERY AT ELDERLY- COMPARATIVE RESULTS

Asoc. Prof. Ana Capizisu

Universitatea de Medicină și Farmacie "Carol Davila" București

~INTERFATA DINTRE GERIATRIE SI RECUPERARE IN PATOLOGII DE TIP LOCOMOTOR
THE INTERFACE BETWEEN GERIATRICS AND REHABILITATION MEDICINE IN MUSCULOSKELETAL PATHOLOGIES

Dr. Gilda Mologhianu

Universitatea de Medicină și Farmacie "Carol Davila" București

11.00 – 11.15 – Pauză / COFFEE BREAK

11.15 – 13.45 • SESIUNE PLENARĂ / PLENARY SESSION

Moderatori / Chairpersons: *Gabriel-Ioan Prada, Andreas Stuck, Rozeta Drăghici*

11.15-12.15- **TERAPII CLASICE IN ABORDAREA MULTIDIMENSIONALA A PATOLOGIEI VARSTNICULUI**
CLASSICAL THERAPIES IN MULTIDIMENSIONAL APPROACH OF DISEASES IN OLDER PEOPLE

ZENTIVA

12.15-12.30- **DIPLOMA EUROPEANA ÎN GERIATRIE ȘI GERONTOLOGIE**
EUROPEAN DIPLOMA IN GERIATRICS AND GERONTOLOGY

Prof. Dr. Andreas Stuck

Professor of Geriatrics and Head of Geriatrics Department University of Bern

12.30-12.45- **EFFECTUL TERAPIEI CU LASER DE PUTERE JOASA, KINETOTERAPIEI SI FIZIOTERAPIEI IN PATOLOGIIILE OSTEOARTICULARE DEGENERATIVE LA PACIENTII VARSTNICI**

THE EFFECT OF LOW POWER LASER THERAPY, KINETOTHERAPY AND PHYSIOTHERAPY IN DEGENERATIVE OSTEOARTICULAR PATHOLOGIES IN ELDERLY PATIENTS

Dr. Floarea Revnic, CSI

Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti

- 12.45-13.00- **MARKERII BIOCHIMICI IN AFECTIUNILE NEURODEGENERATIVE; POTENTIALE UTILIZARI SI LIMITE**
BIOCHEMICAL MARKERS IN NEURODEGENERATION; POTENTIAL USES AND LIMITATIONS
Dr. Cătălina Pena, CSII
 Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 13.00-13.15- **FACTORI DE RISC ȘI STRATEGII DE PREVENȚIE A CĂDERILOR LA VÂRSTNICI**
RISK FACTORS AND PREVENTION STRATEGIES OF FALLS IN THE ELDERLY
Prof. Dr. Gabriel-Ioan Prada
 Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 13.15-13.30- **CENTRU DE STUDIU AL MEMORIEI SI STIMULARE NEUROCOGNITIVĂ CSM.SNC**
THE CENTRE OF STUDY OF MEMORY AND NEUROCOGNITIVE STIMULATION CSM.SNC
 Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 13.30-13.45- **NOUTATI IN TRATAMENTUL INSUFICIENTEI CARDIACE CRONICE CONFORM GHIDULUI ESC 2016**
UPDATE IN ESC 2016 GUIDELINES FOR THE TREATMENT OF CHRONIC HEART FAILURE
Dr. Alice Munteanu
 Spitalul Universitar de Urgenta Militar Central „Carol Davila”; Bucuresti

13.45 – 14.30 – Pauză de prânz / LUNCH BREAK

14.30-16.00 • Sesiune de comunicări științifice – TINERI MEDICI GERIATRI
SCIENTIFIC SESSION COMMUNICATIONS – YOUNG GERIATRICIANS

Moderatori / Chairpersons: Cristina Maria Gavrilescu, Carmen Ripa, Ana-Maria Dumitrescu

- 14.30- 14.35 - **STUDIU DE CAZ – SINDROM POST-POLIOMIELITA CU DEBUT TARDIV**
CASE STUDY – LATE ONSET POSTPOLIOMYELITIS SYNDROME
Dugan Cosmin-Dragos¹
¹Spitalul Balneomedcenter RamnicuValcea
- 14.35-14.40- **MANAGEMENTUL CANCERULUI ESOFAGIAN LA PACIENTUL VARSTNIC**
ESOPHAGIAL CANCER MANAGEMENT OF AN ELDERLY PATIENT
Gița Costina-Daniela^{1,2}, Zamfirescu Andreea^{1,2}, Dascalescu Ruxandra^{1,2}, Aurelian Sorina Maria^{1,2}, Capisizu Ana^{1,2}
¹Universitatea de Medicina si Farmacie "Carol Davila", Bucuresti, Romania
²Clinica de Geriatrie, Spitalul de Boli Cronice "Sf. Luca", Bucuresti, Romania
- 14.40-14.45- **DIAGNOSTIC SI TRATAMENT IN INTERDISCIPLINARITATE LA PACIENTUL VARSTNIC CU NEOPLASM. PREZENTARE DE CAZ**
DIAGNOSIS AND TREATMENT IN INTERDISCIPLINARITY AT THE ELDERLY ONCOLOGIC PATIENT. CASE PRESENTATION
Tabara C^{1,2}, Zamfirescu A^{1,2}, Dascalescu R.^{1,2}, Ceuca M³, Aurelian SM^{1,2}
¹Universitatea de Medicina si Farmacie „Carol Davila”, Bucuresti
²Spitalul de boli cronice „Sf.Luca”, Bucuresti
³Complex socio-medical de servicii, Bucurest
- 14.45-14.50- **SUSTINEREA PSIHO-SOCIALA A PACIENTULUI VARSTNIC IN CONTEXTUL EVALUARII PLURIDISCIPLINARE**
THE PSYCHO-SOCIAL SUPPORT OF THE ELDERLY PATIENT IN THE CONTEXT OF MULTIDISCIPLINARY EVALUATION
Dumitrescu Ana Maria¹, Grozdan Ana Minodora², Botez Corneliu³, Ghiuru Rodica⁴
¹Universitatea de Medicina si Farmacie "Gr. T. Popa", Facultatea de Medicina, Iasi, Romania
²Spitalul Clinic de Psihiatrie "Socola", Iasi, Romania
³Spitalul Militar, Iasi, Romania
⁴Spitalul Clinic Universitar CFR, Iasi, Romania
- 14.50-15.00- **ASPECTE DIETETICE CU IMPORTANTA IN PREVENIREA OSTEOPOROZEI**
DIETARY ASPECTS WITH IMPORTANCE IN THE PREVENTION OF OSTEOPOROSIS
Gavrilescu Cristina Maria¹, Dumitrescu Ana-Maria², Paraschiv Cranguta¹, Munteanu Dragos¹, Manea Paloma¹, Bodescu Mădălina³, Ghiuru Rodica¹
¹Spitalul Clinic Universitar "Căi Ferate", Iași
²Societatea Română de Medicină Internă
³Doctorand, Facultatea de Medicină
- 15.00-15.10- **EVALUAREA PATOLOGIEI ENDOCRINE IN CADRUL VARSTEI GERIATRICE**
THE ASSESSMENT OF ENDOCRINE PATHOLOGY IN THE GERIATRIC AGE

Gavrilescu Cristina Maria¹, Dumitrescu Ana-Maria², Paraschiv Cringuta¹, Manea Paloma¹, Munteanu Dragos¹, Bodescu Madalina³, Sava Anca⁴, Ghiuru Rodica¹

¹Spitalul Clinic Universitar "Căi Ferate", Iași

²Societatea Română de Medicină Internă

³Doctorand, Facultatea de Medicină

⁴Spitalul Clinic de Urgență "Prof. Dr. N. Oblu", Iași

- 15.10-15.15- **ESTE DIFICIL DE EVALUAT SI TRATAT ANEMIA LA PACIENTUL VARSTNIC CU POLIARTRITA REUMATOIDA -CAZ CLINIC**
IT IS DIFFICULT TO ASSESS AND TREAT ANEMIA IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS - CLINICAL CASE

Nuta Catalina Raluca¹, Hutan Ligia Alexandra², Predeteanu Denisa²

¹Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti, Romania

²Sp. Clinic Sf. Maria Clinica de Medicina Interna si Reumatologie ,UMF Carol Davila, Bucuresti, Romania

- 15.15-15.25- **COMPLICATIILE PICIORULUI DIABETIC LA PACIENTUL VARSTNIC**
THE COMPLICATIONS OF THE DIABETIC FOOT IN THE ELDERLY PATIENT

Ripa Carmen¹, Dumitrescu Ana-Maria², Costea Claudia³, Buzduga Catalin Mihai⁴, Costache Irina- Iuliana⁵, Cobzaru Roxana⁶

¹UMF Iasi,Departamentul de Microbiologie-Parazitologie

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³UMF Iasi,Departamentul de Oftalmologie

⁴UMF Iasi,Departamentul de Endocrinologie

⁵Spitalul Clinic de Urgenta "Sfantul Spiridon", Iasi

⁶UMF Iasi,Departamentul de Parazitologie

- 15.25-15.35- **"PARAZITOZA DELIRANTA" LA PACIENTUL VARSTNIC CU PATOLOGIE ENDOCRINA- STUDIUL GENERAL**
DELUSIONAL PARASITOSIS IN THE ELDERLY PATIENT WITH ENDOCRINE PATHOLOGY- GENERAL STUDY

Ripa Carmen¹, Dumitrescu Ana-Maria², Costea Claudia³, Buzduga Catalin Mihai⁴, Gotca Ioan⁵, Cobzaru Roxana⁶

¹UMF Iasi,Departamentul de Microbiologie-Parazitologie

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³UMF Iasi,Departamentul de Oftalmologie

⁴UMF Iasi,Departamentul de Endocrinologie

⁵Institutul de Psihiatrie "Socola", Iasi

⁶UMF Iasi,Departamentul de Parazitologie

- 15.35-15.40- **IMPORTANTA DEPISTARII ABUZULUI LA UN PACIENT VARSTNIC PLURISPITALIZAT**
IMPORTANCE OF ELDERLY ABUSE DETECTION IN A HOSPITALISED GERIATRIC PATIENT
Pancu Adriana Gabriela¹, Sandu Ioana¹, Lefter Nicoleta¹, Dronic Aliona³, Gavrilovici Ovidiu⁴, Pislaru Anca^{1,2}

¹Clinica de Geriatrie, Spitalul Dr. C.I.Parhon, Iasi

²Universitatea de Medicina si Farmacie Grigore T Popa, Iasi, Romania

³Asociatia Psiterra, Iasi, Romania

⁴Universitatea „Alexandru Ioan Cuza” din Iasi, Romania

- 15.40-15.45- **ABORDAREA MULTIDICIPLINARA A PACIENTULUI VARSTNIC CU FRACTURA DE FRAGILITATE**

MULTIDISCIPLINARY APPROACH OF ELDERLY PATIENTS WITH FRAGILITY FRACTURES

Stefaniu Ramona^{1,2}, Abdulan Irina^{1,2}, Ilie Adina Carmen¹, Pislaru Anca Iuliana¹, Rusu Alexandra²

¹Universitatea de Medicina si Farmacie Grigore T Popa, Iasi, Romania

²Clinica de Geriatrie, Spitalul Dr. C.I.Parhon, Iasi

- 15.45-15.50- **INSUFICIENTA CARDIACA SI PLURISPITALIZARILE – FACTOR DE GRAVITATE LA VARSTNIC**
CARDIAC FAILURE AND MULTIPLES HOSPITALIZATIONS –AGGRAVATION CAUSE IN ELDERLY PATIENT

Vasilciuc Viorica¹, Panaghiu Larisa¹, Stefaniu Ramona², Ilie Adina Carmen^{1,2}

¹Clinica de Geriatrie, Spitalul Dr. C.I.Parhon, Iasi

²Universitatea de Medicina și Farmacie Grigore T Popa, Iasi, Romania

- 15.50-15.55- **IMPORTANTA MONITORIZARII ABPM LA VARSTNICI**
AMBULATORY BLOOD PRESSURE MONITORING AND ITS IMPORTANCE IN ELDERLY PATIENTS

Ilie Adina Carmen¹, Pislaru Anca Iuliana¹, Stefaniu Ramona¹, Abdulan Irina¹, Alexa Ioana Dana¹

¹Universitatea de Medicina si Farmacie Grigore T Popa, Iasi, Romania

15.55-16.00- **CORELATII INTRE STATUSUL NUTRITIONAL SI DEFICITUL COGNITIV IN RANDUL PACIENTILOR VARSTNICI CU ANTECEDENTE CARDIOVASCULARE DIN NORD-ESTUL ROMANIEI**
CORRELATIONS BETWEEN NUTRITIONAL STATUS AND COGNITIVE IMPAIRMENT AMONG ELDERLY PATIENTS WITH CARDIOVASCULAR HISTORY FROM NORTH-EASTERN ROMANIA

Pislaru Anca Iuliana¹, Ilie Adina Carmen¹, Abdulan Irina¹, Bostan Alexandru¹, Pancu Adriana Gabriela², Alexa Ioana Dana¹

¹Universitatea de Medicina si Farmacie "Grigore T. Popa" Iasi

²Spitalul Clinic "Dr. C. I. Parhon" Iasi

16.00 – 16.15 – Pauză de cafea/ COFFEE BREAK

16.15-18.15 • Sesiune de comunicări — MASA ROTUNDA
ROUND TABLE SESSION-Communications

Moderatori / Chairpersons: Dragos Munteanu, Corneliu Toader

NEURALGIA DE TRIGEMEN LA PACIENTII VARSTNICI
TRIGEMINAL NEURALGIA IN ELDERLY PATIENTS

Sef lucrari.Dr.Corneliu Toader

CHIRURGIA MENINGIOAMELOR INTRACRANIENE LA PACIENTII VARSTNICI
SURGERY OF INTRACRANIAL MENINGIOMAS IN ELDERLY

Sef lucrari.Dr.Corneliu Toader

EXPERIENTELE DE VIATA ALE VARSTNICILOR IDENTIFICATI CU ABUZ IN CLINICA DE GERIATRIE

LIFE EXPERIENCES OF ABUSED ELDERLY IN GERIATRIC CARE

Conf. Dr. Ovidiu Gavrilovici

RECUPERAREA GERIATRICA-DE LA CONCEPT LA PRACTICA
GERIATRIC REHABILITATION FROM PRINCIPLES TO PRACTICE

Dr. Aurelian Sorina Maria

OBEZITATEA LA PACIENTUL VARSTNIC- PARTICULARITATI
OBESITY IN THE ELDERLY PARTICULARITIES

Dr. Luminita Aurelia Pasca

PATOLOGIA DUREROASA TORACICA LA VARSTNICI – INDICATOR ECHIVALENT DE ISCHEMIE MIOCARDICA

THE ANTERIOR CHEST PAIN IN ELDERLY – THE INDICATOR OF THE MIOCARDIC ISCHEMIAE

Dr. Dragos Munteanu

IMPORTANTA HIDRATarii CORECTE A PACIENTULUI VARSTNIC
THE IMPORTANCE OF WELL HYDRATION IN THE ELDERLY

Dr. Florian Alexandru Obretin

INGRIJIREA PACIENTILOR CU FIBRILATIE ATRIALA IN LUMINA NOILOR GHIDURI
HOW WE MANAGE PATIENTS WITH ATRIAL FIBRILLATION IN THE LIGHT OF NEW GUIDELINES

Dr. Platon Izabela Corina

SAMBATA 22 octombrie 2016
Saturday 22nd October 2016

SALA B / Hall B

09.00 – 11.00 • Sesiune de comunicări științifice – GERIATRIE SI GERONTOLOGIE
SCIENTIFIC PAPERS - GERIATRICS AND GERONTOLOGY- BIOLOGY OF AGING
Moderatori / Chairpersons: Catalina Pena, Floarea Revnic, Lupeanu Elena

- 9.00-9.15- **FOLOSIREA MARKERILOR BIOCHIMICI PENTRU DIAGNOSTICUL SI PREDICTIA DETERIORARII COGNITIVE**
THE USE OF BIOCHEMICAL MARKERS FOR DIAGNOSIS AND PREDICTION OF COGNITIVE IMPAIRMENT
Pena Catalina¹, Draghici Rozeta¹, Constantin Gianina¹, Carazanu Crina¹
¹Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti
- 9.15-9.25- **STIMULAREA PRODUCTIEI DE RAGE – POSIBIL EFECT PROTECTIV IN DIABETUL ZAHARAT**
STIMULATION OF RAGE PRODUCTION – POSSIBLE PROTECTIVE EFFECT ON DIABETES MELLITUS
Opris Simona¹, Lupeanu Elena¹, Constantin Gianina¹, Pena Catalina¹
¹Institutul National de Geriatrie si Gerontologie "Ana Aslan", Bucuresti
- 9.25-9.40- **STUDIUL INDICATORILOR ATEROGENICI SI RISCULUI GLOBAL CARDIOVASCULAR LA PACIENTII VARSTNICI**
STUDY ON ATHEROGENIC INDICES AND OVERALL CARDIOVASCULAR RISK IN ELDERLY PATIENTS
Opris Simona¹, Draghici Rozeta¹, Rada Cornelia², Avadanei Alexandra¹, Pena Catalina¹
¹Institutul National de Gerontologie si Geriatrie "Ana Aslan" Bucuresti
²Institutul de Antropologie "Francisc I. Rainer"
- 9.40-9.55- **PATOLOGIA TIROIDIANA AUTOIMUNA LA VARSTNICI**
THYROID AUTOIMMUNITY PATHOLOGY IN ELDERLY
Constantin Gianina Ioana¹, Pena Catalina Monica¹, Opris Simona¹
¹Institutul National de Gerontologie si Geriatrie "Ana Aslan" Bucuresti
- 9.55- 10.10- **ROLUL FOSFOCREATIN-KINAZEI SI A CANALELOR DE POTASIU ATP DEPENDENTE IN CARDIOPROTECTIE**
THE ROLE OF PHOSPHOCREATIN KINASE AND ATP SENSITIVE POTASSIUM CHANNELS IN CARDIOPROTECTION
Revnic Cristian Romeo¹, Ginghina Carmen², Prada Gabriel³, Pena Catalina³, Prada Speranta³, Revnic Flory³
¹Spitalul Ambroise Pare` Universitatea ,Pierre et Marie Curie ,Paris VI,Franta
²UM.F."Carol Davila", C.C.Iliescu, Institutul de boli cardiovasculare ,Bucuresti ,Romania
³Institutul National de Geriatrie si Gerontologie"Ana Aslan",Bucuresti ,Romania
- 10.10- 10.25- **RELATIILE DINTRE PARAMETRII ANTROPOMETRICI SI STATUSUL COGNITIV IN CURSUL IMBATRANIRII**
RELATIONSHIPS BETWEEN ANTHROPOMETRIC PARAMETERS AND COGNITIVE STATUS DURING AGING
Lupeanu Elena¹, Barsan Monica¹, Roditis Doina¹, Iovita Anca¹, Hnidei Rodica¹,Jugurica Ileana¹, Raducanu Ileana¹, Ulmeanu Mihaela-Elena², Morosanu Bogdan¹, Batori Daniela¹
¹Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti, Romania
² Universitatea Politehnica Bucuresti, Romania
- 10.25-10.40- **AXA RAGE-LIGAND: MECANISME DE SEMNALIZARE IN IMBATRANIRE SI BOLI ASOCIATE VARSTEI**
THE RAGE-LIGAND AXIS: SIGNALING MECHANISMS IN AGING AND AGE-ASSOCIATED DISEASES
Borsa Claudia¹, Gradinaru Daniela², Pena Catalina¹, Prada Gabriel¹
¹Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti, Romania
² Universitatea de Medicina si Farmacie "Carol Davila", Facultatea de Farmacie, Bucuresti, Romania
- 10.40-10.50- **POSIBIL EFECT AL TRATAMENTULUI CU STATINE IN CAZUL UNUI GRUP DE OCTOGENARI**
POSSIBLE EFFECT OF TREATMENTS WITH STATINS IN A GROUP OF OCTOGENERIANS

Ionescu Cristina¹, Gradinaru Daniela², Borsa Claudia¹, Raducanu Ileana¹, Dumitrescu Irina¹, Constantinescu Manuela¹, Sarbu Liliana¹, Batori Daniela¹

¹Institutul National de Gerontologie si Geriatrie Ana Aslan, Bucuresti

²Universitatea de Medicina si Farmacie "Carol Davila", Facultatea de Farmacie, Bucuresti, Romania

10.50-11.00- **LONGEVITATEA POATE FI PRELUNGITA?**

COULD THERE BE WAYS FOR STILL PROLONGING LONGEVITY?

Diaconeasa Amalia Gabriela¹, Rachita Mariana²

¹. Universitatea Politehnica, Bucuresti, Romania

² Institutul National de Gerontologie "Ana Aslan", Bucuresti, Romania

11.00 – 11.15

– Pauză de cafea / COFFEE BREAK

11.15 – 13.45

•Sesiune de comunicări – NURSING GERIATRIC

GERIATRIC NURSING SESSION – Communications

Moderatori / Chairpersons: Spataru Elena, Banches Viorica

1. **Chivu Diana** - Malnutritia la varstnici
2. **Mitran Madalina** - Alimentatia corecta in bolile hepatice la varstnic
3. **Paunescu Elena** - Boala varicoasa la varstnic
4. **Ionas Cezarina Ruxanda** - Hipertensiunea arteriala la varstnic
5. **Pelmuș Constanta** - Ateromatoza carotidiană la varstnic
6. **Spataru Elena/Ciobanu Elena** - Efecte ale comunicării multidimensionale in activitatea geriatrica

13.45 – 14.30

– Pauză de prânz / LUNCH BREAK

DUMINICA 23 octombrie 2016
Sunday 23rd Octombrie 2016
SALA A / Hall A

08.30-10.00 • SESIUNE PLENARĂ / PLENARY SESSION

Moderatori / Chairpersons: Gabriel-Ioan Prada, Valer Donca

08.30-09.00- **COMORBIDITĂȚI ÎN CADRUL AFECȚIUNILOR NEUROCOGNITIVE LA VÂRSTNICI**

COMORBIDITY NEUROCOGNITIVE DISORDERS IN THE ELDERLY

Prof. Dr. Gabriel-Ioan Prada

Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti

09.00-09.30- **PERSPECTIVE GERIATRICE IN TULBURARILE NEUROCOGNITIVE**
GERIATRIC PERSPECTIVES IN NEUROCOGNITIVE DISORDERS

Șef lucr. Dr. Valer Donca

Disciplina Geriatrie, UMF „Iuliu Hatieganu” Cluj Napoca

09.30-10.00- **RELEVANTA DIAGNOSTICULUI IMAGISTIC IN SCADERILE DE AUZ CU TINNITUS**
RELEVANCE OF DIAGNOSTIC IMAGING IN HEARING LOSS WITH TINNITUS

Dr. Daniela Neacsu

Institutul National de Gerontologie si Geriatrie "Ana Aslan", Otopeni

10.00 – 10.15 Pauză de cafea / COFFEE BREAK

10.15-12.15 • Sesiune de comunicări științifice –
GERIATRIE ȘI GERONTOLOGIE-POSTERE
SCIENTIFIC PAPERS - GERIATRICS AND GERONTOLOGY- POSTERS

NOI METODE ÎN MODELAREA ÎMBĂTRÂNIRII UMANE ȘI A PATOLOGIEI ASOCIATE

NEW IPSCs-METHODS IN HUMAN AGING AND AGE-RELATED DISEASES MODELING

Borsa Claudia¹, Borsa Ioan²

¹Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti, Romania

²Spitalul Clinic de Urgenta pentru Copii "Grigore Alexandrescu", Bucuresti, Romania

STUDIUL PRIVIND INCIDENTA ȘI COMORBIDITĂȚILE ASOCIATE LA PACIENȚI CU AFECTARE A DENSITĂȚII OȘOASE ÎN ORAȘUL RAMNICU VALCEA

STUDY ON INCIDENCE AND ASSOCIATED COMORBIDITIES IN PATIENTS WITH BONE MINERAL DENSITY IMPAIRMENT IN RAMNICU VALCEA

Dugan Cosmin-Dragos¹

¹Spitalul Balneomedcenter, RamnicuValcea

PREVALENȚA BACTERIILOR REZISTENTE LA ANTIBIOTICE LA PACIENȚII CU INFECȚII ALE TRACTULUI RESPIRATOR INFERIOR ÎN UNITĂȚILE DE TERAPIE INTENSIVĂ

PREVALENCE OF ANTIBIOTIC-RESISTANT BACTERIA IN PATIENTS WITH LOWER RESPIRATORY TRACT INFECTIONS IN INTENSIVE CARE UNITS

Iliuta Mihaela¹, Gainaru Dan², Iordache-Koybasi Iuliana-Marcela¹, Gainaru Cecilia¹, Iancu Alina¹, Tianu Mirela¹, Radu Andreea¹, Techiu Sanda-Clementina¹

¹Centrul Medical Medas Sf.Maria,București

²Institutul Marius Nasta-Cabinet de Pneumologie6, Bucuresti

MODIFICĂRILE NIVELURILOR DE MIELOPEROXIDAZĂ LA PACIENȚII VÂRSTNICI CU OBEZITATE
MYELOPEROXIDASE LEVELS MODIFICATIONS IN ELDERLY PATIENTS WITH OBESITY

Constantin Gianina Ioana¹, Lupeanu Elena, Opris Simona¹, Pena Catalina Monica¹

¹Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti, Romania

HIPOTENSIUNEA INTRACRANIANĂ-CAZ CLINIC

INTRACRANIAL HYPOTENSION - CLINICAL CASE

Morosanu Bogdan Alexandru¹, Morosanu Dora Mihaela², Hnidei Rodica¹, Boboutanu Andra²

¹Institutul National de Gerontologie si Geriatrie "Ana Aslan", Bucuresti, Romania

²Spitalul Universitar de Urgenta Bucuresti

**ROLUL PATOLOGIEI CARDIOVASCULARE SI ENDOCRINO-METABOLICE
IN ALTERAREA STATUSULUI COGNITIV AL VARSTNICILOR
THE ROLE OF CARDIOVASCULAR AND ENDOCRINO-METABOLIC
PATHOLOGIES IN ALTERING COGNITIVE STATUS OF ELDERLY**

Pasca Luminita Aurelia¹, Sunkur Ritish², Donca Valer¹

¹Disciplina Geriatrie, Universitatea de Medicina si Farmacie „Iuliu Hatieganu” Cluj Napoca

²Medic rezident Sectia Geriatrie, Spitalul Clinic Municipal Cluj-Napoca

**STUDIUL PLURIDISCIPLINAR PRIVIND LONGEVITATEA UMANA
MULTIDISCIPLINARY STUDY REGARDING HUMAN LONGEVITY**

**Dumitrescu Irina¹, Rachita Mariana¹, Lupeanu Elena¹, Pena Catalina¹, State Doina¹, Barsan Monica¹,
Bogdaneanu Violeta¹, Jugravu Victoria¹, Ionescu Cristina¹, Borsa Claudia¹, Roditis Elena¹, Constantinescu
Emanuela¹, Gherasim Petre¹ Diaconeasa Amalia Gabriela²**

¹Institutul National de Gerontologie si Geriatrie “Ana Aslan” Bucuresti, Romania

²Universitatea Politehnica Bucuresti, Facultatea de Chimie aplicata si Stiinta materialelor, Bucuresti, Romania

**STILUL DE VIATA SI STAREA DE SANATATE OGLINDITE PRIN ELEMENTE ALE PROFILULUI
LIPIDIC**

LIFESTYLE AND GLOBAL HEALTH STATUS REFLECTED BY ELEMENTS OF LIPID PROFILE

Roditis Doina¹, Lupeanu Elena¹, Morosanu Bogdan¹, Hnidei Rodica¹, Tronaru Maria²

¹Institutul National de Gerontologie si Geriatrie “Ana Aslan”, Bucuresti, Romania

²Universitatea de Medicina si Farmacie “Carol Davila”, Bucuresti, Romania

**PATTERNUL CIRCADIEN AL TA SI TERAPIA INDIVIDUALIZATA LA
VARSTNICUL CU HTA REZISTENTA LA TRATAMENT**

**CIRCADIAN PATTERN OF BP AND INDIVIDUALISED THERAPY
IN ELDERLY PATIENT WITH HBP TREATMENT RESISTANT**

Dontu Silviu¹, Popescu Georgeta², Burtica Sandra³, Naniu Sevastita⁴

¹Clinica Arceda, Ploiesti

²INGG, Ana Aslan, Bucuresti, Otopeni

³Spit. Dr. Ion Cantacuzino, Bucuresti

⁴CMI. Dr. Naniu Sevastita, Bucuresti

12.15 – 13.00

– Pauză de prânz/ LUNCH BREAK

13.00-15.00

• SESIUNE PLENARĂ / PLENARY SESSION

Moderatori / Chairpersons: Gabriel-Ioan Prada, Rodica Ghiuru

**13.00-13.30 - SPATIUL SINUSOIDAL HEPATIC SI PROCESUL DE IMBATRANIRE-STUDIUL
POSTMORTEM**

LIVER SINUSOIDAL SPACES AND THE AGING PROCESS-A POSTMORTEM STUDY

Dr. Crina Amalia Carazanu

Institutul National de Gerontologie si Geriatrie ”Ana Aslan”, Bucuresti

**13.30-14.00 – CALITATEA VIETII LA VÂRSTNICII DIABETICI CU AFECTIUNI CARDIOVASCULARE
QUALITY OF LIFE IN ELDERLY DIABETICS WITH CARDIOVASCULAR DISEASE**

Dr. Raluca Nacu

Institutul National de Gerontologie si Geriatrie ”Ana Aslan”, Bucuresti

**14.00-14.30- PROTECTIA SOCIO-COMUNITARA A VARSTNICILOR IN CONTEXTUL
VULNERABILITATII SOMATICE SI PSIHICE**

**THE SOCIO-COMMUNITY PROTECTION OF THE ELDERLIES IN THE CONTEXT OF SOMATIC
AND PSYCHOLOGICAL VULNERABILITY**

Prof. Dr. Rodica Ghiuru

Universitatea “Apollonia”, Iași, România

Spitalul Clinic Universitar “Căi Ferate”, Iasi, Romania

**14.30-15.00- STRATEGII DE ADAPTARE LA PENSIONARE
STRATEGIES TO ADAPT TO RETIREMENT**

Prof. Dr. Gabriel-Ioan Prada

Institutul National de Gerontologie si Geriatrie ”Ana Aslan”, Bucuresti

15.00-15.30

Închiderea Congresului Național • Closing Ceremony

1. REGIMUL ALIMENTAR SI IMPORTANTA SA LA PERSOANA VARSTNICA

Alexa Ioana Dana¹

¹*Universitatea de Medicina si Farmacie „Grigore T. Popa” Iasi*

Autor correspondent: Ilie Adina Carmen, adinacarmenilie@yahoo.com

Pastrarea unui status nutritional corespunzator la pacientul varstnic reprezinta unul din cele mai importante deziderate, mai ales datorita prezentei polipatologiei ce asociaza restrictii alimentare particulare fiecarei boli in parte. Statusul nutritional se apreciaza cu ajutorul chestionarului de evaluare Mini Nutritional Assessment (MNA), aparatul cel mai validat de screening nutritional desi nu neaparat cel mai fidel. Unul dintre fenomenele care apar la pacientii varstnici cu patologii cronice este malnutritia protein-calorica, asociata cu risc crescut de morbiditate si mortalitate. Malnutritia reprezinta o problema la nivel global - 44% din persoanele varstnice din tarile dezvoltate au risc de malnutritie. Prevalenta sa porneste de la 2-4 % pentru varstnicii care traiesc domiciliu si ajunge la 40-80 % pentru varstnicii internati in spital. Malnutritia deterioreaza imunitatea si favorizeaza aparitia sarcopeniei si implicit a fragilitatii. Integrarea unei nutritii corespunzatoare in modificarea stilului de viata a varstnicilor trebuie particularizata in functie de pacient si presupune identificarea factorilor etiologici potential reversibili si tratarea lor, cum ar fi: tratamentul corect al depresiei, combaterea izolarii sociale, incurajarea meselor periodice in compania prietenilor, rudelor, tratamentul bolilor digestive si rezolvarea problemelor stomatologice si, nu in ultimul rand, educarea varstnicilor si a familiei acestora in legatura cu principiile de alimentatie corecta la aceasta varsta. La aceasta se va adauga consiliere nutritionala, dieta imbogatita si, la nevoie, suplimente nutritionale orale.

Cuvinte cheie: status nutritional, modificarea stilului de viata, pacienti varstnici

2. RECUPERAREA GERIATRICA-DE LA CONCEPT LA PRACTICA

Aurelian Sorina Maria^{1,2}, Dascalescu Ruxandra^{1,2}, Zamfirescu Andreea^{1,2}, Capisizu Ana^{1,2}

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²*Clinica de Geriatrie- Spitalul de Boli Cornice “Sf Luca”*

Autor corespondent: Aurelian Sorina Maria, sorinamaria.aurelian@gmail.com

DIETARY PRINCIPLES IN SENIOR POPULATION

Alexa Ioana Dana¹

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One of the most important issues in approaching senior patients is the maintenance of an appropriate nutritional status, especially in those cases with multiple concomitant diseases that are associated with important dietary restrictions. The most widespread tool in evaluating the nutritional status is Mini Nutritional Assessment (MNA), even if recent studies consider that this questionnaire should be associated with several other biochemical data in order to describe true nutritional status of the patient. Senior patients with chronic concomitant diseases often associate malnutrition, cause for increased risk for morbidity and mortality. Recent studies report that 44% of senior population from high developed countries are at risk for malnutrition. Its prevalence varies from 2-4% for robust, home living elderly to 40-80% for hospitalized senior patients. Malnutrition decreases immunity and increases the risk for sarcopenia and frailty. Life style changes in elderly patients with multiple comorbidities should centre on the maintenance or improvement of a proper nutritional status. The task of the multidisciplinary geriatric team should identify and treat the causes of potential malnutrition, such as: depression and social isolation, family support – having meals periodically with members of the family, good dental hygiene. A good education about correct nutrition for this age is vital. If needed, the patient should have nutritional counselling and oral nutritional supplements.

Key words: nutritional status, life style changes, senior patients

GERIATRIC REHABILITATION FROM PRINCIPLES TO PRACTICE

Aurelian Sorina Maria^{1,2}, Dascalescu Ruxandra^{1,2}, Zamfirescu Andreea^{1,2}, Capisizu Ana^{1,2}

¹*University of Medicine and Pharmacy “Carol Davila”, Bucharest, Romania*

²*Clinic of geriatric- Chronic disease Hospital “Sf Luca”*

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Scopul recuperării geriatrice este de a redobândi autonomia din punct de vedere fizic, psihologic sau social al pacientului varstnic și fragil. Scăderea masei și forței musculare, a rezervelor pulmonare și cardiovasculare, modificările posturale precum și alte modificări fiziologice și psihologice determinate de îmbătrânire și inactivitate, reprezintă obiective principale în recuperarea acestor pacienți. Stabilirea acestor direcții și obiective reprezintă modalitatea de a realiza o recuperare de succes și o îmbătrânire activă. În practică este important să prioritizăm nevoile pacienților varstnici, când începem terapia, să urmărim evoluția până la rezultatul final al programului de recuperare geriatrică. Obiectivele tratamentului trebuie individualizate, de altfel ca întregul proces de recuperare. Aceasta presupune cunoștințe teoretice, accesibilitate la metodele propuse, competență adecvată și alcatuirea unei echipe multidisciplinare pentru a realiza procesul de recuperare. Îmbătrânirea populației și dezvoltarea tehnologiei medicale vor aduce recuperarea geriatrică în prim plan cu o deosebită importanță în deceniul următor.

Cuvinte cheie: recuperare geriatrică, varstnici, îmbătrânire activă

3. MUZICOTERAPIA – TRATAMENT PENTRU ATENUAREA SIMPTOMELOR DEPRESIVE LA PACIENTII CU DEMENTA

Bianu Costisanu Gina¹

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Studiul nostru porneste de la ideea ca utilizarea muzicoterapiei poate contribui la menținerea capacităților emotionale și sociale a persoanelor care suferă de diferite forme de demență (printre care boala Alzheimer) și am conceput acest program pe o perioadă de 12 săptămâni, la studiu participând pacienți cu demență în stadiu incipient și moderat. Au fost create două grupuri - pacienții din primul grup beneficiind pe toată perioada studiului de sedințe de muzicoterapie, în general ascultând fie piese muzicale clasice, fie muzică interpretată la pian sau chitară, iar pacienții grupului de control au beneficiat de metode clasice de tratament. În prima fază, s-au întocmit anumite liste cu preferințele pacienților, iar în timpul studiului, aveau loc sedințe individuale sau în grup de ascultare a muzicii. Au fost efectuate evaluări neuropsihologice înainte de începerea studiului, după terminarea acestuia și 4 luni mai târziu. Concluziile finale au certificat faptul că muzicoterapia are rezultate încurajatoare și chiar

The purpose of geriatric rehabilitation is to assist the disabled aged in recovering lost physical, psychological or social skills to make them more independent. The decline in muscle strength and mass, respiratory reserve and cardiovascular functioning, kyphotic postural changes and many other physiological and psychological changes associated with inactivity and ageing are the main goals to recover. Management strategy in geriatric rehabilitation is to establish directions and objectives for elderly to achieve a successful recovery and active aging. In practice it's important to know the needs of the patients, when you start the recovery therapy, to follow the objectives till the final results. Very important in this process is the multidisciplinary team with a common therapeutic plan. The goals of treatment should be individualized, in fact the entire recovery process. This requires theoretical knowledge, accessibility and competence for the adequate proposed methods to achieve the goals in the recovery process. Aging and the development of medical technology, will bring recovery in the forefront and will be of great importance in the next decades.

Key words: geriatric rehabilitation, elderly, successful aging

MUSIC THERAPY – TREATMENT FOR THE ATTENUATION OF DEPRESSION SYMPTOMS IN PATIENTS WITH DEMENTIA

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Our study starts with the premise that the use of music therapy can contribute to maintaining the emotional and social abilities of patients that suffer from different types of dementia (among which, Alzheimer's disease). We conceived this study over a period of 12 weeks in which participated patients with incipient or moderate dementia. Two groups were created - Patients from the first group were exposed to music therapy, mainly classical music or piano/guitar music. The patients in the control group were treated by classic methods. In the first phase, lists with the patients' preferences were created. Within the study, listening sessions of group or individual were being held. Neuropsychological testing has been given to patients before the study began, after it ended and 4 month later. The final conclusions certified that music therapy has encouraging results and even if they are not spectacular it is a method which can be

daca nu sunt spectaculoase, este o metoda care poate fi implementata si utilizata fara eforturi considerabile sau investitii majore.

Cuvinte cheie: muzicoterapie, dementa, pacient varstnic, depresie

4. ADAPTAREA MARITALA IN CONTEXTUL DEPRESIEI SI DEFICITULUI COGNITIV LA PACIENTUL VARSTNIC

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Depresia geriatrica apare pe fondul disfunctiilor cognitive asociate inaintarii in varsta si pe masura ce se dezvolta afecteaza ea insasi functionarea cognitiva. Pentru a intelege *efectul interpersonal al depresiei*, cercetarile s-au concentrat si pe relatia de cuplu a persoanelor depresive. Spanier (1976) a definit adaptarea maritala prin utilizarea unor concepte folosite anterior in literatura de specialitate, precum: satisfactia si nivelul consensului marital, gradul de coeziune si nivelul de exprimare a afectiunii de catre partenerii cuplului conjugal. O astfel de abordare este necesara din trei motive aparitia depresiei este insotita de stres marital, dificultatile in relatiile interpersonale in cazul depresivilor pot fi evidentiata mai usor in cazul relatiei maritale iar depresia afecteaza ambii parteneri de cuplu. Obiectivul primar al acestui studiu a fost de a realiza o analiza a adaptarii la relatia de cuplu, atat din perspectiva apartinatorului, cat si a pacientului cu depresie si/sau deficit cognitiv. Adaptarea la relatia de cuplu s-a corelat negativ cu statusul cognitiv ($r=-0,58$ $p=0,005$). Negativ s-au corelat cu statusul cognitiv si consensul marital ($p=-0,56$, $r=0,007$) si satisfactia maritala ($r=-0,58$, $p=0,005$) in cazul apartinatorilor. Depresia geriatrica s-a corelat negativ cu coeziunea maritala in cazul pacientilor ($r=-0,53$, $p=0,01$). Depresia si deficitul cognitiv al pacientului influenteaza adaptarea maritala ambilor parteneri. Disfunctiile cognitive afecteaza relatiile interpersonale ale pacientilor cu apartinatorii.

Cuvinte cheie: depresie, deficit cognitiv, adaptare maritala

implemented without considerable effort or investments.

Keywords: Music therapy, dementia, elderly patients, depression

THE MARITAL ADAPTATION AT OLDER PATIENTS WITH DEPRESSION AND COGNITIVE DISORDER

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The geriatric depression comes on the background of cognitive malfunctions and age, and is itself a cause that makes cognition worse. In order to understand the interpersonal effects of depression, research has focused on the patient's marital situation. Spanier (1976) defined the marital adaptation by using previous existing concepts, such as satisfaction and marital consens, the level of communication that existed in a couple. The approach is benefic from three reasons: depression generates marital stress; it affects both persons and is more obvious at married couples. The main reason of this study is to make a complete analysis of the couple relations, both from the patient with/without cognitive malfunction and partner point of view. The marital adaptation was negatively adapted to cognitive status ($r=-0,58$, $p=0,005$) and also the cognitive status and the marital consense ($p=-0,56$, $r=0,007$) and the marital satisfaction ($r=-0,58$, $p=0,005$) of the partners. Depression is negative correlated with marital satisfaction in case of patients ($r=-0,53$, $p=0,01$). Depression and cognitive problems of patient affect marital adaptation of both partners. Cognitive dysfunction effects patient-family interpersonal relationship.

Keywords: depression, cognitive malfunction, marital adaptation

5. STUDIUL RELATIEI -BOALA ARTERIALA CORONARIANA ATEROSCLEROTICA- MARKERII INFLAMATIEI, ACID LACTIC-DEFICIT COGNITIV

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Boala depresiva este un factor de risc cardiovascular independent pentru viitoare evenimente coronariene la subiecti in aparenta sanatosi. Asocierea starilor de anxietate si frica cu bolile somatice este un fapt clinic cunoscut. Pe de o parte, aproximativ 2% din pacientii psihiatrici, in ambulatoriu sau spitalizati, sufera simultan de o afectiune somatica ce este insotita de simptome anxioase. Scopul studiului este sa investigheze interactiunea fibrinogen, proteina C-reactiva ca expresie a inflamatiei, acidul lactic ca substrat al bolii depresive si ateroscleroza subclinica (masurata indirect prin indicele glezna brat (IGB) si indicele intima medie (GIM)) cu deficitul cognitiv. Studiul isi propune sa exploreze daca determinarea valorilor proteinei C-reactive acidului lactic si aterosclerozei subclinice au rol predictiv aparitia unor evenimente anxios-depresive si deficitului cognitiv la pacientii coronarieni. In cadrul lotului martor (pacientii ce prezentau doar boala cardiovasculara) s-au evidentiat corelatii semnificative statistice intre markerii inflamatiei, acid lactic ateroscleroza subclinica si evaluarea depresiei si deficitului cognitiv. Acidul lactic ca substrat al anxietatii s-a corelat cu nivelul depresiei si statusul cognitiv. Analiza de regresie a evidentiat ca buni predictorii pentru evolutia functiei cognitive atat a acidului lactic cat si valorile GIM si IGB. Valorile crescute ale acidului lactic, GIM si IGB prezic o deteriorare cognitiva mai severa.

Cuvinte cheie: acid lactic, depresie, deficit cognitiv

6. EXPERIENTA GERONTO-PSIHOLOGICA SI GERONTO—PSIHIATRICA A UNUI GERIATRU PRACTICIAN

– observatii, opinii, comentarii

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THE RELATION BETWEEN CORONARY- ARTERIAL -ATEROSCOPIC DISEASE- MARKERS OF INFLAMMATION, LACTIC ACID AND COGNITIVE DEFICIENCY

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Depression is a cardiovascular risk independent for future coronary events at apparently healthy subjects. Anxiety and somatic disease is a well-known factor. Approximately 2% of the psychiatric patients suffer from a somatic symptom and anxiety. The aim of this study is to investigate the interaction of fibrinogen, reactive C protein as an expression of inflammation, lactic acid as a substrate of depression and subclinic atherosclerosis (measured by ankle brachial index (ABI) and intimal medial thickness (IMT)) with cognitive dysfunction. It also wants to prove the ability of all these to predict anxiety-depression futures and cognitive dysfunction at coronary patients. At the control group (patients only with cardiovascular disease) there were significant correlations between the inflammation markers, lactic acid and the subclinic atherosclerosis, depression and cognitive problems. Lactic acid as substrate of anxiety was related to depression and cognition. Regression analysis showed lactic acid, GIM and IGP as good predictors for cognitive function evolution. High lactic acid, IMT and ABI predict a more severe cognitive deterioration.

Key words: lactic acid, depression, cognitive deficiency

GERONTO – PSYCHOLOGICAL AND PSYCHIATRIC EXPERIENCE OF A PRACTITIONER GERIATRICIAN

- observations, opinions, comments

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The author, with long experience in gerontology, geriatrics and psycho-geriatrics, member of several

asociatii de geronto-psihologie si de psihogeriatric, a acumulat, din perspectiva medicului curant, o serie de observatii clinice privind modificarile psihologice si tulburarile psihiatrice la pacientii varstnici urmariti de-a-lungul unei perioade de peste patru decenii, internati si asistati in unitati rezidentiale spitalicesti de geriatrie precum si in unitati medico-sociale si socio-medicale. Se prezinta observatii clinice evaluate statistic, dar si opinii personale si comentarii. In mod special sunt abordate dementele, depresia si anxietatea. Se aduc argumente asupra unei ipoteze a autorului privind o forma de depresie: "depresia fiziologica de varsta", o entitate considerata frecventa. O alta observatie se refera la "schizofrenia cu debut tardiv", asupra realitatii careia sunt exprimate rezerve. Se prezinta si date privind rolul psihologului in echipa de ingrijiri paliative la subiectii cu dementa Alzheimer in stadii avansate. In capitolul „Concluzii” sunt formulate sugestii de colaborare mai stransa intre medicul geriatru si psiholog cu beneficii pentru pacientii varstnici ingrijiti.

Cuvinte cheie: geriatrie, psiho-geriatrie, geronto-psihologie

geronto-psychology and psycho-geriatric associations, has accumulated, from the perspective of the treating physician, a series of clinical observations regarding psychological changes and psychiatric disorders in the elderly patients, followed over a period of more than four decades, hospitalised and assisted in both geriatric hospital residential units as well as medical-social and social-medical units. Statistically evaluated clinical observations together with personal comments and opinions are presented. Specifically addressed are dementia, depression and anxiety. Also, arguments are presented for author's hypothesis with regards a form of depression, i.e. „age physiological depression”, a condition considered to be frequent. Other observation refers to „late-onset schizophrenia”, on which disagreements are mentioned. Data regarding the role of the psychologists within the palliative care team dealing with advanced stages Alzheimer dementia subjects are presented. In chapter „Conclusions” are mentioned suggestions for cooperation with benefits for elderly patients cared.

Key words: geriatrics, psycho-geriatrics, geronto-psychology

7. OBSERVATII PRIVIND CAUZELE DE DECES IN GERIATRIE

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Pierre Delore observa in urma cu peste cinci decenii: “Este un fapt constatat ca medicilor nu le place sa vorbeasca despre moarte”. Sunt medici care suporta suferinta, deoarece se afla in relatie cu viata, dar nu pot suporta moartea care, nu este considerata in general ca un fenomen natural, ci ca un esec profesional. Urmare a schimbarilor in evolutia societatii, astazi moartea este perceputa si gestionata altfel decat in urma cu un secol cand avea drept cauza majoritara *bolile transmisibile*. Mai tarziu, in societatile dezvoltate, moartea recunoaste drept cauza majoritara *bolile degenerative*, generate de uzura organismului, stilul de viata, artificializarea si injuriile mediului, procesul de imbatranire. Problema cauzelor mortii la varstnici, ramane inca insuficient elucidata, este in totalitate medicalizata, inclusiv si sfarsitul natural “de batranete”, exigentele statisticii, OMS impun totdeauna un diagnostic codificabil, prelucrabil statistic; desi rara, recunoscuta ca si posibila, si de OMS, moartea “de batranete” (“epuizare de program”) exista. Studiul cauzelor de deces la varstnic, relativ putine in raport cu dimensiunea

COMMENTS ON THE CAUSE OF DEATH IN GERIATRICS

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Pierre Delore has noticed more than five decades ago: “It is a fact that doctors do not like to talk about death”. There are doctors who bear sufferings, because they are linked with life, but they can not bear the death, which is not generally regarded as a natural phenomenon but more like a professional failure. Due to the changes in the evolution of the society, death is perceived and managed today differently than a century ago when the *transmissible diseases* where the main cause of death. Later, in the developed societies, the *degenerative diseases*, caused by the wear of the organism, lifestyle, environmental insults and artificiality, ageing process, have become the main cause of death. The cause of death in the elderly, that still remains insufficiently elucidated, is totally medicalized, including also the “of old age” natural end of life, the statistic requirements, WHO are always asking for a coded diagnosis, that can be statistically processed; although rare, recognized as possible, by WHO also, the death “of old age” (“program exhaustion”) exists. The study of the death causes of the elderly, relatively few

gero-mortalitatii ofera date diferite in functie de autor. Acest fapt poate fi explicat prin: *particularitatile procesului de imbatranire (fiziologica)* care interfereaza cu patologia; polipatologia caracteristica a inbolnavirilor pacientului varstnic; factori de natura psiho-sociala – perceptia mortii varstnicului comparativ cu moartea la celelalte varste, pierderea partenerului conjugal care precipita moartea partenerului supravietuitor, suicidul si anume forma specifica varstnicului, “suicide silencieux”, decesele precipitate de rele tratamente (“elder abuse”) s.a. Se prezinta in lucrarea in extensie observatii statistice ale autorului culese intr-o experienta de ingrijire a varstnicilor cu patologii grava, terminali, inclusiv dementa Alzheimer privind cauzele de decese, urmare a unei experiente de ingrijire de peste patru decenii.

Cuvinte cheie: geriatrie, cauze de deces, moarte geriatrica, moarte gerontologica (naturala)

8. AXA RAGE-LIGAND: MECANISME DE SEMNALIZARE IN IMBATRANIRE SI BOLI ASOCIATE VARSTEI

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Axa receptorul produsilor de glicare avansata (RAGE) – ligand este implicata in imbatranire si boli asociate varstei: metabolice, cardiovasculare si neurodegenerative. Studii clinice si experimentale au evidentiat rolul axei RAGE-ligand in activarea cailor de semnalizare, stimularea mecanismelor de transductie a semnalizarii si a cascadelor de semnalizare, activarea si disfuncția celulara, precum si distructia tisulara. Angajarea receptorului de suprafata celulara RAGE de catre liganzii sai altereaza functionalitatea celulara prin modularea semnalizarii intracelulare, activarea factorului nuclear NF-kB, marirea expresiei genelor, eliberarea citochinelor pro-inflamatorii, chemochinelor, moleculelor de adeziune si intensificarea stresului oxidativ si glicoxidativ. Reglarea expresiei receptorului RAGE de catre liganzii sai specifici poate stimula doi factori transcriptionali cheie implicati in raspunsurile inflamatorii si ai stresului oxidativ, si anume: NF-kB si Erg-1 (early growth response protein-1). Receptorul solubil RAGE are un mecanism contra-

comparing with the dimension of the gero-mortality are showing different data varying on the author. This fact can be explained by: *the particularities of the ageing (physiological) process* that interferes with the pathology; the polipathology specific to the diseases of the elderly patient; psycho-social factors – perception of the death of the elderly compared with the death at other age, loss of the spouse that precipitates the death of the surviving partner, suicidal and its elderly specific form i.e. “suicide silencieux”, deaths precipitated by ill-treatments (“elder abuse”) etc. Statistical observations of the author based on his experience in care of elderly for more than four decades and collected during the care of elderly with a serious pathology, in terminal stages, including Alzheimer’s disease as cause of death are presented in the work.

Key words: geriatrics, causes of death, geriatric death, gerontological death (natural)

THE RAGE-LIGAND AXIS: SIGNALING MECHANISMS IN AGING AND AGE-ASSOCIATED DISEASES

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The receptor for advanced glycation end products (RAGE) – ligand axis is involved in aging and age-associated diseases: metabolic, cardiovascular and neurodegenerative. Experimental and clinical studies have highlighted the role of RAGE-ligand axis in signal pathway activation, stimulation of signal transduction mechanisms and cascades, cellular activation and dysfunction and tissue destruction. Engagement of cell-surface RAGE by their ligands alters cellular function through modulation of intracellular signaling, activation of NF-kB, enhanced gene expression, released of pro-inflammatory cytokines, chemokines, adhesion molecules and increased oxidative and glycoxidative stress. Upregulation of RAGE expression by specific ligands may stimulate two key transcription factors implicated in inflammatory and oxidative stress responses: NF-kB and early growth response protein-1 (Egr-1). The soluble RAGE has a counterregulatory mechanism that could be activated to counteract the deleterious effects of RAGE-ligand axis. Up-regulation of the

regulator care poate fi activat pentru a contracara efectele deteriorante ale axei RAGE-ligand. Reglarea interactiilor RAGE-liganzi prin intermediul izoformei solubile a receptorului (sRAGE) a evidenciat o noua tinta in preventia, tratarea sau inversarea tulburarilor mediate de RAGE. Evaluarea expresiei si activitatii receptorului RAGE, a receptorului solubil RAGE sau/si a izoformelor sale (cRAGE si esRAGE), precum si a liganzilor specifici pot constitui factori importanti in identificarea biomarkerilor specifici activitatii axei RAGE si a potentialelor tinte terapeutice in imbatranire si statusul de boala.

Cuvinte cheie: RAGE, mecanisme de semnalizare, imbatranire

9. NOI METODE IPSCs IN MODELAREA IMBATRANIRII UMANE SI A PATOLOGIEI ASOCIATE

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Actual, terapia de inlocuire celulara bazata pe celule stem este considerata o metoda cu un deosebit potential in tratarea bolilor dependente de varsta, in special bolile neurodegenerative. Generarea celulelor stem pluripotente induse (iPSCs) din fibroblasti umani si reprogramarea lor in noi celule, cum sunt fibroblasti sau neuroni, a deschis calea in modelarea imbatranirii umane si a bolilor asociate. Liniile celulare iPSCs derivate de la pacienti cu boli specifice reprezinta cheia pentru modele celulare specifice bolii, descoperirea de noi medicamente si noi platforme de screening. In plus, iPSCs umane reprezinta o sursa autologa pentru terapia celulara, avand un mare potential in intelegerea patogenzei bolilor la nivel celular si molecular, precum si in tratarea bolilor cu debut tarziu, in special bolile neurodegenerative. Recent, a fost descoperita o noua metoda bazata pe iPSCs umane de modelare a imbatranirii si a bolilor cu debut tarziu, utilizand progerina. In combinatie cu genomica personalizata, aceasta noua metoda iPSCs ar putea conduce la noi strategii in preventia si tratarea bolilor umane, pentru o imbatranire sanatoasa si o longevitate activa.

Cuvinte cheie: celule stem pluripotente induse, modelarea imbatranirii, preventie

interactions RAGE-ligands via a soluble decoy isoform of the receptor (sRAGE) has emerged as a novel target in prevention, treatment or reversal of RAGE-mediated disorders.

Evaluation of RAGE activity and expression, the total soluble RAGE or/and their variants (cRAGE and esRAGE) as well as their specific ligands may constitute important factors in the identification of biomarkers of RAGE axis activity and potential therapeutic targets in aging and disease status.

Key words: RAGE, signaling mechanisms, aging

NEW IPSCs-METHODS IN HUMAN AGING AND AGE-RELATED DISEASES MODELING

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Cell replacement therapy using stem cells is considered today as a potential approach to treat age-related diseases, especially neurodegenerative diseases. The generation of induced pluripotent stem cells (iPSCs) from human fibroblasts and their reprogramming into new cells, like fibroblasts or neurons, opened the way to modeling human aging and associated diseases. Patient-derived iPSCs are the key for disease-specific cellular models, drug discovery and drug screening platforms. In addition, human iPSCs represent an autologous source for cell therapy, a great potential in understanding disease pathogenesis at the cellular and molecular levels, treating the late-onset diseases, especially neurodegenerative diseases. Recently, a new method for human iPSCs-based modeling of aging and late-onset diseases via progerin has been developed. In combination with personalized genomics, this new iPSCs method could lead to new strategies for preventing and treating human disease, for a healthy aging and active longevity.

Key words: induced pluripotent stem cells, aging modeling, prevention

10. SPATIUL SINUSOIDAL HEPATIC SI PROCESUL DE IMBATRANIRE-STUDIUL POSTMORTEM

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Studiul de fata, efectuat pe tesut hepatic uman recoltat post-mortem, urmărește modificările aparute la nivel structural hepatic la varstnic prin identificarea parametrilor tisulari care reflecta activitatea intensa a celulelor de la nivelul microstructurii sinusoidal-hepatice si anume: infiltratul inflamator, cresterea cantitatii de tesut conjunctiv, modificările de microcirculație, prezenta vacuolelor de incarcare lipidica, morfologia hepatocitelor, arhitectura lobulara si acumularea intracelulară de pigment de uzura. Plecand de la faptul ca endoteliul sinusoidal are un sistem ultraspecializat de pori permeabili care permit circulatia rapida a unor molecule catre hepatocit, am incercat si raportarea modificarilor structurale observate in microscopia optica, la repere ultrastructurale ale tesutului hepatic. In timpul proceselor inflamatorii, aceste celule exprima moleculele de adeziune, conducand la adeziunea neutrofilelor si elaborarea raspunsului inflamator care functie de intensitate si durata, poate duce la lezarea tisulara. Afectarea endoteliului sinusoidal lezat duce la modificari ale fluxului sanguin cum ar fi mici fenomene de ischemie si implicit, modificari ale celulelor perfuzate. Celulele Kupffer constituie cea mai mare rezerva de macrofage rezidente din organism cu rol major in fagocitoza si in elaborarea de substante biologice active care remodeleaza matricea intercelulara, moduleaza raspunsul imun, controleaza functiile hepatocitului, metabolismul fierului si bilirubinei, hematopoieza si coagularea. Alterarea functiilor acestor celule este legata de susceptibilitatea crescuta a batranilor la infectii si cancer.

Cuvinte cheie: spatiu sinusoidal, celule Kupffer, matrice intercelulara

11. PATOLOGIA TIROIDIANA AUTOIMUNA LA VARSTNICI

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LIVER SINUSOIDAL SPACES AND THE AGING PROCESS - A POSTMORTEM STUDY

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This study, conducted on human liver tissue collected post-mortem, pursues the changes in liver structure in the elderly by identifying tissue parameters reflecting the intense activity of cells from the sinusoidal-hepatic microstructure namely: inflammatory infiltrate, increased connective tissue, microcirculation changes, the presence of lipid vacuoles load, hepatocyte morphology, lobular architecture and intracellular accumulation of pigment wear. Starting from the premise that the sinusoidal endothelium has an ultraspecialized system of permeable pores that allow rapid movement of molecules towards hepatocyte, we've tried to report structural changes observed in optical microscopy, ultrastructural landmarks of liver tissue. During the inflammatory process, these cells express adhesion molecules, leading to adhesion of neutrophils and inflammatory response that development depending on intensity and duration can lead to tissue damage. Sinusoidal endothelial impairment harmed cause changes in blood flow phenomena such as small ischemia and thus changes in cells infused. Kupffer cells constitute the largest pool of resident macrophages in the body may play a role in phagocytosis and production of biologically active substances reshaping the intercellular matrix, modulate immune response, controls the functions of hepatocyte iron and bilirubin metabolism, hematopoiesis and coagulation. Impaired function of these cells is linked to increased susceptibility to infections and cancer of the elderly.

Key words: space sinusoidal, Kupffer cells, intercellular matrix

THYROID AUTOIMMUNITY PATHOLOGY IN ELDERLY

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Anomaliile sistemului imunitar asociate cu procesul de imbatranire, au tendinta generala de a dezvolta fenomene autoimune cu aparitia unor anticorpi serici, incluzand si anticorpii tiroidieni.: anticorpi anti-tireoperoxidaza (antiTPO) si anticorpi anti-tireoglobulina (antiTG). Tiroidita autoimuna este una din cele mai comune boli autoimune, ce se caracterizeaza prin producerea de autoanticorpi de catre sistemul imunitar al organismului, care pot deteriora celulele tiroidiene si compromite capacitatea lor de a produce hormoni tiroidieni. Inflamatia care rezulta adesea duce la o scadere a activitatii glandei tiroide (hipotiroidie). Tiroidita Hashimoto este una din cele mai frecvente cauze de hipotiroidism. Tiroidita autoimuna si hipotiroidismul subclinic au fost implicate in patogeneza altor tulburari asociate varstei, in special in bolile cardiace coronariene. Mult timp s-a emis ipoteza ca persoanele cu hipotiroidism / tiroidita autoimuna au un risc crescut de evenimente cardiovasculare, cu o meta-analiza ce sugereaza un risc crescut de aproximativ 20% pentru boala cardiaca coronariana. Potentialele cauze care influenteaza legatura intre hipotiroidism si bolile cardiace coronariene includ hiperlipidemia, hipertensiunea, diabetul si obezitatea. Persoanele cu autoanticorpi tiroidieni pozitivi pot fi asimptomatice mai mult timp, manifestarea patologiei tiroidiene survenind doar peste cativa ani. De aceea, screeningul hormonului tireotrop TSH, antiTPO si antiTG este important pentru depistarea precoce a disfunctiei tiroidiene la pacientii cu afectiuni cardiovasculare.

Cuvinte cheie: imbatranire, tiroidita autoimuna, anticorpi tiroidieni

Immune system abnormalities associated with aging, general tend to develop autoimmune phenomena with the appearance of several serum antibodies, including thyroid antibodies: antibodies anti-tireoperoxidaza (anti-TPO) and antibodies anti-thyroglobulin (anti-TG). Autoimmune thyroiditis is one of the most common autoimmune diseases, characterized by the production of autoantibodies by the immune system, which can damage thyroid cells and impair their ability to produce thyroid hormones. The resulting inflammation often leads to a decrease in activity of the thyroid gland (hypothyroidism). Hashimoto's thyroiditis is one of the most common causes of hypothyroidism. Thyroid autoimmunity and subclinical hypothyroidism have also been implicated in the pathogenesis of other age-associated disorders, in particular coronary heart disease. For a long time it has been hypothesized that individuals with hypothyroidism / autoimmune thyroid disease have an increased risk of cardiovascular events, with a meta-analysis suggests a 20% increased risk of coronary heart disease. Potential causes that influence the link between hypothyroidism and coronary heart disease include hyperlipidemia, hypertension, diabetes and obesity. People with positive thyroid autoantibodies can be asymptomatic longer, manifestation of thyroid pathology occurring only a few years. Therefore, thyroid stimulating hormone TSH screening, antiTPO and anti TG is important for early detection of thyroid dysfunction in patients with cardiovascular disease.

Key words: elderly, autoimmune thyroiditis, thyroid antibodies

12. MODIFICARILE NIVELELOR DE MIELOPEROXIDAZA LA PACIENTII VARSTNICI CU OBEZITATE

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Mieloperoxidaza (MPO) este o enzima lizozomala eliberata in cursul fagocitozei de catre neutrofile, monocite si anumite subtipuri de macrofage tisulare. MPO poate contribui la disfunctia endoteliala, transmigrarea leucocitara si acumularea de celule spumoase, avand rol in degradarea placii fibroase, fiind considerata un marker al inflamatiei si al instabilitatii placii. Obezitatea, in special cea abdominala, este legata de profilul lipidic aterogenic (valori crescute de LDL-C si trigliceride

MYELOPEROXIDASE LEVELS MODIFICATIONS IN ELDERLY PATIENTS WITH OBESITY

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Myeloperoxidase (MPO) is a lysosomal enzyme released during neutrophil phagocytosis by monocytes and certain subtypes of tissue macrophages. MPO may contribute to endothelial dysfunction, leukocyte transmigration and accumulation of foam cells, having role in degradation of fibrous plaque and is considered a marker of inflammation and plaque instability. Obesity, especially abdominal obesity is related with atherogenic lipid profile (elevated LDL-C and

si valori scazute de HDL-C). Stresul oxidativ este evident in obezitate si joaca un rol central in dezvoltarea aterosclerozei. In studiul de fata s-au urmarit modificarile nivelelor de mieloperoxidaza la doua grupuri de pacienti varstnici (71.23 ± 9.13 ani): un grup de pacienti cu hipertensiune arteriala (HTA) si boala cardiaca ischemica (BCI), si un grup de pacienti cu HTA, BCI si obezitate. Nivelele MPO au fost determinate din ser prin analiza imunoenzimatica si detectie spectrofotometrica la 450 nm. Rezultatele obtinute pentru pacientii cu HTA, BCI si obezitate, au aratat o crestere a valorilor serice pentru mieloperoxidaza, comparativ cu grupul HTA si BCI (749 ± 329.04 vs. 458.12 ± 4.62 ng/ml ser). In concluzie, nivelele serice de MPO sunt crescute la persoanele cu obezitate. Acest lucru indica faptul ca MPO, fiind o enzima eliberata de neutrofile in timpul inflamatiei, se asociaza cu stresul oxidativ in evolutia obezitatii. Studiile au fost efectuate in cadrul contractului de cercetare nr. 355/2014 (PN II PCCA 2013 1686).

Cuvinte cheie: mieloperoxidaza, obezitate, varstnici

triglycerides levels and low HDL-C levels). Oxidative stress is evident in obesity and plays central role in the development of atherosclerosis. In the present study were followed changes levels of myeloperoxidase in two groups of elderly patients (71.23 ± 9.13 years): a group of patients with hypertension and ischemic heart disease (IHD), and a group of patients with hypertension, IHD and obesity. MPO levels were determined in serum by immunoenzymatic assay and spectrophotometric detection at 450 nm. The results for patients with hypertension, IHD and obesity showed an increase in serum for myeloperoxidase versus hypertension and IHD group (749 ± 329.04 vs 458.12 ± 4.62 ng / ml serum). In conclusion, serum MPO levels are elevated in individuals with obesity. This indicates that the MPO, being an enzyme released by neutrophils during inflammation, is associated with oxidative stress in obesity evolution. Studies were done under contract nr. 335/2014 (PN II PCCA 2013 1686).

Key words: myeloperoxidase, obesity, elderly

13. LONGEVITATEA POATE FI PRELUNGITA?

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Exista vreun indiciu ca imbatranirea poate fi tratabila sau prevenita prin mijloace artificiale? Criteriile imbatranirii enuntate de Finch si Austad pentru stabilirea imbatranirii la o specie se refera la: 1-cresterea mortalitatii cu varsta; 2-scaderea fertilitatii. Daca un tratament afecteaza una sau ambele aspecte ale imbatranirii, atunci se poate trage concluzia ca are efecte asupra imbatranirii. Restrictia calorica (RC), are efecte pozitive asupra primului, dar negative asupra celui de-al doilea (creste durata medie si maxima de viata, dar scade fertilitatea). Cele mai multe studii de imbatranire citeaza RC drept singurul tratament care creste durata medie si maxima a vietii de la viermi si *Drosophila* pana la rozatoare. Un alt tratament, cu actiune oarecum similara RC, este rapamycina, care creste durata maxima a vietii la rozatoare. Tratamentul cu anti-oxidanti creste durata medie de viata la multe specii, de la drojdii la mamifere. Exista alte substante care cresc durata medie si/sau maxima a vietii? Pe langa mutatii ale unor gene implicate in calea insulina/IGF1, cu efecte vizibile asupra duratei maxime de viata la *Cenorhabditis*,

COULD THERE BE WAYS FOR STILL PROLONGING LONGEVITY?

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Is there any hint that aging could be treated or prevented by produced means? Criteria of aging assessment in a species Finch and Austad proposed regard: 1-increase of mortality with age; 2-decrease of fertility with age. If a treatment affects one or the other of the above criteria, then a conclusion can be drawn that treatment has effects on aging. Caloric restriction (CR) has positive effects on the first of the two criteria but negative ones on the second (caloric restriction increases average and maximum of lifespan but decreases fertility). Most studies on aging have shown CR as the only means that increases maximum lifespan of worms, *Drosophila* and species less developed than rodents. Another treatment with CR similar effects is with rapamycin, which increases maximum lifespan of rodents. Antioxidant treatments increase average lifespan in many species from yeasts to mammals. Are there other substances which increase average and/or maximum lifespan? Besides mutations of a gene affecting the insulin/IGF1 (signaling) pathways, with demonstrated effects on maximum lifespan of *Cenorhabditis*, paradoxically there is a

paradoxal, pe aceasta lista exista un prooxidant puternic care creste durata de viata la viermi. Exista substante, inclusiv suplimente alimentare, care au efecte pozitive asupra unor modificari fiziologice asociate cu imbatranirea. Gerovitalul H3, unul dintre primele medicamente propuse in acest sens, longeviv la randul sau, pe langa multiplele efecte anti-degenerative, creste durata medie de viata la sobolani. Un studiu aflat in desfasurare pe soareci, in cadrul tezei de doctorat, arata rezultate promitatoare utilizand noi substante.

Cuvinte cheie: criterii ale imbatranirii, durata maxima si medie de viata, Gerovital H3, restrictie calorica

strong prooxidant compound which increases lifespan of worms. There are other substances, including dietary supplements that have positive effects on aging related physiological changes. In this sense, Gerovital H3, one of the first drugs proposed for positive effects on aging, a "longeval" drug itself, apart from its multiple anti-degenerative effects, increases average lifespan of rats. An ongoing study as part of a doctoral thesis has shown promising results by using new compounds with effects on aging.

Key words: criteria for aging assessment, average and maximum lifespan, Gerovital H3, caloric restriction.

14. RITMURI CEREBRALE IN STAREA DE VEGHE SI IN TIMPUL SOMNULUI

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Lucrarea de fata isi propune expunerea descriptiva a datelor stiintifice actuale cu privire la rirmurile cerebrale din starea de veghe si din timpul somnului in obtinute in urma inregistrarilor potentialelor de actiune exprimate electroencefalografic in distingerea de nuante si de semnificatii normale si patologice. Se cunoaste faptul ca intelegerea proceselor de baza, care stau la initierea mecanismelor de generare ale biocurentilor cerebrali, inregistrati prin captarea de la suprafata scalpului, poate ajuta intr-o masura importanta in diagnosticare corecta si evitarea interpretarilor eronate. Activitatea electrica cerebrala variaza in functie de principalele stari de vigilență: starea de veghe, somnul cu unde lente si somnul paradoxal. Aceste stari au expresii in ritmuri cerebrale ca forme de unda care se succed regulat, au durata si forma similare si sunt definite prin mecanisme specifice de structuri complexe de la nivel cerebral. Sunt variatii semnificative in organizarea ritmurilor cerebrale in stare de veghe, in functie de varsta, importante de cunoscut pentru a nu fi incadrate in domeniul patologic. Ciclul biologic circadian cuprinde si somnul care nu este un fenomen omogen, ci prezinta numeroase si variate modificari cu expresii polisomnografice diverse cuprinse in stadiile de Rapid Eye Movements si Non REM. Atat electroencefalografia cat si polisomnografia sunt utile ca metode electrofiziologice de investigare clinica a sistemului nervos, nefiind nici pe departe, exhaustive, de aceea este necesara coroborarea cu metode biomoleculare, psihologice, imagistice.

Cuvinte cheie: ritmuri cerebrale, stare de veghe, REM, NonREM

CEREBRAL RHYTHMS IN STANDBY AND IN SLEEP

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This paper aims to descriptively expose scientific data regarding cerebral rhythms throughout the standby phase and sleep obtained through action potentials gathered through EEG in distinguishing nuances and normal and pathological meanings. It is known that understanding basic process that determines the initiation mechanism of cerebral bio-currents can significantly increase the accuracy of diagnostics. The electrical brain activity varies with vigilance states: standby, slow-waves sleep and paradoxical sleep. These states have expressions in cerebral rhythms that regularly succeed each other and have similar duration and forms. They are defined by specific complex mechanisms at the brain level. There are also significant variations in organizing cerebral rhythms through standby, depending on age, which needs to be known and taken into account to avoid pathological diagnosis. The biological cycle includes the sleep which is not a homogeneous phenomenon, but it rather has multiple and varied polysomnography expression changes in REM and non-REM sleep. Both EEG and polysomnography are used as investigation methods of the nervous system. However, they are by no means exhaustive and they have to be used in conjunction with bio-molecular, psychological and imagistic investigations.

Key Words: cerebral rhythms, standby state, REM, non-REM

15. PERSPECTIVE GERIATRICE IN TULBURARILE NEUROCOGNITIVE

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Funcția cognitivă cuprinde percepția, memoria și gândirea, procesele prin care o persoană percepe, recunoaște, înregistrează, reține și utilizează informațiile. Declinul funcției cognitive este un semn distinctiv al îmbătrânirii. Cu toate acestea, de cele mai multe ori acestea nu sunt patologice. Tulburări cognitive la bătrâni au o varietate de cauze posibile. La pacienții vârstnici patologia cardiovasculară (cum ar fi hipertensiunea arterială și fibrilația atrială), problemele de nutriție (cum ar fi deficitul de vitamina D sau de vitamina B₁₂) și medicația anticolinergică (în special pentru incontinența imperioasă) sunt cauze importante pentru afectarea cognitivă. Evaluarea afectării cognitive la bătrâni este importantă, deoarece unele cauze pot fi reversibile cu un tratament. Dar este important de reținut că screening-ul pentru afectarea cognitivă cu diagnosticare precoce implică, de asemenea, riscuri: scăderea calității vieții, stigmatizarea socială, pierderea locului de muncă, depresie.

Cuvinte cheie: îmbătrânire, declin cognitiv, screening

16. PATTERNUL CIRCADIAN AL TA SI TERAPIA INDIVIDUALIZATA LA VARSTNICUL CU HTA REZISTENTA LA TRATAMENT

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HTA rămâne o cauză majoră de mortalitate și morbiditate la vârstnici. Există numeroase situații în care în ciuda măsurilor terapeutice adecvate nefarmacologice și farmacologice aplicate, valorile TA sa rămână constant crescute peste 140/90 sau 140/95 la diabetici. De aceea se impune o nouă abordare a administrării medicației în raport de patternul circadian al TA a pacientului, determinat prin monitorizarea Holter pe 24 ore a

GERIATRIC PERSPECTIVES IN NEUROCOGNITIVE DISORDERS

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Cognitive functioning comprises perception, memory, and thinking, the processes by which a person perceives, recognizes, registers, stores, and uses information. Declines in cognitive functioning are a hallmark of aging. However, most declines in cognition with aging are not pathological. Cognitive impairment in older adults has a variety of possible causes. In elderly patients cardiovascular pathology (like systemic hypertension and atrial fibrillation), nutrition problems (like vitamin D and vitamin B₁₂ deficiency) and anticholinergic medication (especially for urge incontinence) are important causes for cognitive impairment. Assessing cognitive impairment in older adults is important because some causes can be reversed with treatment. But, it is important to notice that screening for cognitive impairment with early diagnosis also carries risks: diminished quality of life, acquisition of a stigmatizing label, loss of employment, depression.

Key words: elderly, cognitive impairment, screening

CIRCADIAN PATTERN OF BP AND INDIVIDUALISED THERAPY IN ELDERLY PATIENT WITH HBP TREATMENT RESISTANT

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Hypertension remains a major cause of morbidity and mortality in elderly people. Despite applying all adequate therapy measures, pharmaceutical and non-pharmaceutical, BP is constantly high, over 140/90-95 mmHg on diabetic patients. Therefore it is necessary to consider a new approach for medication administration, related to daily pattern of patient's BP, determined by Holter Monitoring

valorilor TA. Scopul lucrării. Este de a releva importanța investigației Holter în stabilirea modului și momentului optim de administrare a medicației antihipertensive în scopul unui control adecvat al valorilor TA. Au fost luați în observație un număr de 25 pacienți (15 femei și 10 bărbați) cu vârste cuprinse între 69 și 74 ani, cu valori ale TA necontrolate corespunzător cuprinse între 160/105 mm Hg și 180/100 mm Hg, cu administrare corectă a medicației antihipertensive, constant în IEC, blocante de canale de calciu, diuretice. 11 dintre pacienți aveau și DZ tip II controlat prin dietă și ADO. S-a efectuat monitorizarea Holter pe 24 ore a TA care a relevat un număr de 17 nondippers, 6 dippers și 2 extreme dippers. Administrarea matinală în priză unică a medicației antihipertensive curente nu a controlat în mod semnificativ valorile TA după 2 săptămâni de tratament, în timp ce administrarea seară la culcare a determinat o reducere mai importantă a valorilor TA în cursul nopții, adică s-a modificat în dexul de dipping în sensul că profilul celor nondipper a virat către dipper la 12 dintre pacienți, valorile TA au coborât și s-au menținut aproape de normal (în medie 135/90 – 95). Concluzii. HTA rezistentă la tratament este o realitate frecvent întâlnită la pacienții vârstnici; profilul nondipper este mai des întâlnit la hipertensivul de vârstă a 3-a. Administrarea vespérală a medicației antihipertensive poate schimba profilul circadian al valorilor TA așa încât beneficiul rezultat să fie un control mai bun al valorilor acestora, evitând acel „morning surge”, promotor al complicațiilor majore cardio vasculare ale HTA. Această modalitate de abordare terapeutică este eficientă în egală măsură atât la pacienți doar cu HTA cât și la cei care au și DZ asociat.

Cuvinte cheie: pattern circadian, hipertensiune, vârstnici

for 24 h. The purpose of this work is to show the importance of holter monitoring in adjusting the medication and the moment of administration for a more effective control of BP. We took under observation 25 patients (15 women and 10 men), ages between 69-74. The patients were on proper medication for Hypertension – ACE inhibitors, calcium channel blockers, diuretics and still had high values of BP (160/105 – 180/100 mmHg). 11 of them had also type 2 diabetes, on diet control and OAM. We applied holter monitoring of BP for 24h and the result showed 17 nondippers, 6 dippers and 2 extreme dippers. After 2 weeks of morning administration of medication, unique dose, the BP values were not satisfactory controlled, while the evening administration determined an important decrease of BP over night, so the dipping index changed. On 12 patients the nondipper profile turned to a dipper profile and the BP stayed close to normal range, 135/90-95 mmHg. Conclusions. Hypertension treatment resistant is very common in elderly patients, the nondipper profile is more frequent over the age of 60. Evening administration of medication may change the circadian profile of BP values, resulting in a better control and avoiding the morning surge, a high cardiovascular risk.

Key words: circadian pattern, hypertension, elderly

17. STUDIU CORELATIONAL ÎNTRE DEPRESIE ȘI DISFUNCTIA COGNITIVĂ LA VÂRSTNICI – INDICE DISCRIMINANT NEUROCOGNITIV?

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Testele de desen au avut o lungă istorie în evaluarea neuropsihologică. Analiza tulburărilor neuropsihopatologice ale desenului reprezintă o veritabilă și specifică metodă de psihodiagnostic, cu valoare neuropsihologică și clinică. Studiul și-a propus

CORRELATION STUDY BETWEEN DEPRESSION AND COGNITIVE DYSFUNCTION IN THE ELDERLY – DISCRIMINANT NEUROCOGNITIVE INDEX?

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Drawing tests have been a long history in neuropsychological assessment. The analysis of the neuropsychopathological disorders's drawings represents a real and specific method of psychodiagnosis with neuropsychological and clinical

identificarea corelatiilor intre disfuncția cognitivă și incidența factorului de distorsiune desen la vârstnici. Lotul total a fost de 742 de subiecți, cu vârste cuprinse între 65 și 84 de ani. S-au studiat particularitățile funcționării neurocognitive la persoane vârstnice cu tulburări neurocognitive și s-a analizat posibilitatea derivării unui indice discriminant neurocognitiv care să permită o cât mai bună și mai rapidă psihodiagnoză, respectiv asocierea disfuncției cognitive cu prezența factorului de distorsiune a desenului.

Cuvinte cheie: distorsiune desen, tulburări neurocognitive, vârstnici

value. This study has aimed to identify correlations of cognitive dysfunction with the incidence of the factor of distortion in the drawing of the elderly. The study group included 742 subjects, ages 65 to 84 years. Particularities of the neurocognitive functioning were investigated in elderly having neurocognitive disorders. Our work analyzed the possibility to have a derived discriminatory neurocognitive index that would allow for a rapid and better psychodiagnosis, namely consisting in the association of cognitive dysfunction with the factor of distortion in the drawing.

Key words: distortion in drawing, neurocognitive disorders, elderly

18. CENTRU DE STUDIU AL MEMORIEI ȘI STIMULARE NEUROCOGNITIVĂ CSM-SNC

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Logo: *Memoria scade dacă nu o folosești.*

(Cicero, De senectute)

Scurta prezentare a Centrului:

- recent înființat la sediul Institutului Național de Gerontologie și Geriatrie "Ana Aslan" din București;
- reunește mediul și infrastructura pentru desfășurarea unitară a activității clinice și de cercetare științifică a psihologilor din cadrul I.N.G.G. "Ana Aslan";
- oferă o bază pentru aplicarea coerentă a metodelor de cercetare și de evaluare și intervenție psihologică adresată în special persoanelor vârstnice.

Scopul centrului:

- cercetarea științifică și formarea specialiștilor în domeniul Gerontopsihologiei;
- aplicarea clinică prin evaluare și intervenție psihologică cu impact asupra calității vieții persoanei vârstnice.

Prin funcționarea centrului se urmărește:

- coagularea eforturilor în vederea obținerii de rezultate de cercetare valoroase și de fonduri necesare cercetării și aplicării clinice,
- evidențierea existenței unei entități capabile de colaborări cu mediul științific și cu cel medical și socio-economic,
- dezvoltarea unui parteneriat puternic cu cercetători și cu instituții dedicate cercetării din țară și străinătate.

Principalele obiective ale centrului sunt:

- studiul memoriei prin evaluare și intervenție ge-

CENTRE OF STUDY OF MEMORY AND NEUROCOGNITIVE STIMULATION CSM-SNC

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Logo: *Memory decreases if you do not use it.*

(Cicero, De senectute)

Short presentation of the Center:

- Recently established at "Ana Aslan" National Institute of Gerontology and Geriatrics Bucharest;
- Gathers environment and infrastructure for conducting unified clinical and research work of psychologists in the "Ana Aslan" N.I.G.G.;
- Provides a basis for consistent application of research methodology and assessment and psychological intervention addressed especially to the elderly.

The purpose of the Center:

- Scientific research and training of specialists in the field of Gerontopsychology ;
- Clinical application through psychological assessment and intervention impacting the quality of life of the elderly.

By operating the Center we aim:

- Clotting efforts in order to obtain valuable research results and funds for research and clinical application;
- Highlighting the existence of an entity capable of collaborations with the scientific and the medical and socio-economic environment;
- Developing a strong partnership with researchers and institutions dedicated to research in the country and abroad.

The main objectives of the center are:

- The study of memory by clinical gerontopsychological assessment and intervention;
- Substantiation and development of neurocognitive

rontopsihologica clinica;

- fundamentarea si dezvoltarea de programe de stimulare neurocognitiva si psihoemotionala;
- crearea unei metodologii specifice de investigare si interventie in domeniul Gerontopsihologiei clinice;
- cercetare stiintifica in domeniul Gerontopsihologiei si Neuropsihologiei clinice;
- crearea unei baze de date in domeniul Gerontopsihologiei si integrarea activitatii de cercetare stiintifica, prin transferul de informatii si asimilarea de metodologii inovative, la nivel national si international;
- formarea specialistilor in domeniul Gerontopsihologiei.

Cuvinte cheie: centru, studiu al memoriei, stimulare neurocognitiva

stimulation and psychoemotional programs;

- Creating a specific methodology of investigation and intervention in Clinical Gerontopsychology;
- Scientific research in Clinical Gerontopsychology and Neuropsychology;
- Creating a database in Gerontopsychology and integrating scientific research by the transfer of information and uptake of innovative methodology, nationally and internationally;
- Training specialists in Gerontopsychology.

Key words: centre, study of memory, neurocognitive stimulation

19. STUDIU DE CAZ – SINDROM POST-POLIOMIELITA CU DEBUT TARDIV

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Sindromul post-poliomielitic reprezintă o entitate care se manifestă la distanță (de obicei la 30-40 de ani) în urma unui episod de poliomielite survenit de obicei în copilărie. Debutul este lent și insidios și frecvent se manifestă sub forma unui tablou clinic care cuprinde slăbiciune, astenie, atrofie musculară, disfagie, apnee nocturnă, intoleranță la căldură. Prezentăm cazul unui pacient în vârstă de 61 de ani, vaccinat împotriva poliomielitei cu un vaccin care ulterior s-a dovedit a fi parțial inefficient și care a dezvoltat începând cu vârsta de 58 de ani o parapareză spastică progresivă, însoțită de fenomene miastenice, obezitate, dureri articulare, fracturi ca urmare a repetatelor căderi. Funcția cognitivă și statusul afectiv nu au fost afectate. Diagnosticul diferențial în acest caz a fost unul vast, cuprinzând sindromul miastenic, boli cerebrovasculare sau neurodegenerative, miopatii de diverse cauze. Este detaliat rolul complex al medicului geriatru în evaluarea și monitorizarea unui pacient cu sindrom post-poliomielitic și necesitatea unei colaborări multidisciplinare.

Cuvinte cheie: sindromul post-poliomielitic, vaccin polio, sindrom miastenic, diagnostic diferențial

CASE STUDY – LATE ONSET POSTPOLIOMYELITIS SYNDROME

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Post-poliomyelitis syndrome is a late manifestation after acute poliomyelitis (30-40 years late). The onset is slow and insidious and in most of the cases clinical symptoms are nonspecific and usually include weakness, fatigue, muscle atrophy, dysphagia, sleep apnea, heat intolerance. We present the case of a 61 years old male patient, who received anti-polio vaccine in his childhood (later it was acknowledged that the vaccine was only partially effective), who at the age of 58 years developed progressive spastic paraparesis, myasthenic syndrome, obesity, joint pain, fractures due to repeated failures. Cognitive function and emotional status were not affected. The differential diagnosis in this case was complex, including myasthenic syndrome, cerebrovascular or neurodegenerative diseases, myopathies various causes, etc. It detailed the complex role of the geriatrician in the evaluation and monitoring of a patient with post-polio syndrome and the need for multidisciplinary cooperation.

Key words: post-poliomyelitis syndrome, polio vaccine, myasthenic syndrome, differential diagnosis

20. STUDIU PRIVIND INCIDENTA SI COMORBIDITATILE ASOCIATE LA PACIENTI CU AFECTARE A DENSITATII OSEOASE IN ORASUL RAMNICU VALCEA

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Osteoporoza este una din marile probleme de sanatate publica, incidenta crescand o data cu varsta si reprezentand o afectiune frecventa a varstnicului, in special in cazul femeilor. Avand in vedere importanta diagnosticarii precoce si a identificarii factorilor de risc asociati, am realizat un studiu pe 600 de persoane care locuiesc in orasul Ramnicu Valcea de cel putin 5 ani, care au efectuat testul DXA in cadrul Spitalului Balneomedcenter din Ramnicu Valcea in intervalul octombrie 2015 – septembrie 2016. Au fost identificate 304 de cazuri noi de afectare in diverse grade ale densitatii osoase (si 231 de cazuri diagnosticate anterior). Am selectat un esantion de 100 de cazuri noi pentru care s-a determinat 25 OH vitamina D, rezultatele indicand ca 67 % din pacientii diagnosticati cu osteoporoza sau osteopenie au prezentat un nivel scazut de vitamina D circulanta si peste jumatate din pacienti prezentau o alta forma de malnutritie. Au fost identificati o serie de factori de risc si comorbiditati asociate, aceste asocieri fiind utile pentru realizarea unui program de screening si terapie adecvat.

Cuvinte cheie: osteoporoza, vitamina D, comorbiditati, complicatii, preventie

21. SUSTINEREA PSIHO-SOCIALA A PACIENTULUI VARSTNIC IN CONTEXTUL EVALUARII PLURIDISCIPLINARE

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Comunitatea varstnica este in crestere pe plan national si mondial. Abordarea pacientului varstnic se face in prezent in context pluridisciplinar acesta fiind orientat atat spre latura somatica si psihica, dar se impune din ce in ce mai mult interventia psihologului. Situatiile de criza caracteristice

STUDY ON INCIDENCE AND ASSOCIATED COMORBIDITIES IN PATIENTS WITH BONE MINERAL DENSITY IMPAIRMENT IN RAMNICU VALCEA

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Osteoporosis is a major public health problem, representing a common condition of the elderly, especially for women. Given the importance of early diagnosis and the identification of the associated risk factors, we conducted a survey of 600 people who are living in Ramnicu Valcea town for at least for 5 years, who undertook DXA test at the Balneomedcenter Hospital in Ramnicu Valcea, between October 2015 - September 2016. We identified 304 new cases of bone mineral density impairment, among other 231 known cases. We selected a sample of 100 new cases for which was determined 25 OH vitamin D, the results indicating that 67% of patients diagnosed with osteoporosis or osteopenia had low levels of circulating vitamin D and over half of patients had some other form of malnutrition. We identified a number of associated risk factors and comorbidities that can be used in order to design a program of screening and appropriate therapy.

Key words: osteoporosis, vitamin D, comorbidities, complications, prevention

THE PSYCHO-SOCIAL SUPPORT OF THE ELDERLY PATIENT IN THE CONTEXT OF MULTIDISCIPLINARY EVALUATION

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The elderly community is growing both nationally and globally. Addressing elderly patients is currently made in a multidisciplinary context which is intended for both the somatic and the mental states, but it increasingly requires more psychological intervention. Characteristic crisis

interventiei psiho-sociale au o determinare in lant, depinzand unele de altele, fapt ce se stabileste in cadrul diagnozei sociale. Asistentul social, medicul, psihologul si, nu in cele din urma, societatea sunt responsabili in mare parte de problematica existentiala a individului. Prezentam cazul pacientului A.N. de profesie artist, care dupa un stres major (decesul sotiei) a prezentat o pluripatie somatica exacerbata de dezechilibru psihic cu tendinta la depresie. Pacientul a fost spitalizat cu respectarea programului de tratament, dar in acelasi timp s-a intervenit cu sustinerea psihologica continua. Dupa aproximativ 6 luni de la impactul stresului suferit pacientul este reechilibrat somatic. Reabilitarea psiho-sociala este concretizata de implicarea intr-un program de emisiune TV nationala cu obtinerea de succese artistice.

Cuvinte cheie: comunitatea varstnica, dezechilibru psihic, somatic, pluridisciplinar

situations for the psycho social intervention have a chain determination, depending one on the other, fact that is established within the social diagnosis. The social worker, the doctor, the psychologist and, last but not least, society are responsible for the existential issues of the individual. We present the case of the patient A.N, artist, who after a major stress (death of his wife) presented a somatic pluripathology exacerbated by psychological imbalance with a tendency to depression. The patient was hospitalized in compliance with the treatment programmer that was interfered with continuous psychological support. After about 6 months from the impact of the stress suffered the patient gets somatically rebalanced. The psycho-social rehabilitation is embodied by the implication in a national TV show with the obtaining of artistic successes.

Key words: elderly community, psychological imbalance, somatic, multidisciplinary

22. STUDIU PLURIDISCIPLINAR PRIVIND LONGEVITATEA UMANA

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Imbatranirea si longevitatea raman inca pline de intrebari. Durata de viata este programata sau nu? Exista o limita superioara a duratei de viata? Care este rolul factorilor biologici si sociali in determinarea duratei de viata? De ce femeile traiesc mai mult decat barbatii? Care sunt caile de prelungire a vietii? In ultimele decenii durata medie a vietii a crescut foarte mult in special in tarile dezvoltate, dar tendinta exista si in tarile in curs de dezvoltare. Cresterea sperantei de viata creaza o multime de probleme sociale si economice. In aceste conditii, cunoasterea factorilor care determina ceea ce se numeste "imbatranire reusita" devine deosebit de importanta. Subiectii din lotul studiat de noi, cu rare exceptii, au avut cel putin un parinte care a trait peste 80 ani, o proportie ridicata avand un parinte nonagenar. Se confirma faptul ca un fenotip biochimic similar cu profilul restrictiei calorice este asociat cu longevitatea la om, ca si la

MULTIDISCIPLINARY STUDY REGARDING HUMAN LONGEVITY

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Human aging and longevity still raise questions. Is lifespan (genetically) programmed or not programmed? Is there an upper limit for the lifespan? Which roles play biological and social factors in programming lifespan? Why women live longer than men? Which are ways for life extension? In the last decades the average human lifespan very much increased especially in developed countries but also in developing countries there has been this increase. Increase in life expectancy leads to plenty of social and economic problems. Under these circumstances knowledge on factors contributing to what is called "successful aging" becomes extremely important. With rare exceptions, patients of our study-group had at least one parent who lived more than 80 years, a high proportion of these patients having a nonagenarian parent. In our study the fact that a biochemical phenotype similar to that of caloric

unele animale. Recordurile de longevitate ar depinde de un risc scazut al bolilor cu impact asupra longevitatii, o sanatate mai buna fizica, dar si psihica. Diferentele de reglaj comportamental ar putea explica in parte si diferenta de speranta de viata intre femei si barbati dar principalii factori ar fi cei biologici. Predictiile legate de eventuala speranta de viata si longevitate a unui individ sau a unei populatii ar putea decurge din stabilirea factorilor de risc cu impact asupra sperantei de viata si urmarirea mijloacelor de protectie, genetice, epigenetice si comportamentale fata de acestia.

Cuvinte cheie: longevitate, factori genetici, restrictie calorica, factori de risc.

restriction was associated with longevity has been confirmed as well as in animal models. Maximums of longevity would be depending on having low risks of diseases with impact on longevity and a better mental and physical health. Differences in regulating behaviors might explain only partially the life expectancy difference between men and women, as the biological factors are those mainly involved with the latter men-women difference. Predictions related to possible life expectancy and longevity of an individual can evolve from establishing risk factors impacting life expectancy and monitoring genetic, epigenetic and behavioral factors and protective means against risk factors.

Key words: longevity, genetic factors, caloric restriction, risk factors

23. PREVALENTA BACTERIILOR REZISTENTE LA ANTIBIOTICE LA PACIENTII CU INFECTII ALE TRACTULUI RESPIRATOR INFERIOR IN UNITATILE DE TERAPIE INTENSIVA

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Infectia este o cauza majora de morbiditate si mortalitate in unitatile de terapie intensiva (UTI) la nivel mondial. Totusi sunt putine informatii despre epidemiologia globala a infectiilor, iar infectiile tractului respirator inferior sunt cele mai frecvente infectii din unitatile de terapie intensiva. In perioada 1.01.2015–31.07.2016 s-au recoltat probe de la 368 pacienti spitalizati in sectia ATI a Spitalului Clinic Sf.Maria Bucuresti. S-au efectuat culturi, s-au identificat microorganismele si s-au efectuat antibiogramele prin metodele standard. In studiul nostru 42% au fost barbati si 58% femei. Repartitia bazata pe grupe de varsta: 3,5% 1-20 ani, 9,8% 21-40 ani, 11,6% 41-50 ani, 19,4% 51-60 ani, 33% 61-70 ani, 22,7% peste 71 ani. Din 368 probe recoltate (272 sputa, 62 stome traheale, 24 secretii bronsice si 10 lichide pleurale), 47,3 au fost culturi pozitive iar 52,7 probe negative. Avem 174 de agenti patogeni izolati: 38,7% Klebsiella pneumoniae, 26,5% Pseudomonas aeruginosa, Candida albicans 24,6%, Acinetobacter baumannii 2,2%, alte tipuri de bacili Gram-negativ 5,8%, Staphylococcus aureus 2,2%. Sensibilitatea bacililor Gram-negativ pentru carbapeneme a fost

PREVALENCE OF ANTIBIOTIC-RESISTANT BACTERIA IN PATIENTS WITH LOWER RESPIRATORY TRACT INFECTIONS IN INTENSIVE CARE UNITS

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Infection is a major cause of morbidity and mortality in intensive care units (ICUs) worldwide. However, relatively little information is available about the global epidemiology of such infections. Lower respiratory tract infections (LRTIs) are the most frequent infections among patients in intensive care units. The study was conducted from January 2015 to July 2016 in the Sf.Maria Hospital. The lower respiratory tract specimens from 368 patients were evaluated. Following culture, the isolated organisms were identified and antimicrobial sensitivity was performed by standard methods. In our study 42% was men and 58% women. The distribution based on age group: 3.5% 1-20 years, 9.8% 21-40 years, 11.6% between 41-50 years, 19.4% 51-60 years, 33% 61-70 years, 22.7% for over 71 years. Out of 368 LRT specimens (272 sputum, 62 tracheal, 24 bronchial and 10 pleural fluids), 47.3% were culture positive, whereas 52.7% specimens showed no growth. A total of 174 pathogens isolated were: Klebsiella pneumoniae 38.7%, Pseudomonas aeruginosa from 26.5% patients, Candida albicans 24.6%, Acinetobacter baumannii 2.2%, and the others Gram-negative bacilli 5.8%, Staphylococcus aureus

82,9%, la cefalosporine 77,2%, amikacina 68,5% si gentamicina 62,4%. Multirezistenta *Pseudomonas aeruginosa* si a bacililor Gram-negativ s-a intalnit la 41,6% din cazuri. O preocupare majora este incidenta tot mai mare a rezistentei la antibiotice asociata frecvent cu eSecul tratamentului.

Cuvinte cheie: bacterii, rezistenta la antibiotice , ITRI

24. ASPECTE DIETETICE CU IMPORTANTA IN PREVENIREA OSTEOPOROZEI

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Conform Fundatiei Internationale pentru Osteoporoza, aceasta patologie reprezinta o alterare a calitatii si a densitatii osului, cu dezvoltarea "aspectului poros", ducand adesea la fracturi. Nutritia si calitatea sanatatii oaselor, muschilor si articulatiilor sunt strans interconectate. De aceea, in cazul persoanelor in varsta, o dieta si un stil de viata sanatoase sunt, prin urmare, foarte importante. Consumul insuficient de calciu in dietele varstnicilor, precum si obiceiurile alimentare care afecteaza metabolismul calciului, consumul de cofeina si alcool duc la dezvoltarea treptata a osteoporozei. Densitatea osoasa este dependenta, de asemenea, de exercitiul fizic, care poate lipsi in rutina de zi cu zi a varstnicilor, cu toate ca reglarea mersului pe jos zilnic poate fi o solutie usoara. Cu referire la ultimele cercetari, soia, fasolea verde, mazarea, si lintea, continand proteine si legumele verzi, oferind un aport crescut de vitamine si minerale, sunt cele mai indicate pentru prevenirea osteoporozei, privind in mod particular persoanele de sex feminin vegetariene, genul cel mai afectat in acest caz. In plus, cerealele integrale contin o anumita substanta care ajuta fixarea calciului in oase, iar usturoiul, ceapa si ouale contin sulf, ce ajuta, de asemenea, in prevenirea osteoporozei. Datorita pierderilor de estrogen in cadrul menopauzei, este indicat un consum ridicat de soia. Fitoestrogenul continut de catre soia poate substitui autoproducția scazuta. Suplimentarea de calciu in organism singura nu poate fi remediu pentru osteoporoza, dar balanta dintre magneziu, bor, potasiu, acid folic si vitaminele C, D, E si K reprezinta elementul cheie dietetic pentru prevenirea acesteia.

2.2%. The susceptibility rates for carbapenem were 82.9%, cephalosporins 77.2% amikacin 68.5% and gentamicin 62.4%. Multidrug resistant *Pseudomonas* and the others Gram-negative bacilli are 41.6%. A major concern is the increasing incidence of antibiotic resistance has been associated with treatment failure.

Key words: bacteria, antibiotic resistance, LRTI's.

DIETARY ASPECTS WITH IMPORTANCE IN THE PREVENTION OF OSTEOPOROSIS

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According to the International Foundation for Osteoporosis, this pathology represents an alteration in the quality and density of the bone, with the development of the "porous aspect" and often resulting in fractures. Nutrition and the health quality of the bones, muscles and joints are strongly connected. In the case of the elderly, a healthy diet and lifestyle are, therefore, very important. The insufficient calcium consumption in the elderly' diets, as well as the alimentary habits that affect the metabolism of calcium, caffeine and alcohol consumption lead to the gradual development of osteoporosis. The bone density is dependent, as well, on the physical exercise, that may lack in the elderly' daily routine, although regulate daily walking can be an easy solution. With reference to latest research, soya, green bean, peas and lentil, containing proteins and green vegetables offering an increased amount of vitamins and minerals are most indicated for the prevention of osteoporosis, with regard towards vegetarian women, the most affected gender, in this case. In addition, integral cereals contain a substance that helps the fixation of calcium in the bones and garlic, onion and eggs containing sulfur help, as well, in preventing osteoporosis. Because of the loss of estrogen in menopause, a higher consumption of soya is indicated. The phytoestrogen that soya contains may substitute the decreased self production. Not only calcium supplementation in the body alone can be remedy for osteoporosis, but the balance between magnesium, boron, potassium, folic acid and vitamins C, D, E and K represent the dietary key towards its prevention.

Cuvinte cheie: osteoporoza , vitamine, magneziu, varstnici, nutritie

25. EVALUAREA PATOLOGIEI ENDOCRINE IN CADRUL VARSTEI GERIATRICE

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La nivel global, mai ales in tarile dezvoltate, populatia varstnica a capatat proportii crescute, acest lucru fiind atribuit, in principal, evolutiei domeniilor de sanatate publica, medicale si sociale. Cele mai afectate sisteme de catre procesul de imbatranire sunt sistemul endocrin si cardiovascular, alaturi de sistemul nervos central si de cel imunologic. La persoanele de varsta a treia procesele complexe de imbatranire conduc la un declin al secretiei de hormoni. Populatia varstnica manifesta tulburari metabolice si endocrine cu o frecventa mai mare decat populatia generala. Modificari ale functiei tiroidiene, osteoporoza, diabetul zaharat, insuficienta adrenală si deficitul hormonilor sexuali apar mult mai des odata cu inaintarea in varsta. Afectarea tiroidiana este prezenta la aproape toti pacientii varstnici. Atat hipertiroidia (mai ales in contextul bolii Graves) cat si hipotiroidia (mai ales prin tiroidita autoimuna cronica) sunt frecvente la pacientii varstnici, ambele avand rasnet corespondent asupra aparatului cardiovascular. Un screening al TSH este necesar si deseori suficient la populatia geriatrica, mai ales in cazuri cu deteriorare somatica sau cognitiva recenta severa, fara alte cauze). Disfunctia adrenală este mai putin frecventa fata de adulti, dar unele consecinte ale hiperfunctiei adenale (ca obezitate, diabet zaharat), sau ale hipofunctiei (ca hipotensiunea arteriala ortostatica) sunt mai frecvent intalnite la pacientul varstnic. Cu varsta se produce, de asemenea, o diminuare a hormonilor sexuali; dehidroepiandrosteronul, care este un precursor important pentru androgeni si estrogeni, scade constant cu varsta si se pare ca ar juca un rol major in procesul de imbatranire. Aspectul clinic si prognosticul acestor afectiuni devine mai grav la varstnici, deoarece ele se suprapun peste numeroasele comorbiditati (mai ales neurologice si cardiovasculare). Terapia pentru aceste patologii

Key words: osteoporosis, vitamins, magnesium, elderly, nutrition

THE ASSESSMENT OF ENDOCRINE PATHOLOGY IN THE GERIATRIC AGE

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The elderly population has increased worldwide, especially in developed countries, mainly because of the evolution in the medical, social and public health fields. The systems that are most affected by ageing are the endocrine and cardiovascular systems, alongside with the nervous and immunological ones. The complex aging processes lead to a decline in hormone secretion in elderly population. The senior population manifests metabolic and endocrine disorders with a higher frequency than the general population. Changes in the thyroid function, osteoporosis, diabetes mellitus, adrenal insufficiency and deficiency of sex hormones occur more frequently with age. Impaired thyroid function is present in nearly all elderly patients. Both hyperthyroidism (especially in the context of Graves' disease) and hypothyroidism (mainly produced by chronic autoimmune thyroiditis) are common in elderly patients, both being accompanied by consequences on the cardiovascular system. TSH screening is necessary and often enough in the geriatric population, especially in cases with recent severe cognitive or somatic deterioration in the absence of another cause. Adrenal dysfunction is less frequent than in adults, but some consequences of adrenal hyperfunction (e.g. obesity, diabetes mellitus), or of the hypofunction (e.g. postural hypotension) are more common in elderly patients. Sexual hormones are also decreasing; dehydroepiandrosterone, an important precursor (especially for androgens), constantly diminishes with age and it appears it would play a major role in the aging process. The clinical aspect and prognosis of these disorders becomes more serious in the elderly because they overlap with much comorbidity (especially with neurological and cardiovascular ones). The therapy for these endocrine disorders is complex and has many particularities in the elderly. The psycho-

endocrinologice este complexa si are numeroase particularitati in cazul pacientilor varstnici. Elementul psiho-social are un rol important in evaluarea si coping-ul tulburarilor endocrinologice la aceasta categorie populationala, ceea ce impune luarea in considerare inclusiv a necesitatilor crescute de ingrijire psiho-somatica a acestora.

Cuvinte cheie: varstnic, afectiuni metabolice, hormoni, psiho-social

26. EXPERIENTELE DE VIATA ALE VARSTNICILOR IDENTIFICATI CU ABUZ IN CLINICA DE GERIATRIE

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Abuzul asupra varstnicilor este o problem multifatetara raspandita de sanatate publica definita ca fiind „actul sau lipsa unei actiuni corespunzatoare realizate in cadrul oricarei relatii care ar presupune prezenta increderei, care provoaca raul sau afectarea unei persoane in varsta” (OMS, 2002, p. 3). Au fost identificate evidente in studii recente prin care varstnicii cu experiente de abuz prezinta, asociat, si risc crescut de morbiditate, mortalitate, cresterea utilizarii serviciilor de sanatate, cu consecinte adverse asupra starii de sanatate, etc. Acest fenomen ramane relative neexplorat in Romania. Prezentam rezultatele unui studiu calitativ care se apleaca asupra unei arii mai putin cunoscute, fiind primul studiu care ofera o perspectiva „din interior” a experientei de viata si a dinamicii complexe a abuzului la varstnicii in ingrijire geriatrica. Un numar de 13 pacienti varstnici (9 femei si 4 barbati) au fost identificati cu experiente de abuz in urma screeningului cu Elder Abuse Suspicion Index (EASI, © Yaffe et al., 2008) si referiti catre serviciul psiho-social complementar multidisciplinar asociat celui geriatric, intr-un spital din Iasi. Prin analiza tematica, textele preluate prin interviuri au permis identificarea a trei teme globale: 1) abuzul submineaza demnitatea; 2) nevoia de a gasi semnificatie experientelor de viata; 3) strategii de mentinere a demnitatii. Experientele de abuz sunt intricate si nu pot fi intelese pe deplin fara luarea in considerare a contextelor familiale, comunitare si societale, a sprijinului formal primit

social element plays an important role in assessing and coping with endocrinological disorders in this population, which requires increased attention for their psycho-social care necessities.

Key words: elderly, metabolic affections, hormones, psycho-social

LIFE EXPERIENCES OF ABUSED ELDERLY IN GERIATRIC CARE

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Elder abuse is a multifaceted and pervasive public health issue defined as “a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (WHO, 2002, p.3). Evidence were found in recent studies that elder abuse was associated with increased risks of elder’s morbidity, mortality, with higher utilization of health services, with adverse health consequences etc. This phenomenon remains relatively unexplored in Romania. This is a qualitative study addressed to this gap in knowledge by being the first study which provides an “insider” perspective of the lived experience and the complex dynamics of abused elderly. A total of 13 abused elderly (9 women and 4 men) patients were involved in a complimentary, multidisciplinary psycho-social service after been screened for abuse using Elder Abuse Suspicion Index (EASI ©, Yaffe et al., 2008) in geriatric care in an Iasi hospital, in Romania. Through thematic network analysis, the texts from the interviews revealed three global themes: 1) the abuse undermines the dignity, 2) the need to find meaning to the lived experience and, 3) the strategies of maintaining dignity. Experiences with abuse are embedded within and cannot be fully understood without consideration of the context of family, community, and societal environments, the formal support of agencies or service providers, and the broader ideological norms, values, institutional patterns that influence the life experiences of

din partea ofertantilor de servicii publice si privati, a normelor, valorilor, modelelor institutionale care influenteaza viata celor in cauza.

Cuvinte cheie: abuzul asupra varstnicilor, evaluarea geriatrica

27. PROTECTIA SOCIO-COMUNITARA A VARSTNICILOR IN CONTEXTUL VULNERABILITATII SOMATICE SI PSIHICE

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Stiintele geriatrice cunosc in prezent o noua etapa de dezvoltare luandu-se in considerare abordarea pluridisciplinara, cu implicarea socio-comunitara. Populatia varstnica este in continua crestere atat in Romania, cat si pe plan mondial. Avand in vedere acest aspect, se impune necesitatea reabilitarii, atat in folos propriu, cat si in folosul societatii si comunitatii din care varstnicii fac parte. OMS precizeaza cei "3R" ai reabilitarii geriatrice si anume "resocializarea, reintegrarea si reiluminarea". Prezentam cateva exemple de asistenta socio-comunitara a varstnicilor in Japonia si Marea Britanie. Pacientii varstnici cu afectiuni psihice pot fi vulnerabili, atat prin efectuarea unor acte impotriva legii, cat si prin pozitia de victima, asupra carora se pot efectua unele ilegalitati. Mass-media intervine uneori brutal cu acuzatii directe, uneori nejustificate care pot pune in pericol viata pacientului. Stiintele comunicarii reprezinta un capitol esential in relatia medic-pacient sau psiholog-pacient, astfel incat uneori se pot ameliora atat simptomele somatice, cat si cele psihice. In contextul vulnerabilitatii varstnicilor se impune infiintarea unor institutii, organisme protective a acestora, luandu-se in considerare si implicarea lor in elaborarea unor documente. Singuratarea in imbatranire duce la izolare, iar aceasta agraveaza afectiunile somatice. In concluzie, se impune colaborarea pluridisciplinara in abordarea pacientului varstnic dar, in acelasi timp, este necesara interventia socio-comunitara de protectie a acestuia.

Cuvinte cheie: populatia varstnica, imbatranire, mass-media, izolare, socio-comunitar.

abused elderly and the passage of time.

Key words: elder abuse, geriatric evaluation

THE SOCIO-COMMUNITY PROTECTION OF THE ELDERLIES IN THE CONTEXT OF SOMATIC AND PSYCHOLOGICAL VULNERABILITY

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Geriatric sciences currently witness a new stage of development, taking into consideration a multidisciplinary approach with the socio-community involvement. The elderly population is growing in both Romania and worldwide. Given this fact, it is necessary to rehabilitate both for personal benefit and in the benefit of society and the elderly community. WHO states the "3Rs" of geriatric rehabilitation: "resocialization, reintegration and relighting". We present some examples of socio-community care of the elderly in Japan and the UK. Elderly Patients with psychiatric disorders may be vulnerable, by carrying out acts against the law, and having the position of victim, as well, on which there can be performed certain illegalities. The media sometimes intervenes brutally through direct accusations, sometimes unjustified, that could endanger the patient's life. Communication sciences represent an essential chapter in the doctor-patient or psychologist-patient relationships, therefore, sometimes symptoms may improve both somatically and psychologically. In the context of elderlies' vulnerability, there is imposed the establishment of institutions, protection organisms, taking into consideration their involvement in drawing up documents. Loneliness leads to isolation when ageing, and this worsens the somatic disorders. In conclusion, there is required a multidisciplinary collaboration when addressing the elderly patient, but at the same time, there is needed the socio-community intervention for his/her protection.

Key words: elderly population, ageing, mass – media, isolation, socio-community

28. MANAGEMENTUL CANCERULUI ESOFAGIAN LA PACIENTUL VARSTNIC

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Disfagia este o problema importanta de sanatate ce duce la cresterea morbiditatii in randul populatiei varstnice. Pacient in varsta de 69 de ani cu istoric de hipertensiune, accident vascular ischemic si osteoartrita este internat in clinica noastra pentru dureri articulare difuze, tuse seaca, durere in epigastru si disfagie selectiva recent instalata. Examenul clinic: pacient constient, anxios, tegumente palide, fatigabilitate, scadere in greutate, TA = 150/80 mmHg, durere la palpare in epigastru. *Endoscopia digestiva superioara*: formatiune stenoza la 12 cm de marginea superioara a esofagului. *CT de torace si abdomen*: imagini nodulare situate paraortic, loja Baret si paratracheal; la nivelul lumenului esofagului inferior se deceleaza o formatiune parietala, protruziva, circumferentiala, cranial de cardia, cu marginea neregulata; formatiunea se extinde de la orificiul cardia spre fornix. *Consult psiho-geriatric*: MMSE = 25/30 puncte. Scala de Depresie Geriatrica = 12/15 puncte. *Diagnostic principal*: tumora esogastrica (indicatie chirurgicala – esogastrectomie superioara cu anastomoza esogastrica termino-terminala, limfadenectomie toracica). *Diagnostic secundare*: hipertensiune, tulburare cognitiva, tulburare depresiv-anxioasa. Evolutia postoperatorie a fost favorabila, fara aparitia complicatiilor. Pe langa patologia gastrointestinala, disfagia poate aparea ca prim simptom si in depresie, dementa, diabet zaharat si diferite forme de cancer, de aceea este nevoie de o evaluare geriatrica amanuntita la pacientii varstnici. **Cuvinte cheie**: disfagie, varstnic, cancer esogastric

ESOPHAGIAL CANCER MANAGEMENT OF AN ELDERLY PATIENT

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Dysphagia is a frequent health problem increasing morbidity in elderly population. A 69 year old male patient with a known history of hypertension, ischemic stroke and osteoarthritis is admitted to our clinic with diffuse joint pains, dry cough, pain in the upper abdomen and a recently installed selective dysphagia. Clinical examination: conscious, anxious, paleness, decreased appetite and weight loss, BP = 150/80 mmHg, pain in the upper abdomen. *Upper endoscopy*: stenosing formation 12 cm from the top of the esophagus. *Thoracic and abdomen CT highlights*: Images of lymph nodes situated paraortic, in the Baret lodge and paratracheal. The lower esophagus shows a circumferential parietal thickness protrusion in the lumen, cranial from the cardia orifice, with an irregular outline; the formation also expands to the fornix. *Psychogeriatric consult*: Mini Mental State Examination = 25/30 points; Geriatric Depression Scale = 12/15 points. *Primary diagnosis*: Esogastric tumor (indication for surgery - superior esogastrectomy with end to end eso-gastro-anastomosis by double approach and thoracic lymphadenectomy). *Secondary diagnoses*: hypertension, depressive disorder accompanied by cognitive impairment. Postsurgical evolution was favorable with no complications. A comprehensive geriatric assessment can detect the causes of dysphagia which would be not only gastrointestinal illnesses but also depression, dementia, diabetes mellitus and different types of cancer.

Key words: dysphagia, elderly, esogastric cancer

29. NOI ABORDARI PRIVIND ACTIUNEA ANTIOXIDANTA A PROCAINEI SI GEROVITAL H3 LA NIVEL CELULAR SI MOLECULAR

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Gerovital H3 (GH3) – medicament românesc ce conține procaina ca ingredient activ, a fost elaborat și studiat în anii '60 de Prof. Dr. Ana Aslan împreună cu Farm. Elena Polovrăgeanu, fiind larg utilizat și în prezent în profilaxia îmbătrânirii. Studiul a urmărit investigarea unor noi mecanisme implicate în efectul antioxidant al procainei și GH3 la nivel celular, molecular și sistemic, prin utilizarea unor diferite modele experimentale *in vitro*. A fost evaluat efectul GH3 și al procainei asupra generării radicalului superoxid în sistemul xantina-xantin oxidaza prin metoda cu INT, precum și asupra oxidabilității lipoproteinelor de joasă densitate – determinate ca diene conjugate și hidroperoxizi lipidici, în probe biologice umane (ser, plasma). Efectul cito-protector a fost examinat la nivelul fluidității membranare, precum și asupra capacității de lezare și reparare a ADN, în celule mononucleare izolate din sânge periferic (PBMCs), utilizându-se sonde fluorescente specifice și metoda FADU. GH3 a exercitat o inhibiție semnificativă a generării de radicali liberi și a peroxidării lipidice la toate concentrațiile testate (1, 2, 3, 5, 7 și 10 mM), având o acțiune maximă (65%) la 10 mM, în timp ce procaina a avut un efect antioxidant mult mai redus (<10%). Expunerea PBMCs la concentrații de 10 mM GH3 și 20 mM procaina a determinat o creștere a capacității de reparare a ADN cu 45%, în urma inducerii lezării ADN cu radiații X. În concluzie, acest studiu confirmă rolul protector al GH3 împotriva stresului oxidativ celular și sistemic și aduce noi dovezi în favoarea efectelor sale benefice în bolile cardiovasculare și degenerative asociate cu îmbătrânirea, evidențiate clinic în studii longitudinale.

Cuvinte cheie: procaina, Gerovital H3, antioxidant, repararea AND

NEW INSIGHTS REGARDING PROCAINE AND GEROVITAL H3 ANTIOXIDANT ACTION AT CELLULAR AND MOLECULAR LEVEL

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Gerovital H3 (GH3), a procaine-based geroprotective Romanian drug developed and studied by Prof. Dr. Ana Aslan and Pharm. Elena Polovrăgeanu in the sixties, is also used now extensively in the prophylaxis of ageing. The aim of the study was to investigate novel mechanisms involved in the antioxidant action of procaine and GH3 at cellular, molecular and systemic level, by using different *in vitro* experimental models. The GH3 and procaine effects on the superoxide radical generation in the xanthine-xanthine oxidase system, assessed by INT method, and on the low density lipoprotein oxidizability - measured as conjugated dienes and lipid hydroperoxides, were studied in human biological samples (serum, plasma) and isolated blood cells. The cyto-protective effects were examined on the membrane fluidity as well as on DNA damage and repair capacity in peripheral blood mononuclear cells (PBMCs), using specific fluorescence probes and the Fluorescence-detected Alkaline DNA Unwinding (FADU) method. GH3 exerted a significant inhibition in free radical generation and lipid peroxidation at all the tested concentrations (1, 2, 3, 5, 7 and 10 mM), with a maximum (65%) at 10 mM GH3, whereas procaine had a slight antioxidant effect (<10%). The exposure of PBMCs to 10 mM GH3 and 20 mM procaine increased by 45% the DNA repair capacity of the cells following X-rays induced DNA damage. In conclusion, this study confirms the protective role of GH3 against cellular and systemic oxidative stress and provides new data in favor of beneficial effects on cardiovascular diseases and degenerative diseases associated with ageing, as clinically evidenced in longitudinal studies.

Key words: procaine, Gerovital H3, antioxidant, DNA repair

30. INTERVENTIE DE OPTIMIZARE A DIETEI SI NIVELULUI DE ACTIVITATE FIZICA LA VARSTNICI – STUDIUL RAHEO PARTEA A II-A

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Datele epidemiologice asupra morbiditatii si mortalitatii la varstnici reflecta nivele de activitate fizica si aport nutritional indecvate. Deoarece riscul de aparitie a diverse patologii este mai mare la varstnici, acestia pot beneficia cel mai mult de corectarea anumitor factori de risc. Obiectivul acestui studiu este evaluarea impactului unei interventii de tip preventiv, bazata pe estimarea riscului pentru starea de sanatate asupra consumul de fibre alimentare si grasimi precum si asupra nivelului de activitate fizica la varstnici. Dupa aplicarea criteriilor de selectie, un numar de 200 de pacienti cu varste de cel putin 65 de ani si care traiesc independent in comunitati, au fost repartizati aleatoriu si in numar egal in grup de studiu si grup martor. Interventia a constat in sedinte de consiliere geriatrica multidimensionala sustinute de medicul specialist. Pentru fiecare pacient au fost stabilite programe individualizate de activitate fizica (AF) si recomandari dietare in functie de starea de sanatate, preferinte si stilul de viata. Aceste sedinte s-au desfasurat cu o periodicitate lunara, timp de 6 luni. Consumul de energie a crescut semnificativ in grupul de studiu comparativ cu grupul martor (minute echivalent metabolic (MET) pe saptamâna 1248.8 (IIQ 745.1) respectiv 693.0 (IIQ 544.5); $p < 0.001$). Numarul persoanelor ce au efectuat exercitii fizice de intensitate moderata a crescut semnificativ în grupul de studiu (45 (50%) respectiv 19 (21.6%); OR cu 95% IC 3.6 (1.9-7.0); $p < 0.001$). In urma recomandarilor primite, participantii la studiu au consumat un numar semnificativ mai mare de portii de fructe/fibre alimentare zilnic (4.6 (IQR 1.6)) diferenta a mediilor de 1.4 (95% interval de incredere [CI] 1.1-1.7; $p < 0.001$) comparativ cu cei din lotul martor. Dupa 6 luni, consumul de alimente bogate in grasimi a scazut statistic semnificativ in randul subiectilor din grupul de studiu comparativ cu cei din grupul martor (numarul mediu de portii

INTERVENTION TO OPTIMIZE DIET AND PHYSICAL ACTIVITY IN OLDER ADULTS – RAHEO STUDY PART II

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Epidemiological data on morbidity and mortality in older age reflects inadequate nutritional intake and physical activity levels. As seniors have higher health hazards they are the most likely to benefit from risk factor modification. The aim of this study is to evaluate the impact of an intervention based on health risk assessment combined with specialized counseling on fruit/fiber and high fat intake in older adults and on levels of physical activity. After selection, a total of 200 community-dwelling patients aged 65 and over were randomly allocated to equal intervention and control groups. The intervention consisted of comprehensive health counselling sessions conducted by the geriatrics specialist. Based on lifestyle choices, preferences and health status, an individualized physical activity (PA) daily programme and diet recommendations were set for each patient. Optimized health behaviours were endorsed monthly over a 6 month period. The energy expenditure significantly increased in the study group compared to control (metabolic equivalent time (MET) minutes per week 1248.8 (IQR 745.1) respectively 693.0 (IQR 544.5); $p < 0.001$). The number of persons who undergone moderate intensity physical activities was significantly higher in study group compared to control (45 (50%) respectively 19 (21.6%); OR with 95% CI 3.6 (1.9-7.0); $p < 0.001$). As a result of the intervention, participants had a significantly higher median number of fruit/fibre servings per day (4.6 (IQR 1.6)) with a median difference of 1.4 (95% confidence interval [CI] 1.1-1.7; $p < 0.001$) compared to those in the control group. At 6 months follow-up the high fat intake was also lower in the intervention group compared to control (median number of high fat servings per week: 4.8 (IQR 2.4) with a median difference of -8.0 (95% CI -9.5_-6.5; $p < 0.001$). Individualized PA programmes and personalised food based dietary guidance

alimente bogate in grasimi pe saptamana: 4.8 (IQR 2.4) diferenta medie de -8.0 (95% CI -9.5_-6.5 ; $p < 0.001$)). Programe individualizate de AF si recomandari nutritionale personalizate oferite in cadrul unor sedinte de consiliere geriatrica de tip preventiv reprezinta o metoda de succes de optimiza comportamentul legat de starea de sanatate la varstnici.

Cuvinte cheie: activitate fizica, dieta, varstnici, estimare risc sanatate

31. APLICATII DE eSANATATE CARE SUSTIN SERVICII MEDICALE INTEGRATE SI CENTRICITATEA-PE-PACIENTI VARSTNICI

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Conceptul de "centricitate-pe-pacient" inseamna proiectarea unui serviciu medical avand pacientul ca nucleu principal. Acest lucru poate aduce multe provocari in cazul pacientilor varstnici, in mod special in cazul celor cu afectiuni cronice multiple. Aplicatiile de eSanatate pot furniza o solutie viabila deoarece au un potential considerabil pentru imbunatatirea calitatii actelor medicale din domeniul geriatriei si gerontologiei prin oferirea de noi facilitati si oportunitati capabile sa sustina servicii medicale integrate, o viata independenta a varstnicilor, precum si cercetari medicale. Ele pot facilita si responsabilizarea seniorilor prin furnizarea unor instrumente pentru sisteme sociale si de sanatate mai "centrate-pe-om". Proiectul "Prelungirea vietii active pentru o imbatranire independenta si sanatoasa" (ProActive Ageing) isi propune realizarea unei platforme integrate de servicii online structurata in trei module principale ce furnizeaza instrumente informatice practice, motivante, de incredere si prietenoase, dedicate persoanelor care imbatranesc, specialistilor din domeniul geriatriei, gerontologiei sau al altor domenii conexe, celor care ingrijesc persoane varstnice. Modulul "Un toolkit pentru sustinerea cercetarilor medicale directionate catre o imbatranire activa si sanatoasa" are drept scop sprijinirea specialistilor din domeniul medical prin furnizarea unor instrumente informatice care sa ajute la formularea de strategii specifice, protocoale si metode pentru mentinerea unui nivel adecvat al functiilor biologice (fizice/mentale) si sociale ale populatiei care imbatraneste. Datorita facilitatilor oferite de tehnologia informatiei, *toolkit-ul* permite ca cercetarea cea mai reprezentativa sa fie

endorsed in geriatric health counselling sessions is a successful method to improve health behaviour in older people.

Key words: physical activity, diet, older age, health risk assessment

eHEALTH APPLICATIONS, ENABLERS FOR AN INTEGRATED CARE AND OLDER-PATIENTS CENTRICITY

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The concept of "patient centrality" means designing a health service with the patient as the main core. This can be very challenging in cases of older patients, especially of those with multiple chronic conditions. *eHealth applications* can provide a viable solution as they have considerable potential for enhancing the quality of geriatrics and gerontology care, by providing new facilities and opportunities able to support an integrated care, independent living of older people, and medical researches. They can also facilitate the empowerment of the elderly by providing tools that support a more "person-centric" social and healthcare system. "PROlonging ACTIVE life for an independent and healthy AGEING" (ProActive Ageing) project is an integrated platform for online services, structured in three main modules that provides practical, motivating, reliable and friendly informatics tools, dedicated to older persons, to experts in the field of geriatrics, gerontology or any other medical domain elderly-related, and to those who take care of seniors. "A Toolkit to Support Medical Research Addressed to Healthy and Active Ageing" module aims to support health specialists to provide instruments for specific strategies, protocols and methods for maintenance of an adequate level of biologic (physic/mental) and social functions of older people. Due to the facilities offered by ICT, the *toolkit* allows the most representative research to be conceptualized, conducted, and disseminated with continuous feedback from authorized stakeholders. It has a real practical relevance for health specialists by helping them to identify advanced approaches and mechanisms to treat older patients.

conceptualizata, realizata si diseminata, asigurand un feedback continuu de la entitatile interesate. *Toolkit-ul* va avea o relevanta practica reala pentru specialistii in domeniul sanatatii, ajutandu-i sa identifice abordari si mecanisme avansate utile in tratarea cetatenilor care imbatranesc.

Cuvinte cheie: centricitate-pe-pacient, eSanatate, servicii medicale integrate

32. IMPORTANTA MONITORIZARII ABPM LA VARSTNICI

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Hipertensiunea arteriala este o afectiune importanta in randul persoanelor varstnice. Aceasta, necontrolata, duce la multiple complicatii cardiovasculare, dar se asociaza si cu un risc crescut de dementa, afectarea activitatii cotidiene. Pe de alta parte, tratamentul frecvent este impropriu, fiind stabilit numai pe seama valorilor tensiunale masurate in cabinet. Astfel se poate ajunge la polifarmacie, polipragmazie si risc crescut de efecte adverse. Ambulatory blood pressure monitoring (ABPM) este recomandat atat pentru diagnosticul hipertensiunii arteriale, cat si pentru o buna urmarire a tratamentului pentru reducerea riscului cardiovascular. Tensiunea arteriala sistolica medie (TAS) din timpul noptii este predictorul cel mai semnificativ pentru evenimentele cardiovasculare. Astfel, TAS medie din timpul noptii este recomandata a se determina pentru a diagnostica hipertensiunea arteriala si a prezice riscul cardiovascular, inclusiv la pacientul varstnic. Pe de alta parte, hipertensiunea de halat alb este o conditie frecventa, inclusiv la persoana varstnica. Subdiagnosticarea ei duce la initierea unui tratament nenecesar, cu riscul de a dezvolta hipotensiune, cadere, dar si afectare neurocognitiva prin hipoperfuzie cerebrala. ABPM este cea mai eficienta metoda de a diagnostica hipertensiunea arteriala la varstnic, dar si de a stabili profilul si riscul cardiovascular si de a urmari eficienta tratamentului antihipertensiv.

Cuvinte cheie: ambulatory blood pressure monitoring, varstnici, risc cardiovascular, tratament

Key words: patient centricity, eHealth, integrated care

AMBULATORY BLOOD PRESSURE MONITORING AND ITS IMPORTANCE IN ELDERLY PATIENTS

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Hypertension is an important disease in the elderly population. Untreated it leads to multiple cardiovascular complications, a high risk for dementia and impact on activities of daily living. On the other hand, treatment is primarily based on blood pressure values obtained in the clinic. This may lead to over treatment, polypharmacy and an increased risk for adverse events. Ambulatory blood pressure monitoring (ABPM) is recommended both for hypertension diagnosis and treatment monitoring in order to reduce cardiovascular risk in the elderly. Asleep systolic blood pressure (BP) mean is the most significant independent predictor of cardiovascular event. Accordingly, the asleep systolic BP mean is the recommended to diagnose hypertension, assess cardiovascular risk in elderly hypertensive patient. Coat hypertension is frequent diagnosed in the elderly population. Undiagnosed it leads to over treatment with a high risk for hypotension, fall and neurocognitive disorders due to cerebral hypoperfusion. ABPM is the most efficient tool to diagnose hypertension in an elderly patient and also to determine patient's profile, cardiovascular risk and to establish treatments efficacy.

Key words: ambulatory blood pressure monitoring, elderly, cardiovascular risk, treatment

33. POSIBIL EFECT AL TRATAMENTULUI CU STATINE IN CAZUL UNUI GRUP DE OCTOGENARI

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Din variabilitatea considerabila a datelor privind produsii de oxidare a lipidelor si proteinelor a reiesit necesitatea de a avea in acelasi timp date privind tratamentul hipolipemiant al pacientilor luati in studiu. Totodata investigatii recente atrag atentia asupra variabilitatii mari interindividuale a scaderilor de LDL-C si non-HDL-C dupa administrarea statinelor, fiind astfel in continuare necesare date pentru a evidentia cauzele scaderilor slabe ale nivelurilor de lipoproteine aterogene in urma tratamentelor cu statine. Lucrarea si-a propus sa arate cateva date despre prevalenta nivelurilor LDL-C sub100, intre 100 -130 si mai mari de 130mg/dl pentru grupul de varstnici octogenari n=89 dintre care 34.8% (31 pacienti) au avut tratament prescris cu statine (predominant rosuvastatin si atorvastatin) comparativ cu pacientii netratati. Variabilele de laborator clinic s-au colectat din buletinele de epicriza pentru un total de 110 pacienti varsta medie 86±3 ani, investigati la INGG "Ana Aslan", Bucuresti, intre Feb 2014-Iunie 2016. Dintre acestia 68 femei si 21 barbati; 5 pacienti cu diabet zaharat; nici un pacient cu boli neoplazice. Doar 10 pacienti cu statine prescrise au avut LDL-C mai mic decat 100 mg/dl, iar valori LDL-C 100-130 au fost constatare la 7 pacienti (22.6%) tratati cu statine si la o majoritate de pacienti netratati cu statine; grup tratament cu statine (rezultate in mg/dl): LDL-C 124 ±45, HDL-C 61±16, non-HDL-C152, CT 213±47, TG 127±53. Grup pacienti netratati cu statine (rezultate in mg/dl): LDL-C 104 ±26, HDL-C 56±16, non-HDL-C 126, CT 182±30, TG 103±37. Limitari: absenta datelor inaintea tratamentului cu statine si a celor privind perioada tratamentului.

Cuvinte cheie: varstnici, statine, LDL-C, non-HDL-C.

POSSIBLE EFFECT OF TREATMENTS WITH STATINS IN A GROUP OF OCTOGENERIANS

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The need for data regarding lipid lowering treatments of study-patients was subsequent to highly varying results on products of lipids and proteins oxidations. Also, recent investigations call attention on large interindividual variability of LDL-C and non-HDL-C decreases after administration of statins in adults, so data are still needed in order to point out causes for weak decreases in atherogenic lipoproteins after treatments with statins. This work aimed to show some data on prevalence of LDL-C levels below 100, between 100-130 and higher than 130 mg/dl in a group of 89 elderly of whom 34.8% (31 patients) had statins prescribed (predominantly rosuvastatin and atorvastatin) vs. untreated patients. Clinical variables were collected from medical records. of 110 elderly patients, admitted at NIGG Ana Aslan, Bucharest, from Feb 2014 to June 2016, age 86±3 years old. There were 21 men and 68 women; 5 patients with diabetes mellitus; no patient with malignant diseases. Only 10 patients treated with statins prescribed, had LDL-C lower than 100 mg/dl. LDL-C levels between 100-130 were shown in 7 patients (22.6%) with statins prescribed but also in a majority of patients untreated with statins; group treated with statins (results in mg/dl): LDL-C 124 ±45, HDL-C 61±16, non-HDL-C 152, CT 213±47, TG 127±53. Group untreated with statins (results in mg/dl): LDL-C 104 ±26, HDL-C 56±16, non-HDL-C 126, CT 182±30, TG 103±37. Limitations: lack of data regarding lipoprotein levels before taking statins and data on periods of treatments.

Key words: elderly, statins, LDL-C, non-HDL-C.

34. RELATIILE DINTRE PARAMETRII ANTROPOMETRICI SI STATUSUL COGNITIV IN CURSUL IMBATRANIRII

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Scopul studiului este sa evidentieze modificarile parametrilor antropometrici si a statusului cognitiv, a relatiilor acestora cu varsta, si sa arate relatiile dintre parametrii antropometrici si si statusul cognitiv pe parcursul imbatranirii. Greutatea corporala, indexul de masa corporala (IMC), circumferinta taliei si soldului, rapoartele talie-sold si talie-inaltime au crescut semnificativ cu inaintarea in varsta pana la 80 ani. Dupa 80 ani greutatea corporala, IMC, circumferinta taliei si soldului au scazut semnificativ, in timp ce rapoartele talie-sold si talie-inaltime nu s-au modificat. Inaltimea pacientilor a scazut semnificativ cu varsta, inclusiv la cei peste 80 ani. Desi IMC a scazut semnificativ la pacientii peste 80 ani, 65,79% dintre acestia sunt supraponderali. Statusul cognitiv, masurat cu testul MMSE, a fost semnificativ redus la pacientii de 70-79 ani si 80-90 ani. Nu exista nici o corelatie intre IMC si varsta, dar s-au evidentiat corelatii semnificativ pozitive intre circumferinta taliei, raportul talie-sold, raportul talie-inaltime si varsta. De asemenea, s-a evidentiat o corelatie semnificativ negativa intre statusul cognitiv si varsta. Analiza corelatiilor dintre scorul MMSE si parametrii antropometrici a aratat ca nu exista nici o corelatie intre inaltime, IMC, circumferinta taliei si soldului si statusul cognitiv in imbatranire. S-a semnalat existenta corelatiilor semnificativ negative intre statusul cognitiv si rapoartele talie-sold ($r = -0,2181$; $p < 0,02$) si talie-inaltime ($r = 0,2052$; $p < 0,02$). Greutatea corporala a corelat semnificativ pozitiv ($r = 0,1781$; $p < 0,05$) cu statusul cognitiv in procesul imbatranirii. In concluzie, parametrii antropometrici precum greutatea corporala, rapoartele talie-sold si talie-inaltime ar putea juca un rol important in modificarile statusului cognitiv in imbatranire. Studiile au fost efectuate in cadrul contractului de cercetare nr. 355/2014 (PN II PCCA 2013 1686).

Cuvinte cheie: parametrii antropometrici, status cognitiv, imbatranire

RELATIONSHIPS BETWEEN ANTHROPOMETRIC PARAMETERS AND COGNITIVE STATUS DURING AGING

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The aim is to highlight changes in anthropometric parameters and cognitive status and their relationships with age, and show the relationships between anthropometric parameters and cognitive status during aging. Body weight, BMI, waist and hip circumference, waist – hip ratio and waist - height ratio increased significantly with age until about 80 years. After 80 years body weight, BMI, waist and hip circumferences were significantly decreased, while waist-hip ratio and waist-height ratio remained at a high level. Patient's height significantly decreased with age, including those over 80 years. Although BMI significantly decreased in patients over 80 years, 65.79% of them are overweight. Cognitive status assessed by MMSE test was significantly lower in patients aged 70-79 years and 80-90 years. There is no correlation between BMI and age, but did show significant positive correlation between waist circumference, waist-hip ratio, waist-height ratio and age. Also, a significant negative correlation between cognitive status and age was evidenced. Analysis of the correlations between MMSE and anthropometric parameters showed no correlation between height, BMI, waist circumference, hip circumference and cognitive status in aging. It was highlight significantly negative correlation between cognitive status (MMSE) and waist-hip ratio ($r = -0.2181$; $p < 0.02$) and waist-height ratio ($r = -0.2052$; $p < 0.02$). Body weight significantly positively correlated ($r = 0.1781$, $p < 0.05$) with the cognitive status in aging process. In conclusion, anthropometric parameters such as body weight, waist-hip and waist-height ratios could play an important role in cognitive changes occurring during aging. Studies were done under contract nr. 335/2014 (PN II PCCA 2013 1686).

Key words: anthropometric parameters, cognitive status, aging

35. ROLUL EVALUARII GERIATRICE COMPLEXE IN PRELUNGIREA VIETII ACTIVE PENTRU O IMBATRANIRE INDEPENDENTA SI SANATOASA

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Scopul studiului este realizarea profilului starii de sanatate a persoanelor varstnice si identificarea factorilor de risc pentru bolile asociate procesului de imbatranire. Obiectivul studiului este evaluarea geriatriei complexe a unui grup de subiecti de varste diferite, in vederea evidentierii factorilor bio-medicali, socio-economici, a deprinderilor alimentare si stilului de viata care pot avea un rol important in modularea procesului de imbatranire, a duratei de viata si a calitatii vietii varstnicilor. Evaluarea geriatriei complexe a inclus examenul clinic, evaluarile paraclinice, functionale (ADL, IADL), metabolice si nutritionale, cognitive (MMSE), practicile legate de sanatate, stilul de viata: fumat, consum de alcool, deprinderi alimentare, conditiile socio-economice ale pacientilor inclusi in studiu. Au fost investigati 250 de subiecti internati la INGG Ana Aslan", cu varsta intre 45-90 ani, distribuiti in patru grupe de varsta: A-pacienti intre 45-59 ani, B-pacienti intre 60-69 ani, C-pacienti intre 70-79 ani si D-pacienti intre 80-90 ani. Examenul clinic a evidentiat ca pacientii varstnici se confrunta cu o polipatologie, datorita careia consuma mai multe medicamente decat adultii. Evaluarea geriatriei complexe a pacientilor a aratat modificarile fizice, metabolice, functionale si cognitive aparute cu inaintarea in varsta. Acestea pot fi consecinta stilului de viata si a strategiilor terapeutice adoptate de subiecti, pot constitui factori de risc pentru diferite patologii asociate procesului imbatranirii si impreuna definesc starea de sanatate a pacientilor. Rezultatele evaluarii sunt insotite de interventii adaptate individual: reabilitare, educatie, consiliere, servicii de sustinere. Evaluarea geriatriei complexe poate avea urmatoarele beneficii: acuratete mai mare a diagnosticului, ingrijire in functie de rezultatele clinice, stare functionala si mentala imbunatatite, mortalitate reduca si, in consecinta, utilizarea reduca a caselor de ingrijire medicala si a spitalelor de ingrijire acuta. Studiile

COMPREHENSIVE GERIATRIC ASSESSMENT ROLE IN EXTENDING ACTIVE LIFE FOR INDEPENDENT AND HEALTHY AGING

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The aim is to point out the health profile of the elderly and to identify risk factors for diseases associated with aging. The study objective is the comprehensive geriatric evaluation of subjects of different ages, in order to set off bio-medical and socio-economic factors, the eating habits and lifestyle that may have an important role in modulating aging, lifespan and quality of life of the elderly. Comprehensive geriatric assessment included clinical examination, laboratory, functional (ADL, IADL), metabolic, nutritional and cognitive (MMSE) evaluations, the practices related to health and lifestyle: smoking, alcohol consumption, eating habits, socio-economic conditions of patients included in the study. There were investigated 250 subjects admitted to INGG Ana Aslan ", aged 45-90 years, divided into four age groups: A-patients aged 45-59 years, B-patients aged 60-69 years, C-patients aged 70-79 years and D-patients aged 80-90 years. Clinical examination revealed that elderly patients face a polipathology, due to which consumes more drugs than adults. Comprehensive geriatric assessment of the patients showed the physical, metabolic, functional and cognitive changes with age. They may be the consequence of lifestyle and therapeutic strategies adopted by subjects, may constitute risk factors for various diseases associated with the aging process and together define the health of patients. The evaluation results are accompanied by individually tailored intervention: rehabilitation, education, counseling, supportive services. Comprehensive geriatric assessment may have the following benefits: higher accuracy of diagnosis, clinical care according to results, improved functional and mental status, mortality reduction and, consequently, reduced use of nursing homes and acute care hospitals. The studies were conducted in the research contract no. 355/2014 (PN II PCCA 2013 1686).

au fost efectuate in cadrul contractului de cercetare nr. 355/2014 (PN II PCCA 2013 1686).

Cuvinte cheie : imbatranire, evaluare geriatria complexa, profilul starii de sanatate

36. INTERVENTIA DE OPTIMIZARE COGNITIVA – TEHNICA DE LUCRU INTEGRATA IN PROGRAMUL DE RECUPERARE MEDICALA POST AVC

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Deficitele cognitive post AVC corespund zonei cerebrale lezate si severitatii accidentului si implica toate domeniile cognitive, de la limbaj si orientare temporo-spatiala (deficite usor obiectivabile) pana la memorie si functii executive complexe. Exista multiple posibilitati de a interveni in sensul imbunatatirii functiilor cognitive, la orice varsta, terapia de stimulare cognitiva fiind recomandata in ghidurile de bune practici, ca abordare de prima linie. Descrierea performantei cognitive a participantilor inclusi in studiu, inaintea interventiei de optimizare cognitiva individuala si observarea, in dinamica, a parametrilor ce o masoara. Au fost selectati 50 de participanti, supravietuitori ai unui AVC, internati in Clinica de Recuperare Medicala a Spitalului Universitar de Urgenta Elias. Evaluarea psihologica a fost realizata la momentul t1 – preinterventie individuala de optimizare cognitiva si la momentul t2 – postinterventie. Interventia a constat in aplicarea propriu-zisa a fiselor de lucru creion-hartie special create si permanent adaptate deficitului cognitiv restant si/sau a aplicatiilor computerizate compatibile cu smartphone/tableta. Scorurile indicilor de performanta cognitiva au crescut postinterventie, aceasta crestere avand semnificatie statistica (p=0.000). Studiul realizat aduce argumente in sprijinul ideii ca interventia de optimizare cognitiva proiectata duce la modificarea parametrilor ce masoara performanta cognitiva la persoanele ce au suferit un AVC. Testul Montreal Cognitive Assessment (MoCA) si coeficientul mnezic (QM) evidentiat la aplicarea Wechsler Memory Scale sunt instrumente de masura sensibile si utile pentru a evalua imbunatatirea parametrilor

Key words: aging, comprehensive geriatric assessment, health profile

COGNITIVE OPTIMIZATION THERAPY – INTEGRATED TRAINING TECHNIQUE IN THE POST STROKE MEDICAL REHABILITATION

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Cognitive deficits after stroke correspond with the affected brain area and with the severity of the stroke and involves all cognitive domains, from language and time-space orientation (easy to notice deficits) to complex memory and executive functions. The intervention consists in multiple training techniques, used to improve cognitive functions at any age, the cognitive stimulation therapy being recommended by the good practice guidelines as first - line approach. The description of the cognitive performance of the participants included in the study, before the intervention of the individual cognitive optimization therapy and the progress of the parameters that measure it, after the intervention. A number of 50 participants were selected for the study, stroke survivors, inpatients in the Medical Rehabilitation Departament of the Elias Emergency Hospital. The psychological evaluation was performed before the individual cognitive optimization therapy and after the intervention. The intervention consisted in applying proper paper - pencil worksheets specifically designed and continuously tailored for the residual cognitive impairment and/or computerized smartphone/tablet applications for cognitive training. The scores of the cognitive performance indices increased after individual cognitive optimization therapy, the improvement being statistically significant (p = .000). This study supports the idea that the designed cognitive optimization intervention lead to the modification of the parameters indicating the cognitive performance of persons who suffered a stroke. Montreal Cognitive Assessment Test (MoCA) and the mnezic quotient (QM) from

cuantificabili ai funcțiilor cognitive postintervenție (t2) de optimizare cognitivă în cazul persoanelor ce au suferit un AVC.

Cuvinte cheie: accident vascular cerebral, dizabilitate, calitatea vieții, deficit cognitiv, optimizare cognitivă.

37. MANAGEMENTUL TERAPIEI MEDICAMENTOASE A VARSTNICULUI CU INCONTINENȚA URINARĂ

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Incontinența urinară (IU) afectează între 50% și 84% dintre varstnicii instituționalizați în centre de îngrijire din SUA, și probabil datele sunt extrapolabile și pentru România. Lucrarea trece în revistă comparativ medicamentele disponibile în țara noastră pentru diferitele tipuri de incontinență urinară. Deoarece varstnicul suferă frecvent de mai multe afecțiuni, este deseori polimedicat. De aceea, riscul de apariție a interacțiunilor medicamentoase este ridicat. IU poate fi agravată de medicamente administrate pentru alte boli, după cum și tratamentul medicamentos al IU poate influența negativ alte boli sau efectul altor medicamente coadministrate. Nu în ultimul rând, rata de abandon al tratamentului cu medicamente pentru IU este mare, deoarece aceste medicamente au reacții adverse neplăcute. Consiliind pacientul și medicul sau curant despre modalitatea în care aceste reacții adverse pot fi prevenite sau minimizate, farmacistul poate contribui la optimizarea îngrijirii pacientului varstnic.

Cuvinte cheie: incontinența urinară, medicamente, reacții adverse

38. BUNE PRACTICI ÎN CLINICA DE MEMORIE

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Populația României este deja o populație îmbătrânită, iar sistemul de sănătate publică nu este deloc pregătit să răspundă solicitărilor acestora. Pe de altă parte, numărul centrelor specializate în diagnosticarea precoce a bolii Alzheimer este infim. Cu alte cuvinte, imensa majoritate a persoanelor care sesizează apariția unor semne precoce, a celor

Wechsler Memory Scale are sensibile assessment tools, useful to measure the improvement of the quantifiable parameters of the cognitive functions, in post stroke persons undergoing cognitive optimization therapy.

Keywords: stroke, disability, quality of life, cognitive impairment, cognitive optimization.

URINARY INCONTINENT SENIOR'S MEDICATION THERAPY MANAGEMENT

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Urinary incontinence (IU) affects up to 50% and 84% of elderly persons in long-term care facilities in the US, and data may be also the same for Romania. The paper is a comparative review of drugs for different types of IU available in our country. Because older people are frequently suffering from multiple conditions, they are often polymedicated. Accordingly, drugs interactions risks are high. IU may be worsened by some drugs for other diseases, and drugs treating IU may negatively influence other conditions or the effects of other coadministered drugs. Last but not the least, abandonment rate of IU medicines is elevated because these drugs have unpleasant adverse events. By counselling the patient and his physician about preventing or minimising such adverse events, the pharmacist could optimize senior's health care.

Key words: urinary incontinence, drugs, adverse events

MEMORY CLINIC BEST PRACTICES

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Romania's population is already an aging population and the Romanian public health system is not ready to respond to old age problems. On the other hand, the number of centers specializing in early diagnosis of Alzheimer's disease is insignificant. The vast majority of people who notifies the appearance of early signs of dementia

care intuiesc instalarea unei tulburari cognitive, nu are cui si unde sa se adreseze; spitalele, camerele de garda, cabinetele din policlinici sunt supraaglomerate si nu dispun de echipe multidisciplinare, singurele care pot diagnostica o tulburare cognitiva incipienta. De asemenea, populatia exercita o presiune tot mai mare asupra medicilor privind solicitarile de examinare pentru tulburari cognitive dementa Alzheimer incepe sa capete si la noi un caracter pandemic. Primul diagnostic ar trebui sa se faca la nivelul unor centre specializate, de tipul "centrelor de memorie", pe baza unei evaluarii clinice complexe – psihiatrice, neuropsihologice, neurologice, geriatrie ceea ce presupune existenta unei echipe cu asemenea componenta. In Bucuresti insa exista un unic centru de acest fel, iar in tara s-au inregistrat cateva initiative izolate. In general orice medic specialist psihiatru, neurolog sau geriatru are cunostintele si abilitatile necesare pentru a diagnostica dementa Alzheimer, dar fiecare singur, in absenta unei echipe, nu reuseste de cele mai multe ori sa stabileasca un diagnostic corect si precis, avand nevoie de consultatii suplimentare, iar acest lucru inseamna trimiterea pacientului in diferite alte institutii si cabinete, in cautarea altor specialisti, desigur daca acestia exista in zona. Clinica de memorie este singura care ofera o calitate ridicata a serviciilor, cu o echipa specializata pentru diagnosticare si interventie timpurie, tratament, consiliere si cercetare.

Cuvinte cheie: clinica de memorie, diagnostic, tratament, bune practici

and intuit the installing of a cognitive disorder don't know where to go and whom to address; hospitals, emergency rooms, clinics offices are overcrowded and don't have multidisciplinary teams specialized in early diagnose of cognitive impairment. The population exerts an increasing pressure on family doctors for cognitive disorder examination and so, Alzheimer's dementia begins to take a pandemic character. The timely/early diagnosis should be done in specialized clinics, such as "memory centers", based on a complex clinical assessment - psychiatric, neuropsychological, neurological, geriatric. There is a unique center of this kind in Bucharest and there are few isolated initiatives in Romania. Any psychiatrist, neurologist or geriatrician has the knowledge and skills to diagnose Alzheimer's dementia, but each single one, in the absence of a team fails, most often, to diagnose correctly and precisely, requiring additional consultations. This means to send the patient into different institutions and clinics for other assessments. Memory Clinic is the only clinic that offers high quality services and a specialized team for diagnosis, early intervention, treatment, counseling and research.

Key words: memory clinic, diagnosis, treatment, best practices

39. PROFILUL INGRIJITORULUI FAMILIAL AL PERSOANEI VARSTNICE DIAGNOSTICATE CU BOALA ALZHEIMER – ANALIZA COMPARATIVA INTRE ROMANIA, CEHIA SI POLONIA

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Ingrijitorii familiali ai persoanelor varstnice diagnosticate cu dementa sunt cei care poarta povara grea a ingrijirii acestora, incercand sa gaseasca un echilibru intre nevoile persoanei ingrijite si cerintele pe care le presupune activitatea de ingrijire, activitatea profesionala si celelalte responsabilitati familiale. Lucrarea isi propune sa analizeze comparativ profilul ingrijitorului familial al persoanei varstnice diagnosticate cu Boala Alzheimer in Romania, Cehia si Polonia, pe baza interviurilor realizate in fiecare tara in 6 institutii (publice si private) care lucreaza cu sau pentru

FAMILY CAREGIVER'S PROFILE IN THE CASE OF ELDERLY DIAGNOSED WITH ALZHEIMER DEMENTIA - COMPARATIVE ANALYSIS BETWEEN ROMANIA, CZECH REPUBLIC AND POLAND

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Family caregivers of elderly diagnosed with dementia are the ones who carry the heavy burden of their care, struggling to find a balance between the care recipient's needs, the professional activity and other family responsibilities. The paper aims at analyzing in a comparative manner the profile of the family caregiver in the case of elderly diagnosed with Alzheimer dementia in Romania, Czech Republic and Poland, based on the interviews conducted in each country in 6 institutions (public and private) which work with or for family caregivers. These interviews had the

ingrijitori familiali. Aceste interviuri au urmarit sa reliefeze atat caracteristicile ingrijitorului (varsta, gen, ani de ingrijire etc.), cat si specificul activitatilor de ingrijire realizate de ingrijitori, si serviciile de suport existente pentru acestia. Interviuurile au fost realizate in cadrul proiectului Leonardo da Vinci ToI "ELMI", finantat de Comisia Europeana prin ANPCDEFP. De asemenea, in fiecare tara au fost analizate serviciile post-diagnostic existente, dedicate ingrijitorilor familiali. Studiul arata existenta unor aspecte comune privind profilul ingrijitorului familial in cele trei tari europene analizate, precum si unele aspecte diferentiale in ceea ce priveste serviciile de suport dedicate acestei categorii, in functie de legislatia nationala a fiecarei tari si de politicile existente. Sunt prezentate de asemenea propuneri de imbunatatire a situatiei ingrijitorilor familiali ai persoanelor varstnice diagnosticate cu Boala Alzheimer.

Cuvinte-cheie: Boala Alzheimer; ingrijitor familial; servicii post-diagnostic; nevoi ale ingrijitorilor

40. INTERFATA DINTRE GERIATRIE SI RECUPERARE IN PATOLOGII DE TIP LOCOMOTOR

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Prin recuperarea geriatrica se intelege reintegrarea bolnavului echilibrat biologic, motor si psihologic la viata activa, potrivit nivelului cardio-pulmonar. Recuperarea si readaptarea functionala, constituie o parte esentiala a ingrijirii varstnicului. Patologia locomotorie, indiferent de varsta are un impact negativ asupra calitatii vietii, influentand activitatile zilnice. Principalele motive de prezentare in cadrul sectiilor de geriatrie sunt durerea articulara si periarticulara care insotesc adesea activitatea fizica, asocierea acestora nefiind obligatorie. In prezenta lucrare se insista asupra diferentelor clinico-functionale si psiho-comportamentale legate de durerea generata articular si periarticular. Modificarile inflamatorii din articulatie afecteaza tesuturile moi adiacente, inclusiv musculatura. Nu in ultimul rand, durerea este o complicatie a bolilor reumatismale, sau a unor sechele posttraumatice cu manifestari articulare. Terapia durerii de tip periarticular si articular poate include atat solutii

objective to describe the caregiver's characteristics (age, sex, care duration etc.), and also the specific of the care activities performed by caregivers and the existing support services for them. The interviews were carried out within the framework of "ELMI" Leonardo da Vinci ToI project, financed by the European Commission through ANPCDEFP. Also, in each country, existing post-diagnostic services dedicated to family caregivers were analyzed. This study shows the existence of common aspects regarding the family caregiver's profile in the three European countries mentioned, and also some differential aspects regarding support services targeting this category, depending upon the national legislation of each country and of the existing policies. The paper also presents proposals for improving the situation of family caregivers in the case of elderly diagnosed with Alzheimer dementia.

Key-words: Alzheimer dementia; family caregiver; post-diagnostic services; caregivers' needs

THE INTERFACE BETWEEN GERIATRICS AND REHABILITATION MEDICINE IN MUSCULOSKELETAL PATHOLOGIES

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The geriatric rehabilitation means the reintegration of the patient to his active life if he is biological and psychological balanced according to his cardiopulmonary level. The recovery and functional rehabilitation is an essential part in the care of elderly. The locomotor pathology, regardless of age, has a negative impact on the quality of life, influencing daily activities. The main reasons for presentation at geriatric department are joint and periarticular pain, that often accompany physical activity, their association not being compulsory. In this presentation we point the changes that joint and periarticular pain generate from clinic-functional and psycho-behavioral point of view. The inflammation in joint is affecting adjacent soft tissues, including muscles. Articular and periarticular pain therapy may include both pharmacological and non-pharmacological solutions. Rehabilitation programs are designed to reduce polipragmazia by developing a program of

terapeutice farmacologice, cat si non-farmacologice. Programele de recuperare urmaresc reducerea polipragmaziei, dezvoltarea unui program de educatie al pacientului varstnic care sa inteleaga si sa accepte statutul biologic si psiho-comportamental al varstnicului, dar in conditiile sustinerii unui program de viata activ care sa evite sindromul de deconditionare. Metodele fizicale de tip electroterapie, termoterapie, masaj terapeutic, kinetoterapie, psihoterapie au ca scop final ameliorarea performantelor psiho-comportamentale si sustinerea independentei fizice atat pentru activitatea cotidiana cat si pentru cea sociala. Tinand cont de recomandarile de la nivel international in care calitatea vietii pacientului reprezinta o prioritate a serviciilor medicale, buna colaborare intre medici specialisti geriatrie si specialistii de recuperare medicala, reprezinta un elementul cheie in profilaxia si recuperarea patologiilor de tip locomotorii.

Cuvinte cheie: varstnic, calitatea vietii, durere, recuperare

41. HIPOTENSIUNEA INTRACRANIANA-CAZ CLINIC

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Hipotensiunea intracraniana este o boala rara si frecvent subdiagnosticata, determinata de scaderea presiunii lichidului cefalorahidian de la nivelul cutiei craniene. Aceasta se datoreaza scurgerii lichidului cefalorahidian prin brese aparute la nivelul sacului dural cu localizari la diferite nivele. Cauzele pot fi impartite in secundare (traumatisme cerebrale si/sau medulare, punctii rahidiene, rupturi de diverticuli meningeali) si spontane (miscari brusce sau repetate ale capului, gatului, coloanei vertebrale, stari de deshidratare, hiperventilatie). Principala manifestare clinica este cefaleea aparuta la trecerea in ortostatism. Incidenta este de 5/100000 pe an cu un maxim in jurul varstei de 40 de ani. Afecteaza de 2 ori mai mult femeile decat barbatii. Diagnosticul trebuie luat in considerare la pacientii cu cefalee ortostatica, cu sau fara simptome asociate, posibil in prezenta unei traume minore, si in absenta unui istoric de punctie durala sau alta cauza de fistula LCR. Intarzierea punerii diagnosticului poate fi cuprinsa intre 4 zile si 13 luni, uneori chiar cativa ani. Tratamentul este de regula conservator, afectiunea este considerata

education of the elderly patient, to understand and accept the behavioral and psycho-biological changes in the elderly. A supporting and living program should be active in order to avoid the deconditioning syndrome. It also covers different physical methods like electrotherapy, thermotherapy, massage therapy, physiotherapy, and psychotherapy with the aim to improve the final performance behavioral and psychosocial support for both physical independence activity as well as the social activity. Taking into account the recommendations at international level in the patient's quality of life is a priority in health services. The collaboration between geriatrics, gerontology and medical rehabilitation specialists, is a key element in the prophylaxis and recovery for locomotor pathologies.

Key words: elderly, quality of life, pain, rehabilitation

INTRACRANIAL HYPOTENSION - CLINICAL CASE

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Intracranial hypotension is a rare and often underdiagnosed condition caused by decreased cerebrospinal fluid pressure. This is due to cerebrospinal fluid leakage through gaps located at different levels of the dural sac. Intracranial hypotension can be secondary (to trauma, lumbar puncture, meningeal diverticulae rupture) or spontaneous (sudden, repetitive movements of the head, neck or spine, dehydration, hyperventilation). The main clinical features is headache that appears when in an upright position. The incidence is 5/100000 per year with a peak around the age of 40. It affects women twice as often as men. The diagnosis must be suspected in cases of orthostatic headache, with or without associated symptoms, possibly in the context of minor trauma, and in the absence of dural puncture or fistula history. The diagnosis can sometimes be delayed by 4 days to 13 months, sometimes even years. The medical management is usually conservative and the prognosis is considered benign. The clinical outcome is good as long as the correct diagnosis is made on time. The majority of patients need

benigna. Evolutia este buna daca diagnosticul este pus la timp. La majoritatea pacientilor rezultate multumitoare se obtin dupa „blood patch” peridural. 90% dintre pacienti dupa 1 sau 2 „blood patch”-uri se intorc in urmatoarele 3 luni la o viata normala. Daca diagnosticul intarzie apar higromele-colectii lichidiene la nivelul creierului si maduvei spinarii. Daca devin compresive ele trebuie rezolvate chirurgical si abia apoi se incearca blood patch.

Cuvinte cheie: hipotensiune intracraniana, fistule lichid cefalorahidian, higroma, cefalee ortostatica, „blood patch”

42. NOUTATI IN TRATAMENTUL INSUFICIENTEI CARDIACE CRONICE CONFORM GHIDULUI ESC 2016

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Conform ghidului ESC, insuficienta cardiaca reprezinta un sindrom clinic caracterizat de simptome tipice (dispnee, edeme declive, fatigabilitate etc.) ce pot fi insotite de semne precum jugulare turgescence, raluri pulmonare subcrepitante audibile stacustic, edeme periferice, cauzate de o tulburare structurala si/sau functionala cardiaca, ce duce la scaderea postsarcinii cardiace si/sau presiuni intracardiace crescute in repaus sau in timpul efortului. Una dintre principalele schimbari aduse de noul ghid ESC in managementul pacientului cu insuficienta cardiaca este accentul pus pe tratamentul profilactic si sunt precizate recomandarile pentru preventia aparitiei fenomenelor de insuficienta cardiaca la pacientii cu factori de risc sau preventia mortii subite la pacientii cu insuficienta cardiaca asimptomatica. Tratamentul insuficientei cardiace include masuri non-farmacologice (restrictie hidrica si de Na, adaptarea activitatii fizice), terapii invazive (resincronizarea cardiaca, cardiostimularea permanenta, implantarea de defibrilatoare, revascularizatie miocardica interventionala sau chirurgicala) si terapii farmacologice. Noutatile in ceea ce priveste terapiile farmacologice sunt reprezentate de aparitia indicatiei utilizarii unui nou compus: valsartan/sacubitril – inhibitor al receptorilor angiotensinei si naprilizinei, augmentarea indicatiilor ivabradinei si ale combinatiei hidrazina-ISDN in situatii specifice si

peridural „blood patch” and 90% will return to a normal life after 1 or 2 „blood patches”. In cases where the diagnosis is delayed, the risk of developing hygroma – fluid filled collections in the brain and spinal cord – is high. In cases of compressive complications surgical management is needed before „blood patch”.

Key words: intracranial hypotension, leakage of cerebrospinal fluid, hygroma, orthostatic headache, „blood patch”

UPDATE IN ESC 2016 GUIDELINES FOR THE TREATMENT OF CHRONIC HEART FAILURE

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According to ESC Guidelines, heart failure is a clinical syndrome characterized by typical symptoms (e.g. breathlessness, ankle swelling and fatigue) that may be accompanied by signs (e.g. elevated jugular venous pressure, pulmonary crackles and peripheral edema) caused by a structural and/or functional cardiac abnormality, resulting in a reduced cardiac output and/or elevated intracardiac pressures at rest or during stress. One of the most important changes in management of patient with heart failure from the new ESC guide is the accent on prophylactic treatment. There are high lined the recommendations for prevention of heart failure in patients with cardiovascular risk factors or prevention of sudden death in patients with asymptomatic heart failure. The treatment of heart failure includes non-pharmacological measures (hydric and Na restrain, physical activity modulation), invasive therapies (cardiac resynchronization, pacemaker or ICD implantation, myocardial interventional or surgical revascularization) and pharmacological therapies. The novelties in regards to pharmacological therapies are represented by the emergence of a new indication in utilization of a new compound: valsartan/sacubitril – an inhibitor of angiotensin and naprilizin receptors, by the augmentation of Ivabradine indication and of the hydrazine-ISDN combination in specific situations and by clearer

indicatii mai clare privind tratamentul comorbiditatilor. Tratamentul comorbiditatilor reprezinta o componenta cheie a managementului pacientului cu insuficienta cardiaca. Astfel tratamentul pacientilor care asociaza diabet zaharat trebuie sa fie favorabil ambelor patologii. Tratamentul simptomatologiei anginoase trebuie abordat cu agenti farmacologici comuni, cum ar fi betablocantele, Ivabradina si Trimetazidina. La pacientii cu patologii oncologice in tratament cu chimioterapie cardiotoxice se poate folosi Dexrazoxanul care ofera cardioprotectie impotriva cardiotoxicitatii antracinelor. Integrarea rezultatelor studiilor noi privind terapii care impun schimbarea recomandarilor preexistente sau adaugarea de noi indicatii este un element critic pentru ca ghidurile sa reflecte cunostintele medicale curente, toate optiunile terapeutice existente si, in final, sa conduca la aplicarea unui tratament medical optim.

Cuvinte cheie: insuficienta cardiaca, ghiduri, noutati, varstnic

43. PATOLOGIA DUREROASA TORACICA LA VARSTNICI – INDICATOR ECHIVALENT DE ISCHEMIE MIOCARDICA

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Durerea toracica, in special cea anterioara, este unul dintre cele mai frecvente simptome, cu semnificatii patologice multiple, mai ales la persoanele peste 65 ani, prin varietatea de afectiuni pe care le presupune. Conform Asociatiei Internationale pentru Studiul Durerii (IASP), definitia durerii a devenit mai complexa, cuprinzand aspecte cognitive, emotionale si de reactie. Acest lucru se datoreaza faptului ca durerea este raspunsul organismului la diversi stimuli din mediul intern si extern, care provoaca reactii inflamatorii acute/cronice sau glicoliza anaeroba scazuta odata cu cresterea pH-ului, acesta fiind un marker al perceptiei durerii. La persoanele peste 65 – 70 ani, cu risc de ateroscleroza si arteriopatii periferice, activitatea NO este diminuată, respectiv scade si vasodilatatia endotelu – dependenta, iar perceptia dureroasa este scazuta in mod semnificativ, de aceea s-a insistat pe simptomatologia clinica dureroasa, folosind metoda de evaluare rapida a durerii (BPI). Lucrarea reprezinta un studiu retrospectiv efectuat pe perioada decembrie 2013 –

indications regarding comorbidities treatment. The treatment of comorbidities is a key component of managing the patient with cardiac insufficiency. Thus, the treatment of patients associating diabetes mellitus needs to be favorable to both pathologies. The treatment of angina needs to be approached with common pharmacological agents, such as beta blockers, Ivabradine and Trimetazidine. In patients with oncological pathology which are undertaking cardio toxic chemotherapy, Dexrazoxan, which offers cardio-protection against the cardio toxicity of anthracycline, can be used. Integrating the results of new studies regarding therapies which impose the change of preexisting recommendations or adding new indications is a critical element for guidelines to reflect current medical knowledge, all existing therapeutic options and finally to lead to the application of an optimal medical treatment.

Key words: heart failure, guides, updates, elderly

THE ANTERIOR CHEST PAIN IN ELDERLY – THE INDICATOR OF THE MIOCARDIC ISCHEMIAE

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The anterior chest pain is one the most frequency symptom in elderly, especially over 65 years, because the multiple and various diseases witch suppose. According to the International Association for the Study of Pain (IASP), pain has become more complete definition, including aspects of cognitive, emotional and reaction. This is because pain is the body's response to various stimuli from the internal and external environment, which causes acute inflammatory reactions and / chronic or anaerobic glycolysis and decreased with increased pH, the latter being a marker of pain perception. In people over 65 - 70, at risk for atherosclerosis and peripheral arterial disease, activities of NO is diminished, those decreases vasodilation endothelium - dependent, and the perception of pain is reduced significantly, so has insisted on clinical symptomatology painful, using the rapid assessment of pain (BPI). It is a retrospective study of 120 patients at age between 64 and 84 years, diagnoses with anterior chest pain in Vth Internal Clinic, C. F. University Hospital, between

iunie 2014 asupra unui numar de 120 pacienti cu varsta cuprinsa 64 – 84 ani, varsta medie fiind de 70.2 la femei si 72 la barbati, internati in Clinica a V-a Medicina Interna si Geriatrie – Gerontologie. Parametrii clinici urmariti au fost: sediul, iradierea, durata si intensitatea durerii, TA, FC centrala si periferica, iar explorarile functionale si paraclinic efectuate au inclus electrocardiograma, electrocardiograma de efort si ecocardiografia standard. Repartitia pe sexe arata o predominenta a cazurilor la barbati (83 cazuri, respectiv 69.1%), cu un raport B/F de 2.2/1. Frecventa cea mai ridicata a fost la categoria de varsta 70 – 79 ani (63,4%). Aparitia durerii toracice anterioare in accese, la care se adauga caracteristicile senzatiei dureroase, iradierile, respectiv corelatiile cu efortul fizic, pot fi suficiente pentru diagnosticul de cardiopatie ischemica, mai ales in cazul existentei unor modificari ECG de repaus. Cea mai frecventa patologie incriminata in aparitia durerii toracice este cea coronariana (60.8% cazuri), de unde si necesitatea efectuarii de rutina in cazurile susceptibile (prezenta/nu a sindromului dureros) a investigatiilor electrocardiografice si/ ecocardiografice.

Cuvinte cheie: durerea toracica, cardiopatie ischemica, varstnic

december 2013 and june 2014, the mean age of study was 70.1 years at women and 72 years at men. Clinical parameters were: headquarters, irradiation, duration and intensity of pain, TA, FC central and peripheral and functional explorations and laboratory performed included electrocardiogram, echocardiogram and electrocardiogram standard effort. Sex distribution shows a predominance of cases in men (83 cases, 69.1% respectively), with a ratio B/F 2.2/1. Frequency was highest in the age group 70-79 years old (63.4%). The occurrence of chest pain in previous bouts, plus features painful sensation, irradiation or correlations with physical effort may be sufficient for the diagnosis of ischemic heart disease, especially in case of resting ECG changes. The most common pathology incriminated in the occurrence of chest pain (60.8% cases) is coronary, hence the need to perform routine cases likely (present / not pain syndrome) and electrocardiographic / echocardiographic investigations.

Key words: anterior chest pain, ischaemic heart disease, elderly

44. DISPOZITIV DE URMARIRE A PACIENTILOR CU BOALA ALZHEIMER

Nanuti Dragos

CMD va produce pe piață dispozitive medicale prin intermediul tehnologiei IoT pentru a crea o legătură între pacienții care suferă de diferite afecțiuni (AlzOne) si aparținătorii si familiile acestora, creându-se astfel un T.H.L[™] (Legătura umană). Produsul nostru este creat special pentru acesti pacienti. AlzOne a fost creat pe baza studiilor efectuate cu Asociatia Romana de Alzheimer, studii prin care le-am identificat nevoile actuale pentru persoanele care suferă de această boală degenerativă. Dispozitivul creat de noi are scopul de a menține respectul de sine al pacienților oferind în același timp o securitate suplimentara pentru aparținători printr-un smartwach. AlzOne are o curea care poate fi îndepărtata numai de către aparținători și poate fi utilizat pe parcursul unei zile întregi, de asemenea, fiind certificată IP67 (rezistent la apa). Pe langa aplicatiile special create pentru bolnavii de Alzheimer (cum ar fi timpul real de localizare - GPS Tracking, configurarea zonelor de siguranta - Geofence, buton SOS, Apel silențios), considerăm că dispozitivul nostru poate fi utilizat, de asemenea, în cazurile pe care le gestionăm în clinica, prin adăugarea următoarelor specificații: Pasul Counter; Monitor puls;

TRACKING DEVICE FOR PATIENTS WITH ALZHEIMER'S DISEASE

Nanuti Dragos

CMD will manufacture and market connected medical devices through the Internet of Things (IoT) technology to create a link between patients suffering from different (AlzOne) afflictions and their caregivers and families, thus creating a T.H.L[™] (The Human Link). Our product is created specially for these patients. AlzOne has been created based on the studies done with the Romanian Association of Alzheimer, studies through which we have identified the current needs for the people suffering of this degenerative disease. The device created by us has the aim to maintain the self respect of the patients while providing additional security to the caregivers through a smartwach. AlzOne has a strap that can be removed only by the caregivers and can be used throughout an entire day, also being IP67 certified (waterproof). Besides the applications specially created for the Alzheimer patients (like real time localization - GPS Tracking, safety zones setup - GeoFence, SOS Button, Silent Call), we consider that our device can be used also in the cases that you manage in your clinic, by adding the following specifications: Step Counter; Pulse monitor; Fall down detection; EKG record. All these indicators

Detectarea caderilor; Înregistrarea EKG. Toți acești indicatori sunt gestionati prin intermediul platformei noastre online, care poate fi folosit pe mai multe dispozitive inteligente: telefoane, tablete și PC-uri. Platforma noastră este gata să trimită în timp real, prin SIM GSM (inclus în pachet - abonament lunar suplimentar) informații relevante cu indicatorii disponibili (număr de pași, timpul în care au fost făcute, localizare GPS, traseu), rapoarte specifice, alarme (depășirea zonei de siguranță, creșterea pulsului, descărcarea bateriei).

Cuvinte cheie: dispozitiv de urmarire, Alzheimer

45. RELEVANTA DIAGNOSTICULUI IMAGISTIC IN SCADERILE DE AUZ CU TINNITUS

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Hipoacuzia insotita de tinnitus este o afectiune frecventa. Ea se poate datora varstei ca urmare a scaderii metabolismului celular din urechea interna cauzand presbiacuzia. Probele acimetrice, audiograma tonala liminala, impedancemtria, timpanograma, probele supraliminare, BERA si acufenometria nu reusesc intotdeauna sa precizeze diagnosticul. Exista cazuri in care doar examenul imagistic precizeaza diagnosticul si orienteaza atitudinea terapeutica ce trebuie urmată. Asadar, tratamentul hipoacuziei cu tinnitus nu este doar medical sau protetic ci si chirurgical. Scopul tratamentului este sa stopeze evolutia si sa restabileasca auzul. Pentru pacient tinnitusul este mai deranjant decat hipoacuzia. Tehnicile de prima intentie pentru explorarea imagistica a regiunilor stancilor temporale sunt CT si IRM. Cele doua tehnici sunt complementare si transeaza diagnosticul suspiciat clinic. Tehnicile radiologice conventionale de explorare a regiunii mastoidiene si a urechii medii, folosind incidente specifice Schuller, Chausse III, Stenvers, ofera date sumare si doar cu caracter orientativ pentru diagnostic. Colaborarea interdisciplinara este esentiala pentru stabilirea protocolului imagistic. Evaluarea prin CT a osului temporal presupune protocoale imagistice specifice, cu sectiuni ultra-fine (< 0,5mm), cu camp de vizualizare restrans pentru regiunea stancilor temporale si vizualizarea

are managed through our online platform that can be used on multiple smart devices: phones, tablets and PCs. Our platform is ready to send in real time through SIM gsm (included in the package - additional monthly subscription) the relevant information with available indicators (number of steps, time in which they were made, GPS localization, route), specific reports, alarms (exceeding the safety zone, pulse increase, battery discharge).

Key words: tracking device, Alzheimer

RELEVANCE OF DIAGNOSTIC IMAGING IN HEARING LOSS WITH TINNITUS

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Tinnitus accompanied by hearing loss is a common condition. It may be in elderly of lower cell metabolism of the inner ear causing presbycusis. Acumetry, liminal tonal audiogram, impedancemetry, tympanogram, supraliminary tests, BERA and acuphenometry not always manage to clarify the diagnosis. There are cases in which only specifies imaging examination oriented diagnosis and therapeutic attitude to be followed. So, the hearing loss with tinnitus treatment is not only medical but also surgical. The treatment goal is to stop evolution and restore hearing. The tinnitus is more annoying than hearing loss. The imaging exploring techniques like first intention of blocks temporal regions are CT and MRI. The two techniques are complementary and settles diagnostic clinic suspected. The conventional techniques radiological exploration of the middle ear and mastoid region, using specific incidents Schuller, Chaus III, Stenvers, give summary data only are obtained with guidance for diagnosis. Interdisciplinary collaboration is essential to establish imaging protocol. Evaluation by CT of the temporal bone imaging requires specific protocols, with ultra-fine sections (< 0.5mm) with small file viewer for viewing region cliffs and bilateral temporal bone. Exemplify some temporal block pathology that had clinical signs of hearing loss with tinnitus as onset after months or years, but investigated diagnosed for the first time in the

bilaterală a osului petros. Exemplificăm câteva cazuri de patologie de stancă temporală care aveau ca semne clinice hipoacuzia cu tinnit cu debut în urma cu luni sau ani de zile, investigate dar diagnosticate pentru prima dată în cadrul Institutului de Geriatrie și Gerontologie Ana Aslan (leziuni de osteonecroză de lant osicular, ruptură posttraumatică veche de lant osicular, colesteatom, otoscleroză, neurinom de acustic, meningiom de unghi pontocerebelos, formațiuni tumorale endocraniene). Fără această examinare pacientul ar fi continuat terapii medicamentoase inutile care nici nu ameliorau și nici nu influențau evoluția în sens favorabil.

Cuvinte cheie: hipoacuzie, tinnit, imagistică

Institute of Gerontology and Geriatrics Ana Aslan (oticular osteonecrosis chain injuries, old post-traumatic rupture of the oticular chain, cholesteatoma, otosclerosis, acoustic neurinoma, meningioma of the pontocerebellous angle, endocranial tumors). Without this examination drug therapy would be unnecessary and nor enhancers and nor influence the evolution favorably.

Key words: hearing loss, tinnitus, imaging

46. RELATIA DINTRE AUTOEFICACITATE, STRATEGII DE COPING SI DISTRES LA INGRIJITORII FAMILIALI AI PERSOANELOR CU TNC MAJORA

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Îngrijitorii familiali ai persoanelor cu TNC majoră sunt supuși unui stres cronic ca urmare a activității de îngrijire. Nivelul de stres este semnificativ mai mare decât cel resimțit de alți îngrijitori. Studiile evidențiază rolul de protector al autoeficacității în relația dintre factorii de stres și stresul îngrijitorilor familiali. Studiul de față și-a propus să examineze: 1) rolul autoeficacității în relația dintre frecvența problemelor de comportament ale persoanelor cu TNC majoră și stresul îngrijitorilor familiali; 2) relația dintre autoeficacitate și gradul de împovărare al îngrijitorilor familiali; 3) relația dintre autoeficacitate și strategiile de coping; 4) rolul autoeficacității în relația dintre strategiile de coping ale îngrijitorilor familiali și gradul lor de împovărare. Rezultatele indică o corelație negativă între autoeficacitate și împovărare și o corelație pozitivă între autoeficacitatea ridicată și strategiile de coping focalizate pe rezolvarea de probleme. Rolul moderator al autoeficacității pentru controlul comportamentelor perturbatoare (AE-RCP) în relația dintre frecvența problemelor de comportament (de memorie și perturbatoare) și reacțiile aferente (stresul emoțional) a fost confirmat. Nu s-a obținut un efect de moderare pentru relația dintre frecvența problemelor de depresie și reacția asociată lor. S-a obținut și un efect de mediere total al autoeficacității în relația dintre strategiile de coping: reformulare pozitivă, acceptare și gradul de împovărare. Rezultatele sugerează ca AE-RCP

THE RELATIONSHIP BETWEEN SELF-EFFICACY, COPING STRATEGIES AND DISTRESS IN INFORMAL CAREGIVERS OF PEOPLE WITH MAJOR NCD

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The informal caregivers of people with major neurocognitive disorders are exposed to a chronic stress as a result of caregiving. The level of distress is significantly greater than the level of distress in other caregivers. Studies indicate the role of self-efficacy as a protector in the relationship between stressors and caregivers distress. This study aimed to analyse: 1) the role of self-efficacy in the relationship between the frequency of behavioural problems of people with major NCD and the caregivers distress; 2) the relationship between self-efficacy and caregivers burden; 3) the relationship between self-efficacy and coping strategies; 4) the role of self-efficacy on the relationship between coping strategies and caregivers burden. Results showed a negative correlation between self-efficacy and caregivers burden, also a positive correlation between high levels of self efficacy and problem focused coping. The moderation role of self efficacy for controlling disruptive behaviors (AE-RCP) on the relationship between the frequency of behavioral problems (disruptive and memory behaviors) and associated reactions (emotional distress) was confirmed. No support has been found for the moderation role of self-efficacy in the relationship between the frequency of depressive behaviors and the associated reactions. There was a total mediation effect of self-efficacy on the relationship between coping strategies: positive reframing, acceptance and burden. The results

atenueaza relatia dintre frecventa problemelor de comportament ale persoanelor cu TNC majora si reactia ingrijitorilor la aceste probleme. Gradul de impovarare este mai mare la ingrijitorii cu un nivel scazut de autoeficacitate. Utilizarea reformularii pozitive si a acceptarii ca strategie de coping se asociaza cu un nivel scazut al impovararii datorita sentimentului crescut al propriei eficacitati.

Cuvinte cheie: autoeficacitate, strategii de coping, probleme de comportament, distres, ingrijitori familiali, TNC majora

47. ESTE DIFICIL DE EVALUAT SI TRATAT ANEMIA LA PACIENTUL VARSTNIC CU POLIARTRITA REUMATOIDA -CAZ CLINIC

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Poliartrita reumatoida (PR) este o boala inflamatorie sistemica cronica, cu etiologie necunoscuta si patogenie autoimuna, care este asociata cu o morbiditate semnificativa si o mortalitate crescuta. Anemia din poliartrita reumatoida (PR) este multifactoriala (gastrita dupa tratamentul cu AINS, boala renala, neoplazie asociata, efect advers asociat medicatiei de fond), iar gradul de anemie este proportionala cu activitatea bolii . Din acest motiv stabilirea etiologiei anemiei precum si a tratamentului corect reprezinta o provocare pentru medicul internist. Cazul clinic prezentat este a unei femei in varsta de 78 de ani, cunoscuta cu poliartrita reumatoida de aproximativ 16 ani actual intr-un stadiu avansat de boala (stadiul III) cu carpita deformativa si eroziva a mainilor. Pacienta a urmat tratamente incepand de la DMARD'S conventionale (Methotrexat, Lefunomid) si pana la DMARD'S biologice (Etanercept si Rituximab). Actual pacienta prezinta o anemie recent instalata cu carcter sever (Hemoglobina - 7 g/dl, hipocroma, hiposideremica) bine suportata clinic. Pacienta este internata pentru investigatii suplimentare (sideremie, frotiu de sange periferic, test coombs, colonoscopie, endoscopie digestiva superioara, CT) indicate si efectuate pentru stabilirea etiologiei. Actual pacienta urmeaza tratament cu Methotrexat si Rituximab, urmand sa se evalueze necesitatea continuarii tratamentului biologic.

Cuvinte cheie: poliartrita reumatoida, anemie, tratament biologic.

suggest that self-efficacy for managing disruptive behaviors attenuates the relationship between the frequency of behavioural problems and the distress they cause in caregivers. Level of burden is higher in caregivers with low self-efficacy. The positive reframe and acceptance is related to low levels of burden due to a high self-efficacy.

Keywords: self-efficacy, coping strategies, behavioural problems, distress, caregivers, major NCD

IT IS DIFFICULT TO ASSESS AND TREAT ANEMIA IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS - CLINICAL CASE

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Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease with unknown etiology and autoimmune pathogenesis, which is associated with a significant morbidity and an increased mortality. The cause of anemia in rheumatoid arthritis (RA) is multifactorial (gastritis after treatment with NSAIDs, kidney disease, associated malignancy, adverse effects associated with the therapeutic agents), and the degree of anemia is proportional to the activity of the disease. For this reason the etiology and the right treatment of the anemia represents a challenge for the physician. The clinical case presented is of a woman aged 78 years, known with rheumatoid arthritis for about 16 years current in the advanced stage of disease (stage III) with carp erosion and deformation of the hands. The patient followed treatments from conventional DMARD'S (Methotrexate, Lefunomide) to the biological DMARD'S (Etanercept and Rituximab). Currently the patient shows a recent severe anemia (Hemoglobin - 7 g / dl, hypochromic, hiposideremica) well supported clinical. The patient was admitted for further investigation (sideremia, peripheral blood smear, Coombs test, colonoscopy, upper gastrointestinal endoscopy, CT) indicated and made to determine the etiology. Currently the patient is following treatment with Methotrexate and Rituximab, and will assess the need for biological sequels.

Key words: rheumatoid arthritis, anemia, biological treatment

48. IMPORTANTA HIDRATarii CORECTE A PACIENTULUI VARSTNIC

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Hidratarea corecta – cantitativ si calitativ – este un subiect, de multe ori, insuficient mentionat in ingrijirea varstnicului, probabil si pentru aparenta “banalitate” a gestului. Desi este bine cunoscut folosul pentru organism, printre cei mai importanti beneficiari fiind : creierul, intestinul, rinichiul. Cei doi factori de risc majori de deshidratare asociati avansarii in varsta sunt: reducerea progresiva a senzatiei de sete si scaderea puterii de filtrare a rinichilor. In plus,cele mai multe patologii asociate pacientului varstnic predispun deshidratarii: dementele de orice natura, depresia, tulburari de deglutitie/mobilitate, incontinenta urinara. De asemenea, plurimedicația - in special diureticele sau alimentatia pasiva a pacientului imobilizat, sunt factori supraadaugati care conduc la pierderi de apa. Am selectat un lot de 200 de pacienti, cu varsta peste 65 ani, cu pluripatologie, dependenti total sau partial mai mult de 50% din timp, corect tratati medicamentos, pe care l-am studiat timp de 1 an. Am stabilit un plan individualizat de hidratare, in functie de profilul biologic, caracterele fizice si impiedimentele psihologice. Fara a modifica schema de tratament de fond, am constatat remiterea completa/partiala a mai multor parametri studiat : confuzie, slabiciune si instabilitate, fatigabilitate, constipatie etc, cat si incidenta scazuta a patologiei supraadaugata : infectii urinare, leziuni cutanate etc. Consider avantajul net al hidratarii simple in fata diverselor solutii de rehidratare (cu exceptia cazurilor cu indicatie medicala de saruri de hidratare). Constat ca recunoasterea si prevenirea deshidratarii, involuntara sau intentionata a pacientului si castigarea compliantei fiecarui pacient (sau apartinator/ ingrijitor) trebuie sa faca parte din managementul de lunga durata al varstnicului.

Cuvinte cheie: varstnic, hidratare, solutii de rehidratare

49. CONSIDERATII ETICE IN ABORDAREA PACIENTULUI VARSTNIC

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THE IMPORTANCE OF WELL HYDRATION IN THE ELDERLY

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Well hydration – quantitative and qualitative, is overlooked in older people care, most of the times. Probably because it is a “routine”. Although, it is well-known it’s benefit for the entire body, especially: brain, bowel, kidney. The main risk factors for seniors dehydration are: sensation of thirst decreases with age and the kidneys decrease ability to concentrate urine. Also, many diseases states (dementia, depression, difficulties with swallowing or mobility, fluid incontinence) make the elder vulnerable to dehydration. Most medication (especially diuretics) or assistance for feeding, are important factors of fluid loss, as well. I elected 200 patients, age over 65 years old, with multiple pathology, total or partial (over 50%) requiring assistance, with very good treatment, that I followed up for one year. I made an individual plan of hydration based on biological and physical parameters and psychological statements. Without medication changes, I observed total/partial improvement of more parameters: confusion, weakness, dizziness, sleepiness, constipation. Also there were a lot less acute illness during this time: urinary tract infections, skin lesions. I consider that the simple hydration is much better than other rehydration recipes (except when medical required). I think that the recognition and the prevention of medical or self-enforcement dehydration and also gaining patient consent should be a very important part of long-term care-plan of the elder patient.

Key words: elderly, hydration, rehydration recipes

ETHICAL CONSIDERATIONS IN ELDERLY APPROACHING

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Relatia cercetator-participant este una de diferentiere a puterii. Raportul psiholog – pacient poate capata conotatii ce privesc detinerea puterii si a controlului, putand astfel conduce la manipulare. Psihologul devine cel care detine putere si care isi poate exercita controlul asupra pacientului. Acestuia din urma ii va fi fortata disponibilitatea de a isi dezvalui intimitatea psihica. Pacientul astfel „agresat” poate avea trairi precum rusinea sau umilinta. Rezultatul ar putea fi un produs care semnifica mai degraba rezistentele pacientului, iar obiectivul evaluarii ar putea fi afectat. Pacientul se poate simti constrans de situatia in care se afla (aceea de persoana internata in spital in vederea evaluarii si stabilirii unui tratament) si va coopera cu pretul unui sentiment de jena sau umilinta. Dupa evaluare pacientul solicita de cele mai multe ori un feed-back din partea specialistului. Ii oferim sau nu raspunsuri? Cum ii comunicam rezultatele? Sunt intrebari la care se cauta raspunsuri in continuare. Ceea ce este corect pentru pacient nu este intotdeauna comod pentru psiholog.

Cuvinte cheie: consideratii etice, pacient varstnic

Researcher-participant relationship is one of power delimitation. Psychologist - patient relationship can acquire connotations regarding the possession of power and control and so may lead to manipulation. The psychologist becomes the one who has the power and he can exercise control over the patient. The patient will be forced willingness to reveal their mental privacy. The patient thus "assaulted" can have feelings like shame or humiliation. The result could be a product that signifies resistance rather patient and objective assessment could be affected. The patient may feel forced by the situation in which it is (that person to hospital for assessment and determining treatment) and cooperate with the price of a sense of embarrassment or humiliation. The patient requests often feedback from the specialist after evaluation. We offer answers to him or not? How do we communicate the results to the patient? Sunt intrebari la care se cauta raspunsuri in continuare. These are questions that are still looking for answers. What is right for the patient is not always convenient to a psychologist.

Key words: ethical considerations, elderly approaching

50. STUDIUL INDICATORILOR ATEROGENICI SI RISCULUI GLOBAL CARDIOVASCULAR LA PACIENTII VARSTNICI

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Boala cardiovasculara este o conditie multifactoriala si este esential ca toti factorii de risc si determinatii cardiovasculare sa fie tratati atat la nivel individual cat si social. Este de asemenea o cauza majora de dizabilitate si de scadere a calitatii vietii. Studiul de fata urmareste identificarea riscului aterogenic prin indicii aterogenici (Coeficientul aterogenic, Indicele de risc Castelli I, Indicele de risc Castelli II, Indicele aterogenic) si cuantificarea eficienta a riscului global cardiovascular, la pacientii varstnici. Din datele a 378 pacienti din INGG, cu varste peste 55 ani, s-au obtinut urmatoarele: 68.51% din pacienti prezinta boli cardiovasculare, 55.02% boli locomotorii, 29.36% tulburari psihologice, 15.34% diabet zaharat si 8.46% afectiuni tiroidiene; 39.68% supraponderali si 39.94% obezi; indice aterogenic cu risc ridicat 62.69% si HeartScore cu risc ridicat

STUDY ON ATHEROGENIC INDICES AND OVERALL CARDIOVASCULAR RISK IN ELDERLY PATIENTS

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Cardiovascular disease is a multifactorial condition and it is essential that all risk factors and determinants of cardiovascular be treated both individually and socially. It is also a major cause of disability and loss of quality of life. The study aims to identify atherogenic risk from atherogenic indices (Atherogenic coefficient, Castelli risk I, Castelli risk II, Atherogenic index) and quantifying the effectiveness of overall cardiovascular risk in elderly patients. From the data of 378 INGG patients, aged over 55 years were obtained as follows: 68.51% of patients experience cardiovascular disease, 55.02% locomotor diseases, 29.36% psychological disorders, 15.34% diabetes mellitus and 8.46% thyroid diseases; 39.68% overweight and obese 39.94%; high risk atherogenic index 62.69% and high-risk HeartScore 15.34%. Thus, the issue of cardiovascular diseases

15.34%. Astfel, problematica afectiunilor cardiovasculare devine complexa si evolutiva. Raspunderea pe care o ridica boala cardiovasculara poate fi reduca prin diagnostic timpuriu, un management adecvat al afectiunii, recuperare si preventie, inclusiv consiliere in legatura cu organizarea stilului de viata. Studiile au fost efectuate in cadrul contractului de cercetare nr. 7079/2015 (2016-2018).

Cuvinte cheie: indice aterogenic, risc cardiovascular, varstnici

51. STIMULAREA PRODUCTIEI DE RAGE – POSIBIL EFECT PROTECTIV IN DIABETUL ZAHARAT

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Formarea produsilor finali de glicare avansata (AGE) este semnificativ accelerata in diabetul zaharat din cauza disponibilitatii crescute a glucozei. Receptorul produsilor finali de glicare avansata (RAGE) s-a dovedit a fi implicat in patogeneza complicatiilor diabetice. Studiul isi propune sa urmareasca corelatia dintre nivelele serice de RAGE cu hemoglobina glicozilata (HbA1c) si glicemia la pacienti varstnici cu diabet zaharat. Nivelele serice de RAGE s-au determinat printr-o metoda imunoenzimatica ELISA. S-au luat in studiu 77 pacienti varstnici (media 70 ani) din INGG, impartiti in 3 loturi: I-control (n=16), II-prediabetici (n=36) si III-diabetici (n=25), clasificati dupa valorile de referinta ale HbA1c. Se observa o scadere a nivelelor serice RAGE la pacientii diabetici fata de control (1321.7 vs. 1085.29 ng/mL). La lotul control se constata o corelatie negativa semnificativa intre RAGE si HbA1c ($r = -0.65$; $p < 0.001$) iar la diabetici o corelatie semnificativ pozitiva ($r = 0.339$; $p < 0.05$). De asemenea, analiza de regresie arata o corelatie semnificativ pozitiva a HbA1c cu glicemia atat la prediabetici cat si diabetici ($r = 0.434$; $p < 0.01$ respectiv $r = 0.368$; $p < 0.05$). Studiul releva nivele scazute RAGE la pacientii diabetici, sustinand ipoteza ca RAGE, prin limitarea interactiunii AGE - RAGE, ar proteja vasele sanguine de toxicitatea AGE. Astfel, stimularea productiei RAGE ar putea fi considerata ca potentiala tinta terapeutica la diabetici si bolile vasculare legate de AGE. Studiile au fost efectuate in cadrul contractului de cercetare nr. 355/2014 (PN II PCCA 2013 1686).

Cuvinte cheie: receptori produși de glicare avansata, hemoglobina glicozilata, diabet zaharat

becomes complex and evolving. The burden of established cardiovascular disease can be reduced by early diagnosis, appropriate disease management, rehabilitation and prevention, including counseling about lifestyle organization. Studies were done under contract nr. 7079/2015 (2016-2018).

Key words: atherogenic index, cardiovascular risk, elderly

STIMULATION OF RAGE PRODUCTION – POSSIBLE PROTECTIVE EFFECT ON DIABETES MELLITUS

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The formation of advanced glycation end product (AGE) is markedly accelerated in diabetes because of the increased availability of glucose. The receptor for advanced glycation end products (RAGE) has been shown to be involved in the pathogenesis of diabetic complications. The study aims to follow the correlation between serum levels of RAGE with glycosylated hemoglobin (HbA1c) and blood sugar in elderly patients with diabetes mellitus. Serum levels of RAGE were determined by an ELISA method. The present study was carried on 77 elderly patients (mean 70 years) in INGG, divided into 3 groups: I-control (n = 16), II-prediabetic (n = 36) and III-diabetics (n = 25), classified by HbA1c values reference. We found a decrease in serum levels of RAGE in diabetic patients compared to controls (1085.29 vs 1321.7 ng/mL). Control group showed a significant negative correlation between RAGE and HbA1c ($r = -0.65$; $p < 0.001$) and at diabetics a significant positive correlation ($r = 0.339$; $p < 0.05$). Also, regression analysis pointed out a significant positive correlation of HbA1c with blood glucose at both prediabetic and diabetics ($r = 0.434$; $p < 0.01$ respectively $r = 0.368$; $p < 0.05$). Study reveals low levels of RAGE in diabetic patients, supporting the hypothesis that RAGE, by limiting interaction AGE - RAGE, can protect vessels against AGE toxicity. Thus, stimulation of RAGE production should be considered as a potential therapeutic target in diabetes mellitus and AGE-related vascular diseases. Studies were done under contract nr. 355/2014 (PN II PCCA 2013 1686).

Key words: receptor for advanced glycation end-product, glycosylated hemoglobin, diabetes mellitus

52. IMPORTANTA DEPISTARII ABUZULUI LA UN PACIENT VARSTNIC PLURISPITALIZAT

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Abuzul la varstnic este o problema majora la nivel mondial, de cele mai multe ori trecuta cu vederea si care are un puternic impact asupra bolilor organice. Consecintele abuzului fiind spitalizarile frecvente si prelungite, cu costuri ridicate ale serviciilor medicale. Prezentarea unui caz clinic ce ilustreaza importanta depistarii abuzului la un varstnic plurispitalizat, in urma evaluarii geriatrice comprehensive si scalei EASI (Elder Abuse Suspicion Index[®]). Un pacient in varsta de 80 de ani se prezinta pentru astenie fizica marcata, dispnee la eforturi mici, palpitatii si vertij; aceeasi simptomatologie fiind motivata in multiplele internari, patru in ultimul an, la intervale diferite. Mentionam ca la baza acestor internari se identifica predominant necomplianta la regimul igienodietetic si terapeutic. S-au ridicat mai multe probleme privind necomplianta terapeutică: pacientul nu este interesat de propria stare de sanatate, nu are resurse financiare suficiente, este abuzat, s-au agravat parametrii evaluarii geriatrice sau nu intelege schema de tratament. In urma evaluarii geriatrice s-a decelat status depresiv sever (GDS=11/15) si malnutritie protein-calorica (MNA=13.1/30), iar scala EASI a evidentiat mai multe tipuri de abuz. Astfel, in urma ingrijirilor medicale si de sustinere psihologica a crescut complianta la tratament si s-au redus numarul internarilor. Pacientii relateaza in special problemele somatice si mai putin despre situatiile psiho-emotionale sau conflictuale care sau la baza decompensarilor si internarilor frecvente. De aceea, depistarea precoce a abuzului la varstnic reprezinta o prioritate.

Cuvinte cheie: varstnic, abuz, scala EASI

IMPORTANCE OF ELDERLY ABUSE DETECTION IN A HOSPITALISED GERIATRIC PATIENT

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Elderly abuse represents a major worldwide problem which is often neglected and has a strong impact on organic diseases. Frequent and extended hospitalization with high-cost of medical services is a consequence of abuse. To present a clinical case which illustrates the importance of detecting elderly abuse in a multi-hospitalized geriatric patient; abuse detected with comprehensive geriatric evaluation and EASI scale (Elder Abuse Suspicion Index[®]). An 80-year-old patient is admitted for physical asthenia, low-effort dyspnea, palpitations and dizziness. He had four hospitalizations in the last year, all for the same symptoms. The cause for each decompensation leading to admissions was nonadherence to treatment (both drugs, diet and lifestyle changes). We put into discussion many causes for nonadherence: the patient is not interested in his own health, insufficient financial resources, abuse or he does not understand the prescribing. Geriatric evaluation revealed: severe depressive status (GDS=11/15), a protein-caloric-malnutrition (MNA=13.1/30) and the EASI scale has revealed many types of elderly abuse. Therefore, after the medical care and proper psychological support, the treatment adherence improved and number of hospital admissions decreased. Patients complain especially about somatic problems and less about psychological and emotional problems or conflicts. They are the foundation of decompensation and frequent admissions in elderly. That is the reason why, early tracking of elderly abuse represents a priority.

Key words: geriatric patient, abuse, EASI scale.

53. OBEZITATEA LA PACIENTUL VARSTNIC- PARTICULARITATI

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Este bine cunoscuta, in cazul varstnicilor, tendinta de reducere a masei musculare in paralel cu cresterea tesutului adipos. Este vorba in principal de o redistributie a tesutului adipos in sensul cresterii dispozitiei intraabdominale si reducerea adipozitatii la nivelul membrelor. Dispozitia intraabdominala a tesutului gras este asociata cu insulino-rezistenta. Aceasta este prezenta la majoritatea varstnicilor cu diabet zaharat si la mai mult de 30% din cei fara diabet. Tesutul adipos se acumuleaza intre fibrele musculare si in jurul lor, reducand diametrul fibrei musculare. Modificarea compozitiei si infiltrarea grasa a fibrei musculare sunt caracteristice obezitatii sarcopenice frecventa la persoanele varstnice supraponderale sau obeze. Trialuri randomizate, review-uri meta-analize au analizat varstnicii privind sarcopenia sugerandu-se stadializarea acestora in functie de gravitatea simptomatologiei. Pentru diagnostic si evaluare au fost utilizati numerosi markeri biologici functionali si imagistici. S-a utilizat DXA pentru studiul masei musculare si analizele de bioimpedanta. De asemenea, s-au folosit pentru evaluare computer tomografia si rezonanta magnetica nucleara, considerate standardul de aur in evaluarea masei musculare si a tesutului adipos. La varstnici obezitatea ramane unul dintre principalii factori de risc pentru dezvoltarea unor patologii cum sunt hipertensiunea arteriala, diabetul zaharat de tip 2, bolile cardiovasculare si tulburarile cognitive. Insulino-rezistenta este frecvent intalnita la varstnici si la cei cu tesut adipos in exces. Reducerea masei musculare si cresterea tesutului adipos este mai importanta la cei cu insulino-rezistenta fara diabet asociat decat la varstnicii insulino-senzitivi. Insulino-rezistenta poate chiar accelera sarcopenia legata de varsta.

Cuvinte cheie: varstnici, masa musculara, tesut gras, insulino-rezistenta, sarcopenie

OBEZITY IN THE ELDERLY - PARTICULARITIES

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It is well known that aging is associated with a decrease in lean body mass, especially muscle tissue and a parallel rise in fat mass. There is a progressive redistribution of fat as the intraabdominal fat while subcutaneous fat on the limbs tends to decrease. Intra-abdominal fat is a major clinical parameter associated with insulin resistance. The majority of elderly with diabetes mellitus and more than 30% of older adults without diabetes have some degree of insulin resistance, evidenced by impaired fasting glucose or impaired glucose tolerance test. The adipose tissue accumulation around and between muscle fibers occurs concomitantly with reductions in muscle cross-sectional area. Changes in muscle composition or fat infiltration are often described in sarcopenic obese, like overweight and/or obese individuals. A lot of randomized controlled trials, reviews, meta-analyses considered elderly with diagnosis of sarcopenia. The European Working Group for the Study of Sarcopenia in Older People suggest a conceptual staging for sarcopenia, based on severity of disease. There are numerous biomarkers- biological, functional and imaging-related- used in the evaluation of sarcopenic obesity. Clinically, dual energy X-ray absorptiometry (DXA) or bioimpedance analysis (BIA) appear to be the best measures of sarcopenia in elderly with obesity. Also computer tomography (CT scan), magnetic resonance imaging (MRI) are gold standard for estimating muscle mass, lean body mass or adiposity. In the elderly, obesity is one of the most important risk factor for age-related diseases such as hypertension, type-2 diabetes mellitus, cardiovascular diseases and reduced cognitive functioning. Insulin- resistance is a condition that is related to older age and excess adiposity. Greater lean mass loss and fat mass gain occur in insulin-resistant people without diabetes than in insulin-sensitive older. Insulin resistance may accelerate age-related sarcopenia.

Key words: elderly, lean mass, fat mass, insulin resistance, sarcopenia

54. ROLUL PATOLOGIEI CARDIOVASCULARE SI ENDOCRINO- METABOLICE IN ALTERAREA STATUSULUI COGNITIV AL VARSTNICILOR

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Studiile medicale, longitudinale si transversale, efectuate in ultimii ani au aratat ca o serie de boli somatice intensifica sau declanseaza deteriorarea functiilor cognitive, fiind cercetate in acest sens diferite patologii in relatie cu afectarea cognitiva. Evaluarea unor pacienti varstnici spitalizati pentru diferite boli cronice fara tulburare cognitiva si in paralel cu a unui lot de pacienti varstnici cu patologii cronice cardiovasculare si/sau endocrina, metabolica sau alte boli cronice cu afectare cognitiva in grade diferite. Lot A: 100 de persoane internate in Sectia Geriatrie SCM Cluj-Napoca cu patologii cronice fara afectare cognitiva; lot B: 100 de persoane spitalizate in sectia Geriatrie cu patologii cronice cu afectare cognitiva. S-a facut evaluare clinica si paraclinica. Studiarea modificarilor in cadrul imbatranirii cognitive normale dar si patologice s-a facut cu ajutorul testului psihometric standardizat MMSE. Rezultate: in lotul cu afectare cognitiva: cardiopatie ischemica (47%), insuficienta cardiaca (29%), hipertensiune (82%); bolile aterosclerotice periferice (26%), 40% dintre pacienti cu tulburari de glicoreglare (GBM/DZ); disfunctia tiroidiana la 10% din pacienti. Factori de risc modificabili - rol determinant atat in aparitia patologiei cardiovasculare, metabolice cat si a tulburarilor cognitive; Hipertensiunea arteriala - cel mai important factor de risc independent implicat in patologia cognitiva vasculara; Dislipidemiile aterogene +/- patologii cardiovasculare -rol important in aparitia afectarii cognitive la varstnici; Prezenta sindromului metabolic -un prim semnal de alarma pentru cresterea riscului cardiovascular si de aparitie a afectarii cognitive; Exista diferente intre sexe la nivelul patologiei endocrino-metabolice, a afectarii cardiovasculare si a functiei cognitive.

Cuvinte cheie: status cognitiv, boli somatice, sindrom metabolic, factori de risc, hipertensiune

THE ROLE OF CARDIOVASCULAR AND ENDOCRINO-METABOLIC PATHOLOGIES IN ALTERING COGNITIVE STATUS OF ELDERLY

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Recent longitudinal and transversal medical studies have shown that a number of somatic diseases had triggered or intensified the deterioration of cognitive functions. Regarding to this, various pathologies were investigated in relation to cognitive impairment. Evaluation of hospitalized elderly patients for various chronic diseases without cognitive impairment along with a group of elderly patients with chronic cardiovascular pathology and / or endocrine, metabolic or other chronic diseases with different levels of cognitive impairment. Group A: 100 people hospitalized in Geriatric Department of Municipal Hospital Cluj-Napoca, with chronic pathology without cognitive impairment; group B: 100 people hospitalized in Geriatric Department with chronic pathology and cognitive impairment. Clinical and paraclinical evaluation has been made. Studies regarding the changes in cognitive aging, both normal and pathological have been made using MMSE standardized psychometric test. Results: cognitive impairment group: ischemic heart disease (47%), heart failure (29%), hypertension (82%); peripheral atherosclerotic diseases (26%), 40% of patients with glucoregulation impairment (IFG / DM); 10% of patients with thyroid dysfunction. Modifiable risk factors have a decisive role both for developing cardiovascular diseases, metabolic disorders but also for cognitive impairment; Hypertension - the most important independent risk factor involved in vascular cognitive pathology; Atherogenic dyslipidemia +/-cardiovascular pathology with an important role in the development of cognitive impairment in the elderly; Presence of the metabolic syndrome - a first warning for increasing cardiovascular risk and also for developing cognitive impairment; There are gender differences regarding the metabolic-endocrine pathology, cardiovascular damage and impairment of cognitive function.

Key words: cognitive status, somatic diseases, metabolic syndrome, risk factors, hypertension

55. FOLOSIREA MARKERILOR BIOCHIMICI PENTRU DIAGNOSTICUL SI PREDICTIA DETERIORARII COGNITIVE

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Deteriorarea cognitiva este o preocupare majora pentru sanatate, atunci cand ne referim la imbatranirea populatiei. De aceea masurile preventive pentru intarzierea declinului cognitiv sunt de o primordiala importanta. Pentru acest motiv, identificarea subiectilor cu risc crescut pentru deteriorare cognitiva, dar fara manifestari clinice detectabile merge in paralel cu incercarile de a determina markerii patologici din stadiile timpurii ale traectoriei clinice pentru respectiva afectiune. Evaluarea biomarkerilor poate ajuta cercetatorii si clinicienii in cresterea sensibilitatii si specificitatii pentru predictie si diagnosticul clinic. Cativa biomarkeri candidati au fost studiati in plasma si celulele sanguine periferice. Studiile au concluzii valoroase referitor la modificarile homeostatice detectabile in fluidele periferice, cum ar fi markerii inflamatiei (interleukine, cytokine) si stress-ului oxidativ (isoprostani), raportul plasmatic A β 40/ A β 42, proteina precursora a amiloidului, activitatea GSK3 β si alti markeri ai agresiunii sinaptice si neurodegenerarii. Aceste noi date nu se evidentiaza printr-o imbunatatire imediata a strategiilor clinice pentru diagnosticul timpuriu al dementiei. Principalele beneficii pentru anii urmatori constau in integrarea informatiilor dobandite in cercetari experimentale si clinice pentru a permite dezvoltarea unor palete largi de instrumente disponibile pentru diagnosticarea timpurie a neurodegenerarii si selectia pacientilor care pot beneficia cel mai mult de interventiile terapeutice.

Cuvinte cheie: deteriorare cognitiva, markeri biochimici, predictorii

56. MARKERII BIOCHIMICI IN AFECTIUNILE NEURODEGENERATIVE; POTENTIALE UTILIZARI SI LIMITE

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THE USE OF BIOCHEMICAL MARKERS FOR DIAGNOSIS AND PREDICTION OF COGNITIVE IMPAIRMENT

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Cognitive impairment is a major health concern with the increasing aging population. Preventive measures to delay cognitive decline are of utmost importance. For these reason, the identification of individuals at risk of cognitive impairment with no detectable clinical manifestations parallels the attempts to determine pathological markers at early stages of the clinical trajectory of the disease. The assessment of biomarkers can help researchers and clinicians increase sensitivity and specificity of prediction and clinical diagnosis. Several candidate biomarkers have been studied in plasma and peripheral blood cells. Studies have consistently conclusions associated to homeostatic changes detectable in peripheral fluids, such as markers of inflammation (interleukins, cytokines) and oxidative stress (isoprostanes), plasma A β 40/ A β 42 ratio, platelet: amyloid precursor protein (APP) ratio, GSK3 β activity, and other markers of synaptic damage or neurodegeneration. These developments did not translate into immediate improvement of clinical strategies for the early diagnosis of dementia. Major challenges in the coming years are the integration of developments in experimental and clinical research to enable development of widely available tools for the early diagnosis of neurodegeneration and selection of patients that would benefit most from therapeutic interventions.

Key words: cognitive impairment, biochemical markers, predictors

BIOCHEMICAL MARKERS IN NEURODEGENERATION; POTENTIAL USES AND LIMITATIONS

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Biomarkerii ofera o abordare puternica in intelegerea spectrului de afectiuni neurologice cu aplicatie in screening, diagnostic, prognostic. Acesti markeri ofera mijloacele pentru o clasificare a afectiunii si a factorilor de risc si poate, de asemenea, reflecta intregul spectru al bolii, de la primele manifestari pana la stadiile terminale. Acest studiu descrie principalele utilizari ale markerilor biochimici in investigatiile clinice si cum sunt in prezent intelesi in legatura cu fiziopatologia si biologia neuronală. De asemenea, sunt discutate aspectele care afecteaza determinarile biomarkerilor, impreuna cu recomandarile care se impun. In final, discutam utilitatea clinica si diagnostica a acestor instrumente si cum pot fi folositi markerii pentru a conduce practica clinica si dezvoltarea abordarii terapeutice.

Cuvinte cheie: biomarkeri, afectiuni neurodegenerative, validitate.

Biomarkers provide a powerful approach in understanding the spectrum of neurological disease with application in screening, diagnosis and prognosis. These markers offer the means for homogenous classification of a disease and risk factors and can also reflect the entire spectrum of disease from the earliest manifestations to the terminal stages. This study describes the major uses of biochemical markers in clinical investigations and how are these currently understood in relation to the pathophysiology and in terms of neuronal biology. Also, issues that affect analysis of biomarkers are discussed along with recommendations that are required. Finally, we discuss the clinical and diagnostic utility of these tools and how markers may be used to drive drug development and clinical practice.

Key words: biomarkers, neurodegenerative disorders, validity

57. CORELATII INTRE STATUSUL NUTRITIONAL SI DEFICITUL COGNITIV IN RANDUL PACIENTILOR VARSTNICI CU ANTECEDENTE CARDIOVASCULARE DIN NORD-ESTUL ROMANIEI

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Malnutritia este o conditie frecventa, larg raspandita in populatia geriatrica care adesea este subdiagnosticata. Prezenta comorbiditatilor determina progresia lenta a malnutritiei cu efecte serioase asupra starii de sanatate a pacientului. Din ansamblul starilor morbide ce afecteaza varstnicul, bolile cardiovasculare reprezinta cea mai frecventa cauza de mortalitate peste care adesea se suprapune si deficitul nutritional subclinic. Lotul de studiu a fost constituit din 481 pacienti varstnici din cadrul Sectiei de Geriatrie, Spital "Dr. C.I.Parhon", Iasi, impartit in doua loturi, in functie de prezenta/absenta tulburarii de ritm, din care 319 pacienti cu tulburari de ritm si 162 pacienti fara, dar cu antecedente cardiovasculare prezente. Ca instrument de cercetare, au fost utilizate doua chestionare: Mini nutrition assesment (MNA), validat pentru screeningul malnutritiei si Mini-Mental State Examination (MMSE), pentru evaluarea starii cognitive. In cadrul loturilor analizate, 59,2% dintre pacienti prezinta risc de malnutritie vs 60,5%, respectiv 15,7% sunt

CORRELATIONS BETWEEN NUTRITIONAL STATUS AND COGNITIVE IMPAIRMENT AMONG ELDERLY PATIENTS WITH CARDIOVASCULAR HISTORY FROM NORTH-EASTERN ROMANIA

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Malnutrition is a common condition widespread in geriatric population which is often underdiagnosed. The presence of comorbidities causes slow progression of malnutrition with serious effects on the health of the patient. Of all morbid conditions which affecting the elderly, cardiovascular diseases are the most common cause of mortality over that often overlap and subclinical nutritional deficiencies. The study group was established of 481 elderly patients in Geriatrics, Clinical Hospital "Dr. C.I.Parhon" Iasi, divided into two groups according to the presence / absence of rhythm disorder, of which 319 patients with arrhythmias and 162 patients without, but with cardiovascular history. As a research tool, we used two questionnaires: Mini nutrition assesment (MNA), validated for malnutrition creening and Mini-Mental State Examination (MMSE) to assess cognitive status. In the groups analyzed, 59.2% of patients are at risk of malnutrition vs 60.5% and 15.7% vs 15.4% are malnourished. Assessment of nutritional status according to the epidemiologic

malnutriti vs 15,4%. Evaluarea statusului nutritional in functie de caracteristicile epidemiologice a scos in evidenta o pondere semnificativ mai crescuta de persoane cu malnutritie la varste de peste 75 ani (76%; $p=0,011$). Valorile medii pe grupuri de studiu nu au diferit semnificativ (23,86 vs 23,95; $p=0,858$), caracterizand grupul ca fiind cu deficienta cognitiva forma usoara. Pacientii cu scor MMSE $\leq$ 15, care necesita asistenta institutionalizata, au fost preponderent de sex feminin (76,3%), cu varste peste 75 ani (89,7%). La pacientii cu deficit cognitiv moderat s-a remarcat prezenta mai frecventa in antecedente a hipertensiunii arteriale (53%; $p=0,031$), tulburarilor ischemice (56,1%; $p=0,002$) si tulburarile de ritm sinus (67,6%; $p=0,903$). Coreland scorul MMSE cu statusul nutritional, se constata o legatura directa, moderata ca intensitate ($r=0,406$; $R^2=0,1647$; $p=0,001$), ceea ce evidentiaza faptul ca la 40,6% dintre pacienti, statusul cognitiv alterat s-a corelat cu malnutritia, rezultat ce poate fi extrapolat la populatia generala. Malnutritia in randul pacientilor geriatrici reprezinta o conditie multifactoriala asociata cu alterarea statusului functional, cognitiv, antecedente cardiovasculare, din care amintim tulburarile de ritm, dar si modificarea stilului de viata.

Cuvinte cheie: malnutritie, varstnici, deficit cognitiv

characteristics revealed a significantly higher proportion of people with malnutrition over 75 years of age (76%; $p=0.011$). The mean study groups were not significantly different (23.86 vs. 23.95; $p=0.858$), characterizing the group as having mild cognitive impairment. Patients with score MMSE $\leq$ 15 that require institutionalized care were predominantly female (76.3%) aged over 75 years (89.7%). In patients with moderate cognitive impairment was noted more frequent history of hypertension (53%; $p=0.031$), ischemic disorders (56.1%; $p=0.002$) and sinus arrhythmia (67.6%; $p=0.903$). MMSE score correlating with nutritional status, there is a direct link, moderate intensity ($r=0.406$; $R^2=0.1647$; $p=0.001$), which shows that at 40.6% of patients, the cognitive impairment linked to malnutrition, results which can be extrapolated to the general population. Malnutrition among geriatric patients is a multifactorial condition associated with altered functional status, cognitive, cardiovascular history, among which the rhythm disorders, and lifestyle modification.

Key words: malnutrition, elderly, cognitive disorder

58. INGRIJIREA PACIENTILOR CU FIBRILATIE ATRIALA IN LUMINA NOILOR GHIDURI

Studierea gradului de aplicare a tratamentului corect pe un lot de pacienti din ambulatoriul de specialitate, precum si asocierea cu diferite comorbiditati

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Fibrilatia atriala (FIA) este cea mai frecventa aritmie la adult, iar frecventa acesteia este in crestere, pe de o parte datorita imbatranirii populatiei, pe de alta parte datorita cresterii prevalentei bolilor cronice netransmisibile asociate cu FIA (cardiopatia ischemica, insuficienta cardiaca, diabetul zaharat, obezitatea, bronhopneumopatia cronica obstructiva, etc.). Principala problema in ingrijirea pacientilor cu FIA este data de evolutia acestei afectiuni, de la clinic silentioasa la clinic manifesta si de la paroxistica la persistenta si apoi permanenta, riscul principal fiind cel emboligen, cu instalarea accidentului vascular cerebral, dar si de moarte subita. Noile ghiduri de

HOW WE MANAGE PATIENTS WITH ATRIAL FIBRILLATION IN THE LIGHT OF NEW GUIDELINES

Study of correct treatment on a lot of patients from the outpatient clinic and association with various comorbidities

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Atrial fibrillation (AFI) is the most common arrhythmia in adults, and its frequency is increasing, on the one hand due to the aging of the population, on the other hand due to the increasing prevalence of non-communicable chronic diseases associated with FIA (ischemic heart disease, heart failure, diabetes mellitus, obesity, chronic obstructive bronhopneumopatia, etc.). The main problem in the care of patients with the AFI is the evolution of the disease, from the clinically silent to clinically manifested and from paroxysmal to persistent atrial fibrillation and then permanently, the main risk being the thrombi formation, with the installation of stroke and sudden death. New medical practice guidelines bring on the treatment

practica medicala aduc precizari privind tratamentul anticoagulant, inclusiv cu anticoagulante orale noncumarinice, controlul factorilor de risc asociati, dar si posibilele mecanisme fiziopatologice implicate in aparitia FIA, stiut fiind ca aceasta este o boala multifactoriala. Am studiat un lot de pacienti ce s-au prezentat la consultatie In cabinetul de geriatrie avand fibrilatie atriala precum si alte comorbiditati, observand gradul de aplicare corecta a recomandarilor de tratament si frecventa asocierii altor patologii.

Cuvinte cheie: fibrilatia atriala, AVC, boli asociate FIA, ghiduri de practica

of AFI, including the novel oral anticoagulants, controlling risk factors associated, but also possible physiopathologic mechanisms involved in the occurrence of AFI, knew that this is a multifactorial disease. I studied a lot of patients that were presented at the consultation In Geriatric Center having atrial fibrillation and other comorbidities, noting the degree of implementation of the recommendations for treatment and frequency of association of other pathologies.

Key words: atrial fibrillation, stroke, associated diseases with AFI, guidelines

59. MULTIDISCIPLINARITATE IN GERIATRIE SI GERONTOLOGIE

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Aspectele multidimensionale ale geriatriei si gerontologiei implica o evaluare geriatrica globala care reprezinta un termen larg reprezentand o evaluare a starii de sanatate a pacientului varstnic avand accent pe aspecte si evolutii diferite de acelea care reprezinta evaluarea medicala standard. Evaluarea geriatrica multidimensionala este specifica in functie de locul in care se efectueaza. In cadrul unui spital este important sa se identifice problema medicala acuta care a precipitat internarea. Dupa ameliorarea pacientului si initierea planului de externare de catre echipa multidisciplinara alte componente devin mai importante: functionalitatea la domiciliu, retea de sprijin familial si social. In cadrul spitalului pot aparea o serie de dificultati privind evaluarea geriatrica multidimensionala datorita modificarilor rapide ale unor elemente importante. De exemplu, un pacient varstnic poate deveni temporar dependent in toate aspectele statusului functional in faza acuta si ulterior in mod gradat se amelioreaza doar inainte de externare. Deoarece multi varstnici isi supraestimeaza capacitatea functionala bazat pe nivelul lor anterior, sunt necesare metode directe de observare de catre asistente medicale si alti profesionisti pentru a se obtine rezultate mai apropiate de adevar. Evaluarea geriatrica in caminele de varstnici este diferita deoarece necesita mai ales urmarirea unor aspecte legate de statusul nutritional si de activitatile de autoingrijire si sunt mai putin semnificative componente precum activitati cotidiene complexe precum efectuarea de cumparaturi si prepararea hranei. Evaluarea la

MULTIDIMENSIONAL ASPECTS IN GERIATRICS AND GERONTOLOGY

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Multidimensional features of Geriatrics and Gerontology involve a Comprehensive Geriatric Assessment that represents a broad term referring to health evaluation of older patient that emphasizes aspects and outcomes different from the standard medical evaluation. Multidimensional Geriatric assessment is specific according to various settings where the patient is being evaluated. In the inpatient setting, it is important to identify the acute medical problem that precipitated admission. After the patient recovers and multidisciplinary team initiates plans for discharge, other components become more important: home functionality, family and social support network. The hospital setting can raise several difficulties for multidimensional geriatric assessment because of the rapidly changing status of several important elements. For instance, an older patient may temporarily become dependent on all items of functional status when acutely ill and later on gradually improve only prior to discharge. Since many older patients may overestimate their functional capacity based on their previous level of functioning, direct observational methods by nurses or other medical professionals are required to provide more accurate results. Geriatric assessment in a nursing home is different since it requires evaluation of selected aspects such as nutritional status and self-care activities, while other components such as instrumental activities of daily living level like shopping and meal preparation are less relevant in this setting. Patient's home setting requires an entirely different type of assessment: environmental factors as home safety and

domiciliul pacientului presupune o evaluare complet diferita: factori de mediu precum siguranta domiciliara si aspecte legate de activitati complexe reprezentate de curatenia locuintei pot fi evaluati direct, in timp ce alte aspecte ale evaluarii traditionale pot fi mai dificile.

60. FACTORI DE RISC ȘI STRATEGII DE PREVENȚIE A CĂDERILOR LA VÂRSTNICI

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Caderile reprezinta un marker de fragilitate, imobilizare si afectare acuta sau cronica a starii de sanatate la varstnici. Persoanele cu disabilitati functionale pot fi in mod deosebit susceptibile la a trai intr-un mediu aglomerat, cu un design defectuos, sau cu o iluminare redusa. Caderile sunt una dintre cele mai importante cauze de morbiditate si mortalitate la varstnici. Rareori acesti pacienti vor relata in mod spontan antecedente de caderi. Factori de risc pentru aparitia caderilor includ: caderi in antecedente, echilibru alterat, afectare vizuala, polimedicatie, medicamente psihoactive, tulburari de mers, afectiuni care altereaza mersul, scaderea fortei musculare, afectarea cognitiva, depresia, ametelile, hipotensiunea ortostatica, varsta mai mare de 80 de ani, sexul feminin, incontinenta, prezenta de dureri, diabetul zaharat, utilizarea de mijloace pentru deplasare, artroza sau alte afectiuni reumatismale. Frecvent varstnicii au o evolutie mai alterata fata de tineri dupa acelasi factor care produce o leziune datorita unei regenerari tisulare alterate, unei scaderi a rezervelor functionale si unei functii imunitare deficitare. Interventiile utilizate pentru a preveni caderile sunt: evaluarea domiciliului si evaluarea geriatrica globala, identificarea persoanelor care prezinta sindrom de fragilitate, efectuarea unor programe de exercitii fizice inclusiv cel pentru forta si echilibru, exercitii de mers, suplimente de vitamina D. Deoarece caderile tind sa apara in locurile unde persoanele petrec cel mai mult timp, este foarte importanta o strategie orientata asupra domiciliului in cazul varstnicilor. Sechelele psihosociale ale caderilor sunt putin intelese, dar prezinta aspecte importante deoarece pot influenta recuperarea functionala dupa leziunile rezultate din caderi precum si riscul unei viitoare caderi. Educatia este un element important pentru prevenirea caderilor deoarece constientizarea riscurilor pentru sanatate favorizeaza actiunile. Educarea pacientilor varstnici si a publicului larg pentru a recunoaste riscurile potentiale existente la domiciliu si distinge comportamentul riscant de cel

instrumental activities as cleanliness of the home can be directly evaluated while other aspects of the traditional examination are significantly more difficult.

RISK FACTORS AND STRATEGIES FOR PREVENTING FALLS IN OLDER PEOPLE

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Falls are a marker of frailty, immobility and acute and chronic health impairment in older people. Persons with functional disabilities may be especially susceptible to a cluttered, poorly designed, or poorly illuminated environment. Falls are one of the most important cause for morbidity and disability in older people. Seldom these patients will report spontaneous their history of falls. Risk factors of falls include: previous falls, altered balance, visual impairment, polypharmacy, psychoactive drugs, gait disorders, conditions that impair walking, decreased muscle strength, cognitive impairment, depression, dizziness, orthostatic hypotension, age older than 80 years, feminine gender, incontinence, pain, diabetes mellitus, walking aid use, osteoarthritis and other rheumatic diseases. Older people often have a worse outcome than younger people from the same injury because of impaired tissue regeneration, decreased functional reserves, and poorer immunologic function. Interventions used to prevent falls include: home evaluation and comprehensive geriatric assessment, identification of frail individuals, exercise programs including strength and balance training, gait exercises, vitamin D supplementation. Because falls tend to occur where people spend the most time, a home-oriented prevention strategy is important. The psychosocial sequelae of falls are a poorly understood but potentially important outcome because they may influence functional recovery from fall injuries as well as the risk of further falls. Education is an essential element of the prevention of falls because the perception of health risk supports health action. Educating older patients and the public to recognize potential hazards in the home and to distinguish safe from risk-taking behavior may have benefits in terms of the perception of risk and the adoption of safety practices. Very little is known about factors that precipitate a "postfall syndrome" of extreme fear and anxiety.

sigur poate avea beneficii in ceea ce priveste perceptia riscului si adoptarea unor practici preventive. Se cunoaste foarte putin in legatura cu factorii care precipita "sindromul post-cadere" constand in teama extrema si anxietate.

61. NOI VALENTE ALE TERAPIEI ASLAN IN CONTEXTUL ACTUAL

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Terapia Aslan, in universalitatea ei, dar aplicata diferentiat fiecarui pacient, a ramas deschisa noilor valente ale cercetarii farmaceutice. Contextul actual in ceea ce priveste constrangerile bugetare la nivelul sistemului de sanatate, procentul de 13.93% al medicamentelor din bugetul Institutelor, scaderea procentelor in fiecare an in realitate de la 5.9 la 4.7 etc ne readuc in actualitate produsele din receptura farmaciilor adica prepararea lor in farmacia de spital. Terapia Aslan, pe langa seria de 12 fiole Gerovital H3, completata de cele 24 comprimate Gerovital H3, consta si in aplicarea locala a acestui medicament sub forma de creme administrate prin masaj sau proceduri de electro si hidroterapie. Deoarece aceste produse destinate aplicarii locale in fizioterapie nu au fost inca brevetate, cercetarile noastre continua pentru imbunatatirea calitatii acestora. Introducerea, pe langa antiinflamatoare cunoscute, a miorelaxantelor si vitaminelor reprezinta o abordare multidimensionala a patologiei geriatrice.

Cuvinte cheie: Terapia Aslan, Gerovital H3, patologia geriatrica

62. RISCUL CARDIOVASCULAR IN POLIARTRITA REUMATOIDA – DE LA EVIDENTE LA PRACTICA CLINICA

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Poliartrita Reumatoida (PR), boala cu etiologie necunoscuta si patogeneză neidentificată în totalitate cu implicarea sinovialei ca situs major de producere si intretinere al procesului inflamator, este cea mai frecventa boala inflamatorie reumatica. Este cunoscut ca PR se asociaza frecvent cu

NEW FEATURES OF ASLAN THERAPY IN THE PRESENT CONTEXT

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Aslan Therapy in its universality but individually applied to each patient, has remained opened to new features of pharmaceutical research. The present context regarding financial constraints in health system, the percentage of 13,93% in the general budget represented by medicines for institutes, its real amount and annual reduction from 5.9% to 4.7% bring about in actuality magistral prescription prepared in hospital pharmacy. Aslan Therapy, besides the series of 12 Gerovital H3 vials completed by 24 dragees of Gerovital H3, consists also of local application of this medicine in form of creams applied by massage or electro- and hydrotherapy procedures. Because these products intended for local application in rehabilitation procedures have not been yet patented our research continue aimed at improvement of their quality. Besides the already known anti-inflammatory drugs, the introduction of muscle relaxants and vitamins represent a multidimensional approach of geriatric pathology.

Key words: Aslan Therapy, Gerovital H3, geriatric pathology

CARDIOVASCULAR RISK IN RHEUMATOID ARTHRITIS - FROM EVIDENCE TO CLINICAL PRACTICE

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Rheumatoid arthritis (RA), a disease with unknown etiology and not clear identified pathogenesis with implication of synovium as major site of production and maintenance of inflammatory process, is the most common rheumatic inflammatory disease. It is known that RA is common associated with

comorbiditati importante dintre care cele cardiovasculare (HTA, BCI) sunt cele mai frecvente implicate in morbiditatea si mortalitatea crescuta asociata cu acesta boala. In ciuda eforturilor expertilor si clinicienilor de diagnostic precoce al boli in vederea unui tratament corespunzator supravietuirea observata este mult scazuta fata de cea asteptata, bolile cardiovasculare si chiar moartea subita fiind frecvent implicate. Ateroscleroza reprezinta baza patogenica a bolilor cardiovasculare si multiplele asemanari existente intre procesul patogen din ateroscleroza si inflamatiile reumatoida, precum si existenta numerosilor mediatori prezenti atat in ateroscleroza cat si in inflamatie a condus la ideea interrelatiei dintre cele doua boli in sensul in care inflamatiile induce un proces de ateroscleroza precoce si agresiva. Sesizand aceasta legatura cercetatori cresc de 1,5 ori riscul de evenimente fatale cardiovasculare (detectate prin SCORE) la pacienti cu PR veche de peste 10 ani cu markeri inflamatiei, cu prezenta de eroziuni si noduli reumatoizi. Este cunoscut ca tratamentul cu statine in special cu Rosuvastatina a scazut mortalitatea generala cu 14% pentru populatia generala; pentru populatia de pacienti cu PR scaderea mortalitatii a fost mai importanta de ~ 21%. Aceasta scadere este explicata prin efectul multifactorial al statinelor care alaturi de scaderea colesterolului, a LDL colesterol cu cresterea HDL colesterol produce si scaderea expresiei moleculelor de adeziune precum si a citokinelor si chemochinelor din micromediul inflamator. Prezentarea tuturor acestor elemente teoretice legate de un caz clinic arata importanta evaluarii riscului cardiovascular la pacientii cu PR de fiecare data cand este nevoie ca pacientul sa fie evaluat pentru monitorizarea terapeutica.

Cuvinte cheie: poliartrita reumatoida, ateroscleroza, risc cardiovascular

important comorbidities like cardiovascular disease (Hypertension, Ischemic heart disease), the most common and involved in high morbidity and mortality associated with this disease. Despite the experts and clinicians effort to diagnose early this disease, and initiate treatment the life span is much lower than expected, cardiovascular disease and even sudden death is often involved. Atherosclerosis represents the pathogenic origin of cardiovascular disease and multiple similarities between pathogenic process of atherosclerosis and rheumatoid inflammation, as well as the existence of many mediators present in atherosclerosis and rheumatoid inflammation drove to the idea that the two diseases are interrelated such as inflammation starts the process of early and aggressive atherosclerosis. Observing this link between the two diseases the researchers say that the risk of cardiovascular fatal events is 1.5 higher (SCORE diagram detected) at patients with RA more than 10 years old with positive inflammatory markers and presence of erosions and rheumatic nodules. It is commonly known that statin treatment, especially Rosuvastatin lowered the general mortality with 14 % for general population; and for patients with RA with 21%. This decrease is explained by the multifactorial effect of statins alongside the lower cholesterol, LDL cholesterol by increasing HDL cholesterol also produces the decrease expression of adhesion molecules as well as cytokines and chemokines of inflammatory microenvironment. Presentation of all these theoretical elements related to a clinical case shows the importance of assessing cardiovascular risk in patients with RA every time it takes the patient to be evaluated for therapeutic monitoring.

Key words: rheumatoid arthritis, atherosclerosis, cardiovascular risk

63. COEZIUNEA, FLEXIBILITATEA SI COMUNICAREA IN FAMILIE

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Coeziunea, flexibilitatea si comunicarea sunt factori importanti de rezilienta ai familiei. DH Olson, care a creat Scala de evaluare a adaptabilitatii si coeziunii familiei III (SEACF), considera ca scorurile foarte inalte (la extreme) indica familii disfunctionale. Scopul studiului: a) diagnosticarea familiei cu FACES III si interviuri. b) Influenta

COHESION, FLEXIBILITY AND COMMUNICATION IN THE FAMILY

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Cohesion, flexibility and communication are important factors of family resilience. DH Olson who created the Family Adaptability and Cohesiveness Evaluation Scale III (FACES III) considers that very high scores (in the extremes), is indicative of dysfunctional families. The purpose of Study: a) Diagnosing of family with FACES III and

mediului de rezidență și a genului asupra acestor trei parametri ai familiei. SEACF III a fost aplicat pe un esantion de 235 de subiecți cu vârsta cuprinsă între 55 și 74 de ani, din România, constituit în mod aleatoriu și relativ omogen stratificat în funcție de mediul de rezidență, sex și grupe de vârstă. 104 subiecți din mediul urban au participat la 11 interviuri de tip focus grup. Bazat pe un ghid de interviu cu întrebări inspirate de SEACF III, ei au vorbit despre cei trei parametri ai familiei. Familiile de tip Mediu și Echilibrat au fost cele mai frecvente (51,9%, respectiv 28,1%), modelul predominant fiind Haotic Conectat (25,53%). Familiile din mediul rural tind să fie mai Legate și Dependente și în același timp mai Flexibile și Haotice ($p < 0,001$). Dintre familiile de tip echilibrat, cele mai multe dintre ele sunt situate în mediul rural (65,25%). Barbatii au descris familia în măsura mai mare Detasată, Separată, Rigidă și Flexibilă. În cadrul interviurilor mai mult de jumătate au descris o coeziune foarte ridicată, o rigiditate foarte scăzută și o comunicare medie spre ridicată. Familiile de varstnici din România, în special cele din mediul rural au o bună adaptabilitate apropiere, potențial de comunicare și o modalitate de funcționare sănătoasă. Interviurile arată o tendință spre dependență și rigiditate care ar trebui explorate mai mult.

Cuvinte cheie: coeziune, flexibilitate, comunicare, familie, dependență

interviews. b) The influence of residence environment and gender on these three parameters of the family. FACES III was applied on a sample of 235 subjects aged between 55 and 74, from Romania randomly constituted and relatively homogeneous stratified according to residence environment, gender and age group. 104 subjects from the urban environment participated in 11 focus group type interviews. Based on an interview guide with questions inspired by FACES III, they reported about these three parameters of the family. Mid-range and Balanced type families were the most frequent (51.9% respectively 28.1%), the Chaotically Connected model being predominant (25.53%). Families in the rural environment tend more Connected and Enmeshed and at the same time more Flexible and Chaotic ($p < 0.001$). Out of the Balanced type families, most of them are located in the rural environment (65.25%). Men described family in a larger measure Disengaged, Separated, Rigidly and Flexibly. In the interviews more than half have reported a very high cohesion, a very low rigidity and a communication medium to high. Older families from Romania, especially the ones from rural areas have good closeness adaptability, communication potential and a healthy functioning method. Interviews indicate a tendency towards dependency and rigidity that should be explored more.

Keywords: cohesion, flexibility, communication, family, dependency

64. TULBURARILE DE COMPORTAMENT LA VARSTNICI SECUNDARE EXCESULUI DE MEDICAMENTE ANTIINFLAMATOARE ȘI PROTECTOARE GASTRICE

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Pacientul varstnic care se adresează unui medic are nevoie de explicații facile, scrise clar, inclusiv perioada de administrare a unui medicament și perioada optimă pentru reevaluare. În lipsa acestor detalii, un medicament administrat pentru 5-10 zile sau la nevoie devine zilnic, câteva luni, iar la varstnici efectele cumulate sunt semnificative, datorită polimedicației asociate și altor afecțiuni. Studiul de față prezintă efectele secundare din sfera tulburărilor de comportament datorate excesului de medicamente antiinflamatoare, adresate poliartritei și combinației cu protectoarele gastrice prescrise obișnuit pentru a reduce hiperaciditatea gastrică generată de primele. Dintre 223 varstnici

BEHAVIORAL DISTURBANCES IN THE ELDERLY FOLLOWING AN EXCESS OF ANTI INFLAMMATORY AND GASTRIC PROTECTION MEDICINE

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The elderly patient needs simple, clearly-written instructions which include the period of time a medicine is supposed to be taken and an optimum time for reevaluation. When these details are absent, medication meant to be administered for 5-10 days or as-needed may end up a daily habit, ongoing for months. In the elderly the cumulative effects are significant due to the polypharmacy associated with multiple comorbidities. The current study highlights side effects manifesting as behavioral disturbances after an excess of anti inflammatory medicine meant for polyarthritis which is combined with gastric protectors meant to reduce the gastric hyperacidity generated by the

monitorizati in perioada 01.07.2016-15.09.2016, 186 pacienti utilizau zilnic, de minim 6 luni, combinatia antiinflamatoare puternice – protectoare gastrice, care se prescriu in ambulator pentru cateva zile. Literatura de specialitate mentioneaza ca efecte secundare pentru combinatia celor doua grupe de medicamente: anorexie, vertij, somnolenta, tulburari vizuale, aritmie, tulburari de somn. Aceste simptome se regasesc oricum la varstnici chiar si in lipsa celor doua clase de medicamente, iar potentarea lor produc frecvent negativism si ostilitate, care accentueaza tulburarile de dispozitie afectiva si cresc riscul tulburarilor neurocognitive. Studiul de fata atrage atentia asupra faptului ca femeile au risc crescut pentru dependenta de aceste medicamente si sunt mai putin compliante schimbarii stilului de viata.

Cuvinte cheie: tulburari de comportament, tulburarile neurocognitive, efecte secundare, medicatie antiinflamatoare, protectoare gastrice

aforementioned medicine. Of the 223 elderly patients monitored during 01.07.2016-15.09.2016, 186 patients used the combination of strong anti inflammatory medicine – gastric protectors daily, for at least 6 months, medicine which in ambulatory care would be prescribed for only a few days. For the combination of the two categories of medicine specialized literature mentions as side effects: anorexia, vertigo, drowsiness, visual disturbances, arrhythmia, and sleep disturbances. These symptoms are found in the elderly even without these types of medicine and their potentiation often produce hostility and negativity, which in turn accentuate mood disorders and elevate the risk for neurocognitive disorders. The present study draws attention to the fact that women have an increased risk for addiction to this medication and are less compliant with life style changes.

Keywords: behavioral disturbances, neurocognitive disorders, side effects, anti inflammatory medicine, gastric protectors.

65. TRANSFORMAREA PERCEPTIEI SPATIULUI – O TERAPIE POSIBILA IN TULBURARILE NEUROCOGNITIVE

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Ipotezele unei cercetari in derulare:

1.Psihotrauma emotionala a separarii si nearmonizarii la spatiul in care traieste un adult reprezinta un factor important in instalarea tulburarilor neurocognitive; 2.Etnopsihiatria reprezinta cheia terapeutica. **Ideile care au inspirat cercetarea:** 1.Identificarea cu spatiul si continutul spatiului (familie, relatii, obiceiuri, identitate profesionala, identitate nationala, organizatii, politica, religie etc.) in care fiecare traieste este o filozofie importanta a oricarei culturi, din toate timpurile; 2.Pacientii au halucinatii vizuale sub forma de "goluri" in spatiul in care se afla, mai ales in pereti, inclusiv in faza incipienta; 3.Emigrantii dezvoltă mai frecvent tulburari neurocognitive; 4.Studiul genetic care urmareste identificarea genelor ce asigura abilitatile cognitive de adaptare/armonizare la spatiu, pornind de la observatia adaptarii genetice a serpasilor nepalezi care nu dezvoltă policitemie si tulburari neurocognitive in lipsa oxigenului (Deary I., University of Edinburgh, 2011). **Ce avem acum la dispozitie?** 1.Testele actuale masoara spatialitatea cognitiva, nu perceptia subiectiva fata de modificarea relatiei cu spatiul. Aceste teste nu

A TRANSFORMING SPACE PERCEPTION – A POSSIBLE CURE IN NEUROCOGNITIVE DISORDERS

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The Hypotheses of an ongoing research: 1.The emotional psychotrauma of separation from and disharmony with the space in which one lives is an important factor in the initial establishment of neurocognitive disorders in adults; 2.Etnopsychiatry is a therapeutic key in unlocking these disorders. **What inspired the research:** 1.Identifying with one's inhabited space and with what the space contains (family, relationships, customs, professional identity, national identity, organizations, politics, religion etc.) is an important part in the philosophy of any culture at any one time; 2.Patients experience visual hallucinations, even at the onset of their disorder, which present as "holes" in the space they inhabit, particularly projected onto walls; 3.Emigrants develop neurocognitive disorders more frequently than those who remain in their native countries; 4.A genetic study which attempts to identify the genes which provide cognitive abilities to adapt/harmonize to one's space, starting from observing the Nepalese Sherpas' genetic adaptation to not develop polycythemia and neurocognitive disorders in the absence of oxygen (Deary I., University of Edinburgh, 2011). **Instruments currently**

masoara conflictul emotional intern generat de modificarile perceptiei spatiului. 2. "Golurile" spatiale percepute subiectiv de catre pacientul cu Alzheimer sunt reale si in consistenta creierului afectat de Alzheimer, se vad inclusiv la tomograful obisnuit. **Ce este necesar?** Scale de evaluare a perceptiei subiective a spatiului aplicata inclusiv in psihologia organizationala persoanelor care schimba frecvent regiunea, clima, jobul. Mindfulness pentru acordarea la spatiul existent si transformarea nevoii de a avea mai mult spatiu in acceptarea existentei in ACUM si AICI.

Cuvinte cheie: perceptia spatiului, tulburari neurocognitive

available: 1.Current tests measure the cognitive assessment of space but not the subjective perception of one's relationship with one's space modifying. These tests do not measure the internal emotional conflict generated by modifications in perceiving one's space. 2.The spatial "holes" subjectively perceived by patients with Alzheimer's are real and present in the brain afflicted with Alzheimer's, their presence detectable even on a regular CT-scan. **What is needed?** Scales for evaluating the subjective perception of space which also apply to the organizational psychology of people who often change regions, climates and jobs. For more information I invite you to attend my presentation - A Modified Perception of Space – the emotional psychotraumatological perspective for early diagnosis of neurocognitive disorders.

Keywords: space perception, neurocognitive disorders

66. HIPERTENSIUNEA ARTERIALA PULMONARA LA VARSTNICI

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Hipertensiunea arteriala pulmonara (HTAP), afectiune caracterizata prin cresterea valorilor presionale in arterele pulmonare si a rezistentelor vasculare pulmonare, evolueaza cu hipertrofia si dilatarea cavitatilor drepte cardiace si are, in general, o evolutie fatala. Prevalenta bolii este de 10-50 de cazuri la un million de locuitori. Daca in trecut era descrisa mai ales la persoane mai tinere, odata cu imbatranirea populatiei, este descrisa tot mai frecvent si la populatia geriatrica. 21-23% dintre cazurile de hipertensiune pulmonara sunt raportate la persoane peste 65 de ani, conform unor studii recente. Comparativ cu populatia tanara, la varstnici boala are o incidenta apropiata intre cele doua sexe, simptomatologia clinica este intr-o oarecare masura diferita. Varstnicii raspund nesatisfacator la tratamentul medicamentos, avand o supravietuire mai redusa, comparativ cu restul populatiei. In lucrarea de fata sunt prezentate principalele explorari imagistice si de laborator in diagnosticarea HTAP la varstnici, factorii prognostici la aceasta categorie de populatie, cat si unele particularitati ale terapiei acestei afectiuni, la populatia geriatrica.

Cuvinte cheie: hipertensiunea arteriala pulmonara, populatia geriatrica

ARTERIAL PULMONARY HYPERTENSION IN THE GERIATRIC POPULATION

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Pulmonary arterial hypertension (PAH), a condition characterized by elevated pressure in the pulmonary arteries and a high pulmonary vascular resistance is associated with right ventricular hypertrophy and failure and has a fatal prognosis. The prevalence of the disease is 10-50 cases per million inhabitants. If, in the past, this disease was described especially in younger people, nowadays it is described more frequently in the geriatric population. 21-23% of cases of pulmonary hypertension occur in people over 65 years old, according to recent studies. Compared to the younger population, in elderly people the disease has a similar incidence in females/males but the clinical symptoms are to some extent, different in geriatric patients compared to younger ones. Elderly patients respond less satisfactory to drug therapy, with a lower survival compared with the general population. In this paper we present the main imaging and laboratory diagnostic explorations in PAH, in elderly patients, the most important prognostic factors in this population, and also some aspects concerning specific therapy.

Key words: arterial pulmonary hypertension, geriatric population

67. EFECTUL TERAPIEI CU LASER DE PUTERE JOASA, KINETOTERAPIEI SI FIZIOTERAPIEI IN PATOLOGIIILE OSTEOARTICULARE DEGENERATIVE LA PACIENTII VARSTNICI

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Scopul studiului: Stabilirea gradului in care terapia cu laser de putere joasa (LPLT) combinata cu kinetoterapia (KT), fizioterapia (PT) si medicatia antiinflamatoare (AIM) contribuie la ameliorarea patologiei osteoarticulare la populatia varstnica, impactul asupra activitatii de zi cu zi (ADL) si calitatea vietii. 200 pacienti intre 55 –75 ani au fost admisi in Clinica de Recuperare cu patologii degenerative ale sistemului locomotor: 95 cu periartrita scapulohumerala (SHP), 81 femei si 14 barbati, umar dureros simplu (SPS) si 105 cazuri de gonartroza bilaterala (BG): 85 femei si 20 barbati. Pacientii au fost inclusi in 2 loturi: A (LPLT) +(AIM)+(PT) si (KT) si B: (AIM) si (PT). Dupa tratamentul (LPLT) combinat cu (KT), (PT) +(AIM) la lotul A s-a constatat o ameliorare a fenomenelor algice locale –scorul pe Scala Durerii fiind sub 3. Pentru 74 (SHP) pacienti intre 3 si 4 ,durerea a scazut de la 2-1.i.e. 78,2 %. Pentru 19 pacienti cu 2 si 3, pe scala durerii s-a observat o scadere de la 1 la 0.,i.e. 19,5%.Pentru 2 pacienti cu valoarea initiala 5,intensitatea durerii a scazut de la 3 la 2.i.e.,3%. Aplicarea (LPLT) in patologii degenerative ale aparatului locomotor la varstnici asociat cu (KT), (PT) si (AIM) a avut un beneficiu net prin efectele antialgice si antiinflamatoare decat in lotul B. Ameliorarea ADL pentru (SHP) a fost de ~.80% si pentru articulatia genunchiului ~. 86%, rezultand intr-o imbunatatire a starii de bine, in reinsertia profesionala si sociala si in integrarea familiala. In acest context (LPLT) este recomandat in tratamentul patologiilor degenerative si posttraumatice si in complicatiile acestora la varstnici fie in spital ori in ambulatoriu.

Cuvinte cheie: terapia cu laser de putere joasa, periartrita scapulohumerala, fizioterapia, gonartroza, Scala durerii

THE EFFECT OF LOW POWER LASER THERAPY, KINETOTHERAPY AND PHYSIOTHERAPY IN DEGENERATIVE OSTEOARTICULAR PATHOLOGIES IN ELDERLY PATIENTS

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The aim of study: To see to what extent low power laser therapy (LPLT) combined with kinetotherapy (KT), physiotherapy (PT) and antiinflammatory medication (AIM) contributes to amelioration of osteoarticular pathology in elderly population and the impact upon daily living activity (DLA) and quality of life. 200 patients aged between 55 –75 years old were admitted in Rehabilitation Clinique, with degenerative pathology of locomotor system: 95 with scapulohumeral periartthritis (SHP), 81 women and 14 men, simple painful shoulder (SPS) and 105 cases with bilateral gonarthrosis (BG) 85 women and 20 men. Patients were included into 2 groups: A (LPLT) + (AIM)+(PT) and (KT) and B: (AIM) and (PT). After (LPLT) treatment combined with (KT), (PT) +(AIM) in group A there was an amelioration of local algic phenomena – the score on Pain Scale being under 3; For 74 (SHP) patients with pain scale between 3 and 4, pain has decreased from 2-1; i.e. 78,2 %. For 19 patients with 2 and 3, pain scale has decreased from 1 to 0., i.e. 19,5%. For 2 patients with the initial value 5, pain intensity has decreased from 3 – 2 i.e., 3%. Application of (LPLT) in degenerative pathology of locomotor apparatus in elderly patients associated with (KT) had net benefic antialgic and anti-inflammatory effects than in group B. DLA amelioration for (SHP) was aprox.80% and for knee articulation ~. 86%, resulting in: an increase in well being state, in professional and social reinsertion, and in family reintegration. In this context (LPLT) is strongly recommended in treatment of degenerative and post traumatic pathologies and their complications in elderly patients either in hospital or in Ambulatory.

Key words: low power laser therapy, scapulohumeralperiartitis, physiotherapy, gonarthrosis, pain scale

68. STUDII DE 1H REZONANTA MAGNETICA NUCLEARA SI BIOCHIMICE ALE FLUIDITATII MEMBRANEI ERITROCITATE DE LA PACIENTII HIPERTENSIVI CU SAU FARA ACCIDENT VASCULAR CEREBRAL

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Scopul studiului nostru a fost acela de a evidential modificarile de fluiditate ale membranei eritrocitate la pacientii hipertensivi +/- accident vascular cerebral in scopul identificarii rolului acesteia in mecanismele hipertensiunii arteriale. Au fost inclusi in acest studiu 80 de pacienti hipertensivi (HTA) +/- accident vascular cerebral (AVC) :35 barbati si 45 femei intre 45-78 ani din cadrul Clinicii de Boli Cerebrovasculare si 30 de martori. Membranele eritrocitare din sangele periferic de la pacienti hipertensivi +/- (AVC) au fost procesate pentru masuratori NMR ale permeabilitatii pentru apa (PMEA) si pentru evaluarea colesterolului, a lipidelor folosind reactia Liebermann Burchard si metoda Zollner-Kirsch .De la nivelul plasmei au fost evaluate nivelurile colesterolului total cu kitul Randox, si cele de HDL colesterol si lipide totale. S-a folosit Spectrofotometrul Lab.System pentru inregistrarea automata a rezultatelor. La pacientii cu (HTA) +/- (AVC), concentratia colesterolului in membranele eritrocitare a fost scazut comparativ cu martorii in ciuda valorilor (PMEA) iar colesterolul liber neesterificat din eritrocite este mobilizat in special in plasma. La valori mai mari ale (PMEA) peste $4.35 \times 10^{-3} / \text{cm}^3 / \text{s}$ corespunde o concentratie crescuta a lipidelor de membrane la hipertensivii cu (AVC) influentand echilibrul de membrana si schimburile dintre celule si plasma cu consecinte asupra flexibilitatii membranare eritrocitare. Scaderea colesterolului membranar la hipertensivii cu (AVC) sugereaza o fluidizare a membranei eritrocitare si un posibil mecanism pentru reglarea deformabilitatii. Aceasta particularitate caracteristica a hipertensivilor cu (AVC) este mult mai accentuata in complicatiile precum (AVC). Datele noastre privind (PMEA) corelate cu HDL-C si lipidele membranare aduc argumente suplimentare pentru implicarea acestora in complexul fiziopatologic legat de hipertensiunea arteriala.

1H NUCLEAR MAGNETIC RESONANCE AND BIOCHEMICAL STUDIES OF ERYTHROCYTE MEMBRANE FLUIDITY IN HYPERTENSIVE PATIENTS WITH / WITHOUT STROKE

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The aim of our study was to point out modifications of erythrocyte membrane fluidity in hypertensive patients +/- stroke in order to identify their role in mechanisms of hypertension. 80 hypertensive patients (AHT) +/- stroke :35 men and 45 women aged between 45-78 years old, from Cerebrovascular Clinique and 30 controls were included in this study. Erythrocyte membranes from peripheral blood of hypertensive patients +/- stroke were processed for NMR measurement of erythrocyte membrane permeability to water (EMPW), for cholesterol assay and for membrane lipids using Liebermann Burchard reaction and Zollner-Kirsch method. From plasma were assessed the levels of total cholesterol by Randox kit, of HDL cholesterol and total lipids. A Lab System Spectrophotometer with automatic recording of results has been used. In AHT patients +/- stroke, cholesterol concentration in erythrocyte membrane is decreased versus Controls despite the values of (EMPW) and the free non esterified cholesterol from erythrocyte membrane is mobilized mainly in plasma. At higher values of EMPW above $4.35 \times 10^{-3} / \text{cm}^3 / \text{s}$ corresponds to an increased concentration of membrane lipids in AHT patients with stroke influencing membrane equilibrium and exchange between cells and plasma with consequences upon membrane flexibility. The decrease in membrane cholesterol in (AHT) patients with stroke suggests a fluidization of erythrocyte membrane and a possible mechanism for deformability regulation .This characteristic particularity of AHT patients is more accentuated in complications such as stroke. Our data on EMPW correlated with HDL-C and membrane lipids brings supplementary arguments for their implication in physiopathology complex related to hypertension.

Cuvinte cheie: 1H Rezonanta Magnetica Nucleara, hipertensiune arteriala, accident vascular cerebral, permeabilitatea eritrocitara pentru apa, colesterol

69. ROLUL FOSFOCREATIN-KINAZEI SI A CANALELOR DE POTASIU ATP DEPENDENTE IN CARDIOPROTECTIE

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Utilizand modelul Langendorff al cordului de sobolan supus unei ischemii de 45 minute urmata de 120 minute reperfuzie am urmarit evaluarea rolului creatin fosfokinazei -C (PCK) in miocardul ischemic si demonstrarea implicarii acesteia in caile preconditionarii farmacologice (PP) prin utilizarea activatorilor PKC 1,2-diocanoyl-sn-glycerol (DOG) si a inhibitorilor chelitrina (CHE) si evaluarea rolului canalelor de potasiu K_{ATP} in mecanismul preconditionarii farmacologice (PP) prin administrarea activatorului canalelor de potasiu K_{ATP} (Cromakalim) (CRK) ori prin blocarea deschiderii canalelor K_{ATP} cu glibenclamid (GLB). Activatorii PCK (DOG) si (CRK) al canalelor K_{ATP} au condus la limitarea dimensiunilor infarctului cand au fost perfuzati inainte de ischemia letala, mimand preconditionarea ischemica in cordul de sobolan. Cand activatorul PCK (DOG) + (GLB) inhibitorul canalelor K_{ATP} au fost coperfuzati inainte de ischemia letala, s-a observat o crestere in dimensiunile infarctului de miocard, fata de lotul de control, efectul cardioprotector al (DOG) fiind abolit de catre (GLB). Aceleasi rezultate au fost obtinute atunci cand (CHE) a fost coperfuzata cu (CRK.). Efectul (CHE) si (GLB) perfuzate la inceputul preconditionarii (PP) a rezultat in pierderea protectiei acompaniata de o crestere semnificativa in dimensiunile ariei de infarct. Datele obtinute potrivit carora tratamentul cu (DOG) activator al PKC si cu (CRK) activator al canalelor K_{ATP} ofera acelasi grad de protectie impotriva infarctului de miocard ca cel din (IPC) si ca aceasta protectie este blocata de catre (CHE) inhibitor farmacologic al PCK, ofera suport pentru sustinerea ipotezei ca PKC joaca un rol cheie in preconditionarea ischemica. Datele noastre pot avea o semnificatie in preconditionarea farmacologica

Key words: 1H Nuclear Magnetic Resonance, arterial hypertension, stroke, erythrocyte membrane permeability to water, cholesterol

THE ROLE OF PHOSPHOCREATIN KINASE AND ATP SENSITIVE POTASIU CHANNELS IN CARDIOPROTECTION

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Using a Langendorff rat heart model with 45 minutes ischemia followed by 120 minute reperfusion we aimed to evaluate the role of phosphocreatinkinase -C (PCK) in ischemic rat myocardium and demonstration of its involvement in the path of pharmacological preconditioning (PP) by using PKC activators 1,2-diocanoyl-sn-glycerol (DOG) and inhibitors chelerythrine (CHE) and evaluation of the role of K_{ATP} channels in pharmacological preconditioning (PP) mechanism by administration of a K_{ATP} channel activator (Cromakalim) (CRK) or by blocking the opening of K_{ATP} channels with glibenclamide (GLB). The activators of PCK (DOG) and of K_{ATP} channel (CRK) limited the infarct size when perfused before lethal ischemia, mimicking the ischemic preconditioning in rat heart. When activator of PCK DOG + GLB, a K_{ATP} channel inhibitor were coperfused before the lethal ischemia, there was an increase in myocardial infarct size, versus control, the cardioprotective effect of DOG being abolished by GLB. The same results were obtained when CHE was coperfused with CRK. The effect of CHE and GLB perfused at the beginning of IPC resulted in loss of protection accompanied by a significant increase in infarct size area. The finding that treatment with a DOG PKC activator and CRK activator of K_{ATP} channel gives a similar degree of protection against infarction as that seen after ischemic preconditioning and that this protection can be blocked by CHE a PCK pharmacological inhibitor, provides support for the hypothesis that PKC plays a pivotal role in ischemic preconditioning. Our data may have a significance in pharmacological preconditioning, (PP) with decrease in infarct size as an end point.

(PP) avand ca tinta finala scaderea in dimensiunile ariei de infarct.

Cuvinte cheie: preconditionare ischemica, 1,2-dioctanoyl-sn-glycerol, preconditionare farmacologica, creatin fosfokinaza, canale K_{ATP} , ischemia-reperfuzia, glibenclamid, cromakalim, chelerythrina

70. O NOUA STRATEGIE TERAPEUTICA IN GERONTOLOGIE-GERIATRIE: ACTIVAREA CAILOR SI COMPONENTELOR NEURONO-GLIO-CAPILARE

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Abordarea terapeutică multidimensională și multisistemică devine o strategie necesară și obligatorie în gerontologie, geriatrie, medicină anti-imbatranire și științele longevității, în toate etapele de profilaxie, terapeutice și de recuperare. Noile cai de tratament trebuie să acționeze simultan, sinergic și multidimensional asupra imbatranirii și patologiei asociate creierului uman, în sistemele neuronale, gliale și capilare. Conform acestor principii am elaborat, dezvoltat și verificat o terapie originală anti-imbatranire și de re-întinerire tisulară nervoasă (4A-SUIP-T), prin activarea terapeutică a subsistemelor lizozomale de reciclare sub-celulară din sistemele neuronale, gliale și capilare. Eficiența terapeutică am demonstrat-o prin studii calitative și cantitative (microscopie optică, de fluorescență și electronică) comparative (tânăr, bătrân, bătrân tratat) în regiuni cerebrale selectate de la diferite specii animale (soareci, sobolani și cobai). Lipopigmentii (LPs) - lipofuscină și ceroidul -, pecetile vulnerabilității, distresului cronic, senescentei și patologiei cerebrale conexe, sunt prezenți în cantități apreciabile în senescență și senilitate. Acumularea lor progresivă cu vârsta determină în creier modificări patologice structurale și de funcționalitate importante. Sistemul glial joacă un rol cheie în colectarea LPs neuronali. Apoi, gliile transportă și depozitează ciorchinii de LPs în ariile pericapilare. Aceste mecanisme de epurare naturală a LPs din neuroni sunt însă incomplete. Prin administrarea terapiei 4A-SUIP-T mecanismele de procesare, colectare, transport și eliminare capilară a LPs prelucrați sunt activate, intensificate, accelerate și completate. 4A-SUIP-T constituie o soluție în decelerarea imbatranirii cerebrale normale și patologice, prin creșterea sănătății și longevității neuronale-gliale-capilare, precum și o cale

Key words: ischemic preconditioning, 1,2-dioctanoyl-sn-glycerol, pharmacological preconditioning, phosphocreatin kinase, K_{ATP} channels ischemia-reperfusion, glibenclamide, cromakalim, chelerythrine

A NEW THERAPEUTICAL STRATEGY IN GERONTOLOGY-GERIATRICS: ACTIVATION OF NEURONO-GLIO-CAPILLARY COMPONENTS AND WAYS

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Multidimensional and multisystemic therapeutic approach becomes a necessary and compulsory strategy in gerontology, geriatrics, anti-aging medicine and longevity sciences, in all stages of prophylaxis, therapy and recovery. New treatment ways must simultaneous, synergistic and multidimensional action on senescence and associated pathology of human brain, in capillary, glial and neuronal systems. According to these principles, we elaborated, developed and checked up an original anti-aging therapy of tissual rejuvenation (4A-SIAP-T), by therapeutical activation of lysosomal sub-systems of sub-cellular recyclability from neuronal, glial and capillary systems. We demonstrated the therapeutic efficiency by qualitative and quantitative studies (light, fluorescence and electron microscopy) comparatively (young, old, treated old) in selected cerebral regions from different animal species (mice, rats, guinea pigs). Lipopigments (LPs) - lipofuscin and ceroid -, the hallmarks of brain vulnerability, chronic distress, senescence and connected cerebral pathology are present in great quantities in senescence and senility. Their progressive accumulation with age induces in the brain important pathological modifications of structure and function. Glial system plays a key part in collection of neuronal LPs. Then, glia transport and deposit the LPs clusters in pericapillary areas. These natural purge mechanisms of LPs from neurons are however incomplete. By administration of 4A-SUIP-T therapy, the mechanisms of LPs processing, collecting, transport and capillary elimination are activated, intensified, accelerated and completed. 4A-SIAP-T represents a solution in the deceleration of normal and pathological cerebral aging, with increase of neuronal health and longevity, as well as

alternativa si complementara in neuro-psiho-geriatrie.

Cuvinte cheie: sisteme neuronale, gliale si capilare; sub-sisteme lizozomale de reciclare; prelucrare lipopigmenti cerebrali; terapie originala 4A-SUIP-T

71. COMPLICATIILE PICIORULUI DIABETIC LA PACIENTUL VARSTNIC

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Complicatiile in cazul piciorului diabetic sunt frecvent intalnite la persoanele varstnice cu diabet zaharat. Numarul persoanelor varstnice cu diabet are o rata de aparitie rapida, in paralel cu dezvoltarea mai multor patologii cronice, care cresc incidenta aparitiei piciorului diabetic la varsta a treia. Conform Asociatiei Americane pentru Diabet, principalele complicatii care apar in cazul piciorului diabetic sunt: neuropatia diabetica, modificarile cutanate, calusurile plantare, ulceratii ale piciorului, probleme de circulatie si amputatia. Ulceratiile si amputatia la nivelul piciorului, ca si consecinte ale acestei patologii, sunt intercorelate cu o mortalitate crescuta, o reducere a calitatii vietii acestor pacienti si aspecte economice care privesc atat pacientul, cat si echipa medicala. Tratamentul acestei conditii este unul complex, referindu-se atat la acela medicamentos, cat si la acela chirurgical, necesitand o implicare din partea echipei medicale profesionale la un standard ridicat. Considerati a fi o categorie de pacienti fragili, persoanele varstnice suferind de aceasta afectiune necesita un tip de ingrijire particular si acordarea unei pozitii centrale in cadrul unei institutii medicale.

Cuvinte cheie: piciorul diabetic, varstnic, fragil

an alternative and complementary treatment in neuro-psycho-geriatrics.

Key words: capillary, glial and neuronal systems; lysosomal sub-systems of recyclability; cerebral lipopigments processing; 4A-SIAP-T original therapy

THE COMPLICATIONS OF THE DIABETIC FOOT IN THE ELDERLY PATIENT

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The complications of the diabetic foot are frequent in elderly persons with diabetes mellitus. The number of elderly people with diabetes has a growing rate of appearance, in parallel with the development of several chronic pathologies that only increases the incidence of the diabetic foot at the geriatric age. According to the American Diabetes Association, the main complications that appear in the case of the diabetic foot are: neuropathy, skin changes, calluses, foot ulcers, poor circulation, and amputation. Ulceration and amputation, as consequences of this pathology are linked to a high mortality, a reduction in the life quality of the patients and economical issues that regard both the patient and the medical team. The treatment to such a condition is a complex one, referring to both medication and surgery, requiring a highly developed medical professional team-work. Seen as a fragile category of patients, persons with such a condition should be addressed with particular care, being offered a central position in a medical institution.

Key words: diabetic foot, elderly, fragile

72. "PARAZITOZA DELIRANTA" LA PACIENTUL VARSTNIC CU PATOLOGIE ENDOCRINA-STUDIUL GENERAL

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"Parazitoza deliranta" reprezinta o psihoza monosimptomatica ce include impresia deluzorie de a fi infectat cu paraziti si diverse microorganisme. Aceasta patologie apare predominant la sexul feminin, la varsta a treia si este clasificata in trei categorii principale: primara, secundar- functionala si secundar-organica. Prima categorie consta intr-un singur delir referitor la starea de sanatate. Al doilea grup asociaza schizofrenia sau starile depresive, iar ultimul implica o alta patologie somatica ca si substrat pentru dezvoltarea parazitozei deluzorii: hipotiroidismul, hipertirodismul, cancerul, boala cerebrovasculara, diabetul zaharat, deficitul de vitamina B 12. Menopauza si alergiile pot cauza, de asemenea, aceasta psihoza. Ca si simptome, pacientul, de obicei varstnic, manifesta halucinatii vizuale si tactile ce insotesc delirul, avand senzatia ca insecte si alte microorganisme traiesc in corpul lor. Forma primara se trateaza cu antipsihotice precum cele folosite in cazul schizofreniei sau a patologiei delirante: olanzapine sau risperidone, ca prima linie de tratament. In cazul formelor secundare de "parazitoza deliranta", precum cele asociate cu patologia endocrina, se insista pe tratarea afectiunii primare de ordin psihologic sau somatic. Ceea ce este specific acestor pacienti este, insa, refuzul consultului de catre medicul specialist si de administrare a tratamentului, desi acesta ar avea efecte pozitive. Centrele Americane de Control si Prevenire a Bolilor au realizat recent un studiu sistematizat asupra acestei afectiuni pentru a stabili posibile cauze ale declansarii acesteia.

Cuvinte cheie: "parazitoza deliranta", varstnic, stare de sanatate, endocrin

DELUSIONAL PARASITOSIS IN THE ELDERLY PATIENT WITH ENDOCRINE PATHOLOGY-GENERAL STUDY

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"Delusional parasitosis" represents a monosymptomatic psychosis that includes the false impression of being infected with parasites and different microorganisms. This pathology appears predominantly in the case of the feminine gender, at the third age and it is classified into three main categories as follows: primary, secondary-functional and secondary-organic. The first category consists of a single delusion referring the individual's state of health. The second group associates schizophrenia or depressive states, and the last one involves a different somatic affection as a background for the development of the "delusional parasitosis": hypothyroidism, hyperthyroidism, cancer, cerebrovascular disease, diabetes mellitus, vitamin B12 deficiencies. Menopause and allergies can cause this psychosis, as well. As symptoms, the elderly patient manifests visual and tactile hallucinations that accompany delirium having the sensation that insects and various microorganism live within their body. The primary form is treated with antipsychotics like the ones used for schizophrenia or delusional pathologies- olanzapine or risperidone, as first treatment line. In the case of secondary forms of "delusional parasitosis", as the ones associated with endocrine pathology, it is insisted on the treatment of the primary affection, either psychological or somatic. What is specific for these patients is, nevertheless, their refuse to be consulted by a specialist and administrated the necessary therapy, even though this could have true positive effects. The American Centers for Disease Control and Prevention have recently realized a systematized study as for to establish the possible causes for the development of this pathology.

Key words: "delusional parasitosis", elderly, health state, endocrine

73. CERCETĂRI EMPIRICE PRIVIND UNELE TRĂSĂTURI DE PERSONALITATE ÎN PRESENEȘCENȚĂ

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Gerontopsihologia arată că la vârsta a III-a se produc pierderi în plan psihic. **Ne-am propus să determinăm nivelul anumitor însușiri de personalitate la 3 niveluri de vârstă premergătoare senescentei: 40-49 ani; 50-59 ani; 60-65 ani.** Ipoteza noastră este că pierderile în plan psihic încep înainte de perioada senescentei. Am determinat nivelul a șapte însușiri de personalitate: memoria evenimentelor, sinceritatea, anxietatea, autocontrolul emoțional, asertivitatea, empatia emoțională și orientarea spre viitor. Au fost administrate șapte chestionare fiecareia din cele trei grupe de vârstă (însușind 168 de participanți din institute de cercetare și proiectare). Chestionarele au fost administrate de studenți. Notele au fost calculate în centile, punctajul maxim fiind 100.

Personality traits	Age range		
	40-49 ani	50-59 ani	60-65 ani
Average values per group in centiles			
Sincerity	62	79	83
Emotional empathy	61	68	71
Memory of events	82	70	72
Emotional self-control	80	68	60
Assertiveness	75	60	52
Anxiety	43	59	70
Orientation toward the future	79	58	43

Concluzii generale. Declinul unora dintre însușirile de personalitate se constată mai ales la grupul de vârstă 50-59 ani comparativ cu nivelul de vârstă 40-49 ani (pentru "memorie evenimente", "asertivitate", "anxietate". Punctajele mari la chestionarul de sinceritate se datorează participanților care vor să ofere imaginea unui om foarte sincer, onest. Atrage atenția în special punctajul redus la "orientarea spre viitor" care scade semnificativ la "50-59 ani" (cu 23 puncte) și apoi cu alte 13 puncte la intervalul de vârstă "60-65 ani". Anxietatea, și mai ales depresia se explică prin dezinteresul față de viitor. Intervenția psihologului la vârste premergătoare senescentei pentru stimularea însușirilor de personalitate care sunt vulnerabile datorită înaintării în vârstă va fi considerabil mai oportună și eficientă decât dacă se acționează doar la vârsta senectuții.

Cuvinte cheie: memorie evenimente, anxietate, autocontrol emoțional, asertivitate, empatie emoțională, sinceritate, orientare spre viitor.

EMPIRICAL RESEARCH ON SOME PERSONALITY TRAITS OF PRESENEŠCENT PEOPLE

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Gerontopsychology shows that people in the third age start to lose their psychical ability. **In order to show this, we aimed to determine the level of certain personality traits on three levels of ages preceding the senescence: 40-49; 50-59 and 60-65 years.** Our hypothesis is that the period of psychical loss starts before the senescence period. Regarding this, we determined seven qualities of personality: the memory of events, sincerity, anxiety, emotional self-control, assertiveness, emotional empathy and orientation toward the future. Seven questionnaires were administered to each of the three age groups (totaling 168 participants from research institutes and design). Questionnaires were administered by students. The scores were calculated in centiles. The maximum score was 100.

General conclusions. The decline of some of the attributes in personality was found especially in the age group of 50-59 years compared to the 40-49 years age level (for "memory of events", "assertiveness", "anxiety". Higher scores on the sincerity questionnaire are due to participants who wants to give the image of a very honest person. The attention is drawn by the lower scores on "orientation toward the future" which decreases significantly with 23 points at the 50-59 age level and then with other 13 points in the 60-65 age group. Anxiety and depression are explained mainly by the carelessness to the future. The psychological intervention at prior ages to senescence will be more appropriate and considered more effective than later psychological interventions.

Keywords: the memory of events, anxiety, emotional self-control, assertiveness, emotional empathy, sincerity, orientation toward the future.

74. STILUL DE VIATA SI STAREA DE SANATATE OGLINDITE PRIN ELEMENTE ALE PROFILULUI LIPIDIC

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In definitia conceptului "stil de viata" din stiintele sociale, omul este privit ca un intreg. Abordarea este de dorit in studiile de gerontologie. Lucrarea prezinta unele legaturi dintre stilul de viata si sanatate privite si din perspectiva profilului lipidic al pacientilor. Un lot de 199 pacienti INGG, majoritatea femei (varsta medie=69,21 ani) este evaluat medico-social, privind: functionalitatea fizica, psiho-sociala si statusul nutritional. Diagnosticile si investigatiile biologice sunt culese din clinica. Am observat urmatoarele corelatii semnificative: valorile colesterolului descresc cu varsta ($r=-.214$ / $p=.002$); scorul MNA si scorul SLIQ (Chestionar Simplu al Stilului de Viata) coreleaza direct cu colesterolul total si HDL, sugerand scaderea lor in malnutritie. In privinta functionalitatii fizice, gasim legaturi semnificative intre colesterolul total/si LDL si: forta de compresiune palmara, viteza de mers si de transfer si scorul de activitate fizica (SLIQ). Corelatii negative gasim intre lipide si functionalitatea psiho-emotionala, ilustrate de itemi MNA: autoevaluarea starii nutritionale (MNA-o), stres psihologic (MNA-d) $r=.218$ / $p=.002$ si probleme neuro-psihologice (MNA-e). Valoarea colesterolul total coreleaza negativ cu numarul orelor de somn ($r=-.144$ / $p=.042$), proband efectul oboselii asupra cresterii valorii colesterolului. Legaturi semnificative intre obiceiurile alimentare si profilul lipidic: consumul de alimente grase si LDL ($r=.171$ / $p=.016$), cantitatea de alcool si HDL ($r=.170$ / $p=.016$) si consumul de fructe/vegetale si HDL (!). Evidentiam legatura inversa intre colesterol si tulburarile cognitive. Datele din literatura sustin ca valorile scazute ale colesterolului reprezinta un risc crescut pentru dementa (si cancer). Lucrarea releva importanta stilului de viata in metabolismul lipidic. Uneori, colesterolul, blamat pentru valorile crescute, reprezinta factor de protectie a sanatatii. Studiile au fost efectuate in cadrul contractului de cercetare nr. 355/2014 (PN II PCCA 2013 1686).

Cuvinte cheie: stil de viata, sanatate globala, profil lipidic

LIFESTYLE AND GLOBAL HEALTH STATUS REFLECTED BY ELEMENTS OF LIPID PROFILE

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In social sciences, "lifestyle" concept defines the human being as a whole. Evaluating lifestyle could also represent an optimal approach for gerontology studies. Our work points out the links between the lifestyle, health and their lipid profile. A sample of 199 INGG patients, mostly women (average age = 69.21 years) are assessed by medico-social tests for physical, psycho-social and nutritional functionality. Clinical diagnoses and laboratory results are picked up from clinical records. We highlight some significant correlational elements: cholesterol values decrease with age ($r=-.214$ / $p=.002$); MNA-score and SLIQ-score (Simple Lifestyle Indicator Questionnaire) directly correlate with total-cholesterol and HDL, proving their decline in malnutrition and poor lifestyle. Regarding physical functioning, we find direct significant links between total-cholesterol and LDL with: handgrip strength, Up and GoTest and physical activity score. We find negative correlations between lipids and psycho-emotional functioning, illustrated by MNA items, such as: nutritional state self-assessment (MNA-o), psychological stresses (MNA-d) ($r=.218$ / $p=.002$) and neuro-psychological problems (MNA-e). We also find an inverse link between total cholesterol and hours of night sleep ($r=-.144$ / $p=.042$), that showing the effect of fatigue in increasing cholesterol level. Alimentary habits are illustrated by some relations: LDL – fats consumption ($r=.171$ / $p=.016$), HDL – alcohol consumption ($r=.170$ / $p=.016$) and HDL – fruits/vegetables consumption (!). We must emphasize the negative correlation between cholesterol and cognitive disorders. Literature data show marked decrease of the cholesterol as a risk factor for dementia (and cancer). The work reveals the importance of lifestyle in lipids metabolism. Additionally, sometimes the blamed cholesterol may represent a protective health factor. Studies were done under contract nr. 335/2014 (PN II PCCA 2013 1686).

Key words: lifestyle, global health, lipid profile

75. DISFUNCTIONALITATI IN RELATIONAREA SPECIALISTULUI GERIATRU CU CEILALTI SPECIALISTI

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Practicienii geriatrii se confrunta uneori cu dificultati in relatiile cu unii medici de alte specialitati, in situatiile unor cazuri necesitand internari, transferuri, consulturi, diverse avize, evaluari, etc. Aceste situatii se regasesc mai ales in cazul colegilor geriatrii care sunt angajati in retelele cu profil de boli cronice, centre de ingrijire si asistenta sociala, centre medico-sociale, institutii socio-medicale pentru varstnici, cabinete din ambulatorii, servicii de investigatii. Sub forme diverse, solicitarile specialistilor geriatrii din retelele mentionate nu sunt totdeauna onorate cu promptitudinea necesara, se practica in exces amanari, reprogramari, redirectionari catre alte centre, etc. O situatie speciala o constituie trimerile catre unitatile cu profil de urgenta; in unele cazuri dialogul care se poarta sugereaza un refuz de asistenta medicala (detinem mai multe exemple in acest caz), se pun intrebari ca: ce varsta are?, este asigurat? (intrebare inutila in acordarea asistentei medicale de urgenta), are familie?, etc., atitudine care incalca dreptul cetateanului varstnic la asistenta de urgenta si exprima indoile privind competenta medicului geriatru care solicita acest tip de asistenta. Autorii considera ca aceste disfunctionalitati pot avea drept explicatie: o retea geriatica subdimensionata in raport cu nevoile acestui tip de asistenta (persoanele varstnice consuma 50% din prestatiile de asistenta medicala) care, din aceasta cauza nu se poate impune. Specialitatea de geriatrie inca nu este apreciata si valorizata in conformitate cu importanta si ponderea pe care trebuie sa o aiba in ansamblul asistentei medicale a populatiei. In plus, pacientii varstnici sunt considerati ca pacienti de categoria a doua. In final, autorii propun unele masuri de eliminare a acestor disfunctionalitati, de recunoastere a rolului geriatrului si de respect al persoanei varstnice conform cu drepturile sale.

Cuvinte cheie: geriatru, relatii functionale, alte specialitati

RELATIONSHIP FAILURE BETWEEN GERIATRICS AND OTHER SPECIALISTS

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Geriatrics practitioners sometimes face difficulties in dealing with some doctors of other specialties in situations requiring hospitalization cases, transfers, checkups, various opinions, evaluations, etc. These statements are found especially in geriatrics colleagues who are engaged in networks with similar chronic care centers and social assistance, medical and social centers, social care institutions for the elderly in outpatient offices, investigation services. Under various forms, geriatrics specialists requests are not always honored promptly as needed, the practice of excess deferrals, reprogramming, redirections to other centers, etc. A special situation is the references to units specialized in emergency; in some cases suggests the dialogue that carries a refusal of care (we have many examples in this case) is asking questions like: "How old is he/she?", "Is he/she insured?" (Question useless in emergency medical assistance) "Does he/she have family?" etc. attitude that violates the elderly citizen rights for emergency assistance and expressed doubts about the competence of geriatrician who require this type of assistance. Authors believe these failures can have the explanation: a geriatric network undersized in relation to need this type of assistance (the elderly consume 50% of health care benefits) which, in this case can not be imposed. Geriatric specialty is still not appreciated and valued in accordance with the importance and the weight you need to take care of the whole population. In addition, elderly patients are considered as second class. Finally, the authors propose some measures to eliminate these malfunctions, recognition and respect of the role of geriatric elderly person according to his rights.

Key words: geriatrics, functional relationships, other specialties

76. ÎMBUNĂTĂȚIREA CALITĂȚII VIETII PACIENȚILOR DIAGNOSTICATI CU DEMENTIA

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De-a lungul timpului s-au formulat o multitudine de definiții ale calității vieții, însă cea mai reprezentativă rămâne cea formulată de către Organizația Mondială a Sănătății, în 1998, și anume "calitatea vieții reprezintă percepțiile indivizilor asupra situațiilor lor sociale, în contextul sistemelor de valori culturale în care trăiesc și în dependența de propriile necesități, standarde și aspirații." În medicină, evaluarea calității vieții și-a dovedit utilitatea întrucât stabilindu-se efectele tratamentului sau bolii pot fi determinate nevoile pacientului de suport fizic psihic și social pe durata îmbolnăvirii. Astfel, rezultatele testelor de evaluare pot ajuta personalul medical să opteze pentru anumite tratamente, să monitorizeze progresul tratamentului folosit, să informeze pacientul asupra diferitelor efecte ale procedurilor medicale și să permită personalului medical să proiecteze pachete de îngrijiri medicale eficiente și personalizate. În cazul pacienților cu demență, problema calității vieții poate constitui o temă importantă de sănătate publică, dar și un subiect de cercetare interdisciplinară (medicală, psihologică, socială, socio-economică) la nivel mondial, iar evaluarea multidimensională a calității vieții este binevenită întrucât se pot determina și evalua factorii asociați care pot influența calitatea vieții, argumentarea abordării psiho-medicale și estimarea repercursiunilor în ceea ce privește deteriorarea calității vieții acestor pacienți.

Cuvinte cheie: calitatea vieții, cercetare interdisciplinară, demență, sănătate publică

77. EVALUAREA TULBURĂRILOR AFECTIVE ȘI COGNITIVE LA VÂRSTNICI

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Evaluarea prezentei tulburărilor afective (depresie, anxietate) și a tulburărilor cognitive, într-un lot de pacienți din INGG Ana Aslan. Lotul număra 264 subiecți, cu vârste între 45 și 90 ani, în majoritate

QUALITY OF LIFE IMPROVEMENT IN PATIENTS DIAGNOSED WITH DEMENTIA

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Over the years, quality of life has been defined in multiple ways but the most representative remains the one by the World Health Organization from 1998: "quality of life represents the perception of individuals over their social situation in the context of the cultural values in which they live and in relation with their own necessities, standards and aspirations". In medicine, evaluation of the quality of life has proven its utility because by determining the effects of the treatment or the disease one can establish the patient's need for psychological, physical or social support over the course of the disease. The results of testing can help medical staff to choose the best treatment, monitor progress, inform the patient of the effects of different medical procedures and to be able to make efficient and personalized medical care packages. In the case of patients with dementia, the problem of quality of life represents a theme of great public health importance but also a subject for Interdisciplinary research (medical, psychological, social, socio-economic). Multidimensional evaluation is welcomed as it can determine and evaluate associated factors that can influence quality of life, psychological/medical reasoning and the evaluation of possible repercussions of quality of life degradation in said patients.

Keywords: quality of life, interdisciplinary research, dementia, public health

THE EVALUATION OF DEPRESSION AND COGNITIVE DISORDERS IN ELDERLY GROUPS

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It is evaluated the way how depression and cognitive disorders merge. The tests were applied on a lot of patients of different ages: pre-senescent (45-60 ages), senescent (61-74ages), elderly (75-

femei. Bateria de teste se adreseaza tulburarilor afective (GDS scala scurta 15 itemi, Scurta scala de dispozitie) si tulburarilor cognitive (MMS-REV II si testul Flanker, pentru viteza de procesare). Analiza descriptiva a ponderilor tulburarilor depresive si cognitive in grupele de presenescenti si senescenti, este completata de o analiza corelationala intre afectarea psihoafectiva si cognitiva. Astfel, la presenescenti ponderile tulburarilor afective sunt mai reduse: 36 % depresivi si 51.4% anxiosi; intre 60 si 90 ani aceste tulb sunt mai frecvente: 61.7%, respectiv 58.7%. Tb cognitive sunt intr-o crestere mai accentuata: aproape inexistent la presenescenti, ajunge la 30% in grupa senescentilor, si la 75% in cea a varstnicilor. In grupa 45-60ani, analiza corelationala arata o legatura semnificativa statistic intre diagnosticul de depresie si tulburarile cognitive ($r=0,623$ / $p=0.001$). In grupa senescentilor, exista o legatura semnificativa, dar de intensitate mai mica ($r = 0,195$ / $p=0.005$). In schimb, in grupa varstnicilor nu mai exista corelatie intre cele 2 tipuri de tulburare, ele fiind repartizate mai uniform. In general anxietatea coreleaza cu MMSREV si diagnosticul de depresie in cazul senescentei si presenecentei. La varstnici, aceasta coreleaza doar cu depresia. La subiectii peste 60 de ani, viteza de procesare nu mai e influentata de anxietate ci doar de depresie si tulburarile cognitive. La adulti si presenescenti depresia este adesea reactiva la stres. Odata cu imbatranirea, ea poate acompania tulburarile cognitive, si pe masura ce se dezvoltă accentueaza ea insasi disfunctionalitatea cognitiva.

Cuvinte cheie: evaluare, tulburari afective, tulburari cognitive, varstnici

90ages). The sample has 264 subjects with ages between 45-90 years. Women represent the majority. The test battery measure depression (Short form GDS 15 items), anxiety (Short disposition scale), and cognitive disorders: MMS-REV II and Flanker AC – processing speed). Descriptive analyze of affective and cognitive disorders percentage in pre-senescent, senescent and elderly groups it is completed by correlation analyze between affective and cognitive disorders. For pre-senescent group the percentage of affective disorders are lower: 36% depression and 51,4% anxiety; between 60-90 years old, these are more frequent: 61,7% depression and 58,7% anxiety. Cognitive disorders are almost inexistent in the 45-60 years old group, 30% to senescent and 75% to elderly groups. In the 45-60 years old group, correlational analyze shows a significant statistic link between depression diagnostic and cognitive disorders ($r=0,623$ / $p=0.001$). In senescents' group there is a semnifficative link but less powerfull ($r= 0,195$ / $p=0.005$). In elderly group there is no correlation, these two disorders being uniformly assigned. Generally anxiety correlates with MMS-REV II and depression diagnostic in pre-senescent and senescence. In elderly, anxiety correlates only with depression. For the senescents', processing speed it is no more influenced by anxiety, but it is influenced by depressia and cognitive disorders. In adult and pre-senescent groups, depression often is reactive to stress. Once time pass, depression may accompany cognitive disorders and as it grows, itself accentuates cognitive disfunctionality.

Keywords: evaluation, depression, cognitive disorders, elderly

78. ABORDAREA MULTIDICIPLINARA A PACIENTULUI VARSTNIC CU FRACTURA DE FRAGILITATE

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Fracturile de fragilitate sunt fracturi intalnite la varstnic, cele mai afectate fiind femeile peste 80 de ani, in cele mai multe cazuri avand antecedente osteoporotice. Mecanismul de producere are la baza un traumatism, de obicei minor, (cadere de la acelasi nivel) iar segmentele cele mai afectate sunt: soldul, inelul pelvin si pumnul. Desi tratamentul chirurgical rezolva fractura, perioada de recuperare post-operatorie este indelungata, implicand

MULTIDISCIPLINARY APPROACH OF ELDERLY PATIENTS WITH FRAGILITY FRACTURES

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Low bone mass, frailty and also a high risk of falls in elderly patients makes them increasingly prone to fractures, known as fragility fractures. Hip fractures are the most common fractures that need extensive treatment and are associated with adverse consequences, but manifestations of fragility fractures also affect vertebrae and wrist. Commonly they are the result of a minor injury that many times is not recollected by the patients. Therapeutic

imobilizare prelungita la pat, care se asociază cu declin funcțional, creșterea gradului de dependență și agravarea comorbidităților. Prezentăm cazul unei paciente de 82 de ani, internată în Clinica de Ortopedie pentru fractura de sold și fractura distală de radius aparute după un traumatism prin cadere de la același nivel. După cura chirurgicală a fracturii de sold și imobilizarea cu atela gipsată a fracturii distale de radius, pacienta este transferată în Clinica de Geriatrie pentru reevaluarea status-ului comorbidităților. Planul terapeutic a avut ca scop controlul și prevenția complicațiilor imobilizării prelungite, recuperarea mobilității în cel mai scurt timp și managementul sindromului de fragilitate. Implicarea susținută a echipei multidisciplinare, inclusiv a kinezioterapeutului și a psihologului a dus la o evoluție lent favorabilă, mai ales ținând cont că recuperarea medicală a fost dificilă datorită asocierii fracturii la nivelul membrului superior care a întârziat reluarea mersului cu sprijin parțial.

Cuvinte cheie: fractura de fragilitate, recuperare medicală, evaluare geriatrică

measures in these cases are concentrated on the best treatment of the fracture but also in managing complications of prolonged bed rest and reestablishing mobility and independence in daily activities as soon as possible. We present the case of an elderly woman that presented in the Orthopedic Department with a hip and wrist fracture after a minor fall at home. Surgical treatment was performed for the hip fracture and cast immobilization for the wrist fracture. She was afterwards transferred in the Geriatric Department in order to complete medical evaluation of concomitant diseases, while avoiding all consequences of extended bed rest, starting recovery through physiotherapy and providing adequate nutritional and psychological support. Management of the case required a multidisciplinary team that included experienced geriatricians, skilled nurses, dietitian, psychologist and kinezioterapist. Our aim was to obtain a fast recovery of the patient's mobility, to prevent anxiety and depression and to control frailty complications so that the patient may return home and need as little assistance for daily activities as possible. The treatment lasted for 30 days, but the recovery was slowed by the association with the wrist fracture which delayed full recovery.

Key words: fragility fractures, medical recovery, geriatric assessment

79. EUROPEAN DIPLOMA IN GERIATRIC MEDICINE AND GERONTOLOGY

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Meeting the needs of the ageing population will require a workforce that consists of both doctors with specialist expertise in geriatric medicine and internists who are competent in the care of older people - these two groups are not mutually exclusive, but complementary. It is important to acknowledge that this medical workforce must work in collaboration with suitably trained multidisciplinary staff within the acute hospital, and that they also need timely access to sufficiently funded social and intermediate care services outside the hospital. Recent survey work has demonstrated wide variability in postgraduate geriatric medicine training across Europe. For those countries that do recognise geriatric medicine as a distinct specialty, it is notable that there is considerable variability in the length of postgraduate training²³. Currently, the minimum length of training required by the European Directive on medical speciality training is 4 years; the length of geriatric medicine specialty training programmes across Europe ranges between 4 and 9 years. Given the significant heterogeneity in training programs across Europe, there is a need to strive towards harmonisation of training standards across Europe. Globally, it is recognized that undergraduate education about geriatric medicine is improving, but that comparatively little time is dedicated to geriatric medicine specific learning outcomes. Consensus agreement on the minimum requirements of geriatric learning objectives of medical students have recently been published by European geriatricians and they will form the basis for an European Diploma in Geriatric Medicine and Gerontology.

80. PARTICULARITATI ALE TUBULUI DIGESTIV LA PERSOANELE DE VARSTA A III-A

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Procesul de imbatranire afecteaza in mod diferential, morfologic si functional tubul digestiv, incepand de la nivelul cavitatii bucale pana la rect, adesea avand o evolutie lenta, uneori atipica. La nivelul cavitatii bucale prezenta edentatiei, purtarea de proteze inadecvate antreneaza tulburari de masticatie si absorbtie, cu impact negativ asupra starii de sanatate. Principalele tulburari cunoscute la nivelul esofagului consta din prezenta esofagitelor de diverse grade, a refluxului gastro-esofagian, a herniei hiatale si a cancerului esofagian. La nivelul stomacului punem evidenta prezenta gastritei atrofile, a ulcerului gastric sau a cancerului gastric, asociate cu tulburari de motilitate si absorbtie. Patologia intestinului subtire este caracterizata prin aparitia tulburarilor de absorbtie a nutrientilor cu repercursiuni la diverse structuri ale organismului. O manifestare particulara la varstnici este prezenta ischemiei mezenterice difuze. Modificarile intalnite la nivelul intestinului gros sunt cel mai adesea date de tulburari de dinamica intestinala (constipatie, diaree), prezenta diverticulozei colonice si a cancerului colo-rectal, uneori cu manifestari atipice. O particularitate a modificarilor functionale in zona intestinului terminal este reprezentata de prezenta incontinentei anale cu impact negativ privind calitatea vietii. Cunoasterea particularitatilor tubului digestiv si a manifestarilor atipice la persoanele de varsta a III-a, permite formularea unui diagnostic precoce si corect, cu impact pozitiv asupra evolutiei pacientului.

Cuvinte cheie: tub digestiv, varstnic, particularitati

81. INDICELE GLEZNA BRAT - MANIFESTARI IN AFECTAREA CARDIOVASCULARA

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Afectarea cardiovasculara ocupa un prim loc in patologia persoanelor varsnice, pe plan mondial

ELDERLY DIGESTIVE TRACK – SPECIFIC FEATURES

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The aging process affects in a differential manner the digestive tract morphology and function, often presenting a slow, sometimes atypical evolution. Starting at the mouth, the dentition deficiencies, using inadequate dental prosthetics start a negative chain reaction due to masticatory and absorption problems. At the esofagus level, the main found disorders are: esophagitis (varying degrees), gastroesophageal reflux, hiatal hernia and esophageal cancer. Most commonly found stomach disorders are: atrophic gastritis, gastric ulcer or gastric cancer associated with impaired motility and absorption. Small bowel pathology is characterized by the appearance of nutrient absorption disorders with repercussions in various structures of the body. A particular manifestation in the elderly pathology is the presence of diffuse mesenteric ischemia. Changes found in the intestine are most often dynamic data bowel disorders (constipation, diarrhea), presence of diverticulosis of the colon and colorectal cancer, sometimes atypical. A specific feature bowel functional change is the presence of anal incontinence, with a negative impact on quality of life. Familiarization with the digestive tract and atypical manifestations in elderly people, enable a correct and early diagnosis, with positive impact on the patient's evolution.

Key words: digestive tract, elderly, specific features

ANKLE-BRACHIAL INDEX - A CARDIOVASCULAR IMPAIRMENT MEASURE

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Cardiovascular pathology is a primary factor in

precum si national. Identificarea cat mai precoce a riscului asociat este deosebit de importanta. Pentru masurare sunt de interes doi indici: IGB (indice glezna-brat) si IMT (indicele de grosime a intimei medii), iar prin corelarea valorilor inregistrate se poate obtine un scor compus, util in prevenirea accidentelor vasculare si, subsecvent, cresterea calitatii vietii. S-a analizat un lot de 30 de pacienti cu varste cuprinse intre 63 si 86 de ani, cu o medie de varsta de 72,7 ani, avand raportul demografic de barbati/femei de 1:3. Examenul clinic corelat cu examenele paraclinice, analiza statusului lipidic, EKG, IGB, IMT, radiografie pulmonara, ecografie abdominala a evidentiat o patologie comuna caracterizata prin prezenta unei afectari a raportului colesterol LDL/HDL, nivel de trigliceride si lipide totale crescute, precum si modificari ale IGB<0.9, IMT>0.9. In toate cazurile se evidentieaza prezenta placilor de aterom la nivelul aortei toracice si abdominale, precum si un grad crescut de leziuni vasculare ce pot preceda accidente vasculare cerebrale, arteriopatie obliteranta a membrelor inferioare, tulburari dispeptice abdominale. Realizarea unui scor compus din IGB si IMT a permis prezicerea evolutiei ulterioare a pacientilor. Efectuarea cu usurinta a IGB si IMT permite incadrarea pacientului intr-un anumit factor de risc care poate fi diminuat partial terapeutic si prin modificarea stilului de viata.

Cuvinte cheie: indice glezna-brat, indicele de grosime a intimei medii, scor compus

elderly people mortality and morbidity, both globally and nationally. Therefore early identification of the associated risk is particularly important. There are two indices: ABI (ankle-brachial index) and IMT (average intima media thickness index), which by values correlation into a complex score can be useful in preventing strokes and, subsequently, increase life quality. We selected a lot of 30 patients aged between 63 and 86 years, with a mean age of 72.7 years, with the demographic male / female balance of 1: 3. Clinical examination correlated with other examinations like: lipid status laboratory analysis, EKG, ABI, IMT, chest x-ray, abdominal ultrasound revealed a common pathology characterized by the presence of an imbalance in the cholesterol ratio LDL/ HDL, raised triglyceride levels and total lipids as well as ABI <0.9, IMT> 0.9. In all cases, it can be highlighted the presence of atherosclerotic plaques in the thoracic and abdominal aorta as well as a high degree of vascular lesions that may precede stroke, lower limb peripheral arterial disease and associated abdominal dyspeptic disorders. Creating a composite score of ABI and IMT allowed prediction patients' evolution. The ease of measuring ABI and IMT might provide a framework for assessment of therapeutic and lifestyle changes.

Key words: ankle-brachial index, intima thickness index, average composite score

82. IMPACTUL STATUSULUI NUTRITIONAL IN OSTEOPOROZA

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Osteoporoza se defineste ca o reducere a masei osoase concomitent cu o deteriorare a arhitecturii osului. Incidenta osteoporozei creste dupa varsta de 50 de ani, avand ca risc major prezenta de fracturi (in principal sold) cu implicatii importante privind calitatea vietii si prezenta de costuri ridicate pe termen lung. Preventia si tratamentul osteoporozei se incep cu instituirea unui regim nutritional complex privind aportul de calciu, vitamina D si o dieta echilibrata acido-bazica. Aportul de calciu se face diferentiat in functie de sex, astfel intre 51-70 ani pentru sexul masculin se administreaza 1000 mg/zi, iar pentru cel feminin 1200 mg/zi; iar dupa

THE NUTRITIONAL STATUS IMPACT IN OSTEOPOROSIS

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Osteoporosis is defined as a reduction in bone mass, simultaneous with the deterioration of bone structure. The incidence of osteoporosis increases after 50 years, with serious risk for fractures (mainly hip) with important implications on life quality and long-term costs. Prevention and treatment of osteoporosis start with setting up a complex nutritional intake of calcium, vitamin D and a dietary acid-base balance. Calcium intake is differentiated by gender, therefore administering 1000 mg/day for males between 51-70 years, and for the female 1200 mg/day. After 71 years of age a

varsta de 71 de ani se administreaza 1200 mg calciu la ambele sexe. Administrarea de vitamina D intre 51-70 de ani e de 600 UI/zi la ambele sexe, iar dupa 70 ani 800 UI/zi la ambele sexe. Efectele unei diete echilibrate acido-bazice alaturi de tratamentul cu calciu impune administrarea de proteine animale, mai ales din: peste, lapte, ou, asociat cu un aport scazut de sare si bauturi carbogazoase sau cu continut de cafeina. Alaturi de acesti micro si macronutrienti in preventia osteoporozei este importanta si eliminarea factorilor de risc cunoscuti cu implicatii pe termen lung. Se impune o educatie si monitorizare permanenta a persoanelor cu risc crescut de osteoporoza la ambele sexe atat privind regimul nutritional cat si stilul de viata de catre un personal specializat.

Cuvinte cheie: osteoporoza, nutritie, varstnici

unique dose of 1200 mg of calcium is given in both sexes. Administration of vitamin D between 51-70 years is 600 IU/day in both sexes, and after 70 years 800 IU/day in both sexes. Effects of acid base balanced diet along with calcium treatment administration require animal protein, especially: fish, milk, egg, associated with a low intake of salt and carbonated beverages containing caffeine. Along with these micro and macro nutrients in preventing osteoporosis is important the elimination of mutable known risk factors with long-term implications. The protocol requires education and continuous monitoring of individuals at increased risk of osteoporosis in both sexes, regarding the nutritional regime as well as lifestyle, by specialized staff.

Key words: osteoporosis, nutrition, elderly

83. NATIONAL GRADUATE SCHOOL OF GERONTOLOGY

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One of the crucial elements behind successful and solid research on aging is interdisciplinary cooperation and understanding. To achieve this, early career training of scholars is of outmost importance. This is to foster crossdisciplinary understanding and respect. One way to achieve this important goal is to establish National Graduate schools on aging where young scholars from different disciplines are trained and stimulated to cooperate. Examples from a Swedish initiative will be discussed.

84. DIAGNOSTIC SI TRATAMENT IN INTERDISCIPLINARITATE LA PACIENTUL VARSTNIC CU NEOPLASM. PREZENTARE DE CAZ

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Cancerul de colon este a doua cauza de mortalitate prin cancer in lume, cu o prevalenta de 1:50.000. La pacientii varstnici debutul este insidios iar simptomele sunt deseori nespecifice. Femeie de 75 de ani, se prezinta la sectia de geriatrie cu durere abdominala intensa, fatigabilitate, si prezenta de sange in scaun in ultimele 6 luni. Din istoric retinem metastaze cerebrale operate in urma cu un an, dar tumora primara este necunoscuta, pacienta refuzand atunci ulterioare investigatii. Examinare clinica: constienta, tegumente palide, meteorism abdominal, dureri la palpare in regiunea hipogastrica si in flancul stang al abdomenului, fara

DIAGNOSIS AND TREATMENT IN INTERDISCIPLINARITY AT THE ELDERLY ONCOLOGIC PATIENT. CASE PRESENTATION

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Colon cancers are the second world cause of death by cancer, with a disease occurrence of 1:50.000 people. The presentation in elderly can be progressive and nonspecific. Woman of 75 years old, with a history of cerebral metastasis (no primary tumor known), operated the previous year (then the patient refused further investigation), presents to geriatric room with intense abdominal pain and rectal bleeding in last 6 months. Clinical examination: present, intense pallor, abdominal meteorism; spontaneously and at the palpation painful in hypogastric and left sides of the abdomen, with no signs of peritoneal irritation,

semne de iritatie peritoneala, tranzit intestinal prezent pentru materii fecale si gaze. Hemoleucograma: anemie severa hipocroma microcitara (Hb=5,6gr%). CT abdominal: Vezica urinara comprimata de o masa iodofilica, discret neomogena de 40/30/32 mm, ce pare sa apartina colonului sigmoid si rectului. In acest context se pune diagnosticul de tumora recto-sigmoidiana si se trimite pacienta catre sectia de chirurgie. Pacientul a fost reticent la ideea unei a doua operatii, dar in cele din urma a decis sa urmeze procedura. Interventia chirurgicala: Incizie mediana pubo-supraumbilicala. Tumora la 5 cm superior de rect fara leziuni intraperitoneale sugestive de determinari secundare. Limfadenectomie inter-aorto-cava. Se decide sectarea rectului cu margini de siguranta si colostoma stanga, si prelevarea biopsiei pentru examenul anatomo-patologic. Post-operator evolutia este favorabila si se continua tratamentul cu fier pana la remiterea completa a anemiei. Datorita riscurilor mari de complicatii pacientii varstnici refuza adeseori interventiile chirurgicale. Este importanta estimarea cat mai buna a beneficiilor si riscurilor in functie de resursele de recuperare ale pacientului, proces in care colaborarea dintre specialisti este esentiala pentru a ajuta pacientul sa ia cea mai buna decizie.

Cuvinte cheie: cancer recto-sigmoidian, anemie, interdisciplinaritate

intestinal transit present for gases and fecal matters. The blood test: severe hypochromic microcytic anemia (Hgb=5,6gr%). Abdominal CT: Bladder dimensions compressed by a relatively non-homogeneous iodophilic mass of 40/30/32mm, seemingly coming from the sigmoid and rectum. In this context the diagnosis is recto-sigmoid tumor with surgery indication. Patient was reluctant to the idea of a second operation but finally decided to follow through with the procedure. Surgical intervention: Through median pubo-supraumbilical incision was found a tumor at nearly 5 cm of superior rectum. No suggestive lesions for intraperitoneally secondary determinations. Inter-aorto-cava lymphadenectomy; The section of rectal blunt with safe margins of resection and histopathological biopsy with left colostomy. Post-operative evolution was favorable, and pharmacological treatment of anemia was iron. Older patients have a common resistance to surgery interventions due to multiple possible complications. It is important to have an estimation of both benefits as well as risks according to the recovery possibilities of the patient, using interdisciplinarity for the benefit of patients.

Key words: recto-sigmoid cancer, anemia, interdisciplinarity

85. PSIHIATRIA GERIATRICA CU IMPLICATII MEDICO-LEGALE – ASPECTE ETICE

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Odata cu cresterea prevalentei dementelor, creste si importanta expertizei medico-legale ceruta in cazurile persoanelor cu deficit cognitiv implicate in diferite situatii care ating granitele dintre psihiatrie si lege. Dupa o scurta revizuire a aspectelor etice a ingrijirii bolnavilor varstnici cu sau fara dementa, discutam despre evaluarea competentei si discernamantului acelor bolnavi psihic care au faptuit acte medico-legale. Societatea este in egala masura interesata in mentinerea autonomiei si bunastarii cetatenilor varstnici si totodata sa-i protejeze de violenta si cruzimea celor din jur, stiind ca exista riscul de a fi abuzati datorita capacitatilor lor in declin. In 2009, Sectia de psihiatrie geriatrica a WPA a elaborat un *consensus statement*, in care se refera la problemele etice si competenta bolnavilor varstnici cu tulburari psihice. Bolnavii psihici varstnici, in deosebi cei cu dementa

FORENSIC PSYCHIATRY IN THE ELDERLY – ETHICAL ISSUES

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With the increasing prevalence of dementias, also increase the importance of forensic expertise required in cases involving people with cognitive impairment in different situations that touch the boundaries between psychiatry and law. After a short review of ethical aspects of care for elderly mentally ill with or without dementia, we discuss about psychiatric assessment of their capacity or competence and about involuntary treatment of incompetent patients. Society is interested in maintaining the autonomy and well-being of its aging citizens and to protect them from risks and dangers caused by their declining capacities. In 2009, the Department of Geriatric Psychiatry WPA has developed a *consensus statement*, which refers to the ethical and competent elderly patients with mental disorders. Some of our patients, particularly older people with dementia, may not be able

pot sa nu fie capabili sa isi exerseze propria judecata, sa isi poata apara propriile interese si sa isi administreze propria viata. Acesti bolnavi pot fi considerati incompetenti sau partial incompetenti si altcineva va trebui sa ii reprezinte si sa decida in locul lor. De aceea, psihiatrii sunt pusi in situatia de a discuta cu reprezentantul lor legal pentru a le apara drepturile proprii bolnavilor fara discernamant datorita unei boli psihice, mai ales cand acesti bolnavi sunt singuri si exista un conflict intre interesele lor si a celor care ii ingrijesc. Dileme etice pentru toate formele de dementa: decizia de a reduce programul terapeutic cu droguri scumpe, decizia asupra timpului cand sa transfere pacientul intr-o institutie specializata. In unele situatii, poate aparea un conflict intre diferite principii etice si profesionistii trebuie sa recunoasca si sa evite astfel de conflicte, psihiatrii pot fi uneori intre ceea ce este drept din punct de vedere legal si intre ceea ce este drept din punct de vedere moral. Psihiatrii experti, care sunt implicati in evaluarea competentei si discernamantului trebuie sa faca fata la probleme majore ca lipsa unor modele conceptuale de evaluare si schimbarea frecventa a contextului legal.

Cuvinte cheie: dementa, aspecte etice, varstnici

effectively to represent their interests and manage their affairs. These patients can be considered incompetent or partially incompetent and someone else will have to represent them and decide for them. The psychiatrist should discuss with their legal counsel in order to safeguard the legal rights of the patient when he/she is unable to exercise proper judgment due to mental disorder. This is particularly problematic for patients who are alone and where there is a conflict between individual and carers' interests. Ethical problem for all forms of dementia is the decision about the right time to transfer the patient to a nursing centre and to reduce the therapeutic program using expensive drugs. In some clinical situations, a conflict between different ethical principles may occur, and professionals and caregivers need to be aware of this and to be guided about how to behave. The psychiatrist can be between what may be legally right and what may be ethically right. Psychiatrists experts who are involved in assessing the competence and discernment must face major problems as lack of conceptual models for evaluation and frequent change of legal developments.

Key words: dementia, ethical aspects, elderly

86. ASPECTE NEUROCHIRURGICALE ALE TUMORILOR INTRAAXIALE SUPRATENTORIALE LA PACIENTII VARSTNICI

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Rezechia tumorală este o procedură comună în managementul gliomelor și a metastazelor cerebrale. Incidența anuală a tumorilor primare supratentoriale este estimată la 14/100000 și mai mult de jumătate sunt gliome maligne. Pe de altă parte metastazele cerebrale sunt cele mai comune tumori cerebrale la adulți. Deși potențialul de rezecție a tumorilor cerebrale a crescut, ca și progresul radiochirurgiei stereotactice și terapia sistemică agresivă, rata de supraviețuire la 1 an este sub 50% pentru metastyazele cerebrale și doar 2-4% din pacienții cu gliome maligne supraviețuiesc 5 ani. Scopurile tratamentului tumorilor cerebrale maligne sunt: stabilirea diagnosticului histologic, ameliorarea simptomelor și controlul tumoral local

NEUROSURGICAL ASPECTS OF THE SUPRATENTORIAL INTRAAXIAL TUMORS IN ELDERLY

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Tumor resection is a common procedure in the management of gliomas and metastatic brain tumors. The annual incidence of new supratentorial primary tumors is estimated to be 14/100000, and more than half are malignant gliomas. On the other hand, brain metastases are the most common brain tumor in adults. Despite the increasing potential for resection lesions, the advance of stereotactic radiosurgery and the increasing trend toward aggressive systemic therapy, the 1-year survival rate is under 50% for brain metastases with only 2-4% of patients with malignant gliomas surviving to the 5-year point. The goals of treating brain malignant tumors are to establish a histologic diagnosis, relieve symptoms and provide long-term

pe termen lung. Factorii care pot da dificultatea rezectiei tumorale sunt: dimensiunea tumorala, profunzimea, locatia in arii elocvente, tipul tumoral, conditii medicale asociate, varsta si radioterapia preoperatorie. Este prezentata o serie de 65 pacienti varstnici cu tumori intraaxiale supratentoriale operate intre sept 2012 si iunie 2016 in Clinica de Neurochirurgie a Institutului National de Neurologie si Boli Neurovasculare. Din totalul de 220 pacienti operati in aceasta perioada, procentul pacientilor varstnici a fost de 30%. 38 de pacienti (58,5%) au fost barbati si 27 femei (41,5%). Varsta medie a fost de 69 de ani (65-80 ani). Metastazele cerebrale au fost intalnite la 30 de pacienti (17 barbati si 13 femei), in timp ce gliomele au fost diagnosticate la 35 de pacienti (21 barbati si 14 femei). Barbatii au fost afectati mai frecvent atat in gliome cat si metastazele cerebrale. Gliomele maligne au afectat 32 de pacienti din 35. 6 pacienti care au efectuat radioterapie postoperatorie, au avut recidiva tumorala. Gliomele anaplastice au fost diagnosticate la 14 pacienti (8 femei si 6 barbati), in timp ce glioblastomalele au fost intalnite la 18 pacienti (5 femei si 13 barbati). Rezectia chirurgicala a fost posibila la toti pacientii. Ablatia totala a fost posibila in toate metastazele cerebrale in timp ce rezectia partiala s-a practicat la 7 pacienti cu gliome maligne datorita localizarii tumorale in arii elocvente. Rata globala a morbiditatii a fost de 26% (17 pacienti), fiind mai scazuta in cazul metastazelor cerebrale (20%) decat in cazul gliomelor maligne (31,5%). Rata mortalitatii a fost de 4,6%, fiind de 3,3% in cazul metastazelor cerebrale si 6,25% in cazul gliomelor maligne. Scopurile tratamentului tumorilor cerebrale maligne sunt: stabilirea unui diagnostic histopatologic, ameliorarea simptomatologiei si controlul local tumoral pe termen lung. Rezectia tumorala este principalul tratament atunci cand se desfasoara in siguranta. Aceasta singura nu va vindeca tumorile maligne cerebrale, de aceea este nevoie de strategii adjuvante: radiochirurgia stereotactica, radioterapie cerebral, chimioterapie, imunoterapie.

Cuvinte cheie: gliome, metastaze cerebrale, varstnici, chirurgie

local control. Several factors are considered to determine the difficulty of tumor resection: tumor size, tumor depth, eloquent location, type of tumor, concurrent medical conditions, patient age and previous radiation therapy. We report a series of 65 elderly patients (>65 years) with supratentorial intraaxial tumors operated between September 2012- June 2016 in the Neurosurgery Clinic of the National Institute of Neurology and Neurovascular Diseases. Of all adult brain tumors operated in our department in this period (220 patients), elderly patients represented almost 30%. 38 patients (58,5%) were males and 27 were females (41,5%). The median age was 69 years (65-80 years). Brain metastases were encountered in 30 patients (17 males and 13 females), while gliomas were found in 35 patients (21 males and 14 females). Males were affected more common than females both in brain metastases and gliomas. Malignant gliomas affected 32 patients of all 35 patients harboring gliomas. 6 patients had tumor recurrence and were given previous radiation therapy. Of all malignant gliomas, anaplastic gliomas were diagnosed in 14 patients (8 females and 6 males), while glioblastomas were found in 18 patients (5 females and 13 males). Surgical resection was possible in all the patients. Gross total removal was possible in all the brain metastases while partial resection was performed in 7 patients with malignant gliomas due to location of the tumors in eloquent areas. The overall morbidity rate was 26% (17 patients), with a lower morbidity in brain metastases 20% (6 patients) than in malignant tumors 31,5% (11 patients). The overall mortality rate was 4,6%, with 3,3% in brain metastases (1 patient) and 6,25% in malignant gliomas (2 patients). The goals of treating brain malignant tumors are to establish a histologic diagnosis, relieve symptoms and provide long-term local control. Craniotomy for malignant brain tumors is a mainstay of current treatment when it can be done safely. Surgical resection alone will not cure malignant brain tumors and adjuvant strategies are necessary: stereotactic radiosurgery, whole-brain radiation therapy, chemotherapy or immunotherapy.

Key words: gliomas, metastatic brain tumors, elderly, surgery

87. NEURALGIA DE TRIGEMEN LA PACIENTII VARSTNICI

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Nevralgia de trigemen, cunoscuta ca "tic douloureux" sau boala Fothergill, este un sindrom clinic caracterizat prin dureri faciale paroxistice, lancinante, scurte caracteristic declansate de stimuli cutanati. Fiziopatologia bolii este marcata de demielinizare segmentara a "entry zone" a radacinii nervului trigemen. Scleroza multipla determina acest tip de demielinizare si reprezinta 1-3% din cazurile de nevralgie trigeminala. Scopul tratamentului este remiterea durerii cu un nivel acceptabil de reactii adverse. Terapia medicamentoasa este tratamentul initial de alegere. Decompresia microvasculara (operatia Jannetta) pare sa fie cea mai buna alegere la pacientii de 65-70 ani cu o speranta lunga de viata. Poate fi utilizata si la pacientii >70 ani, daca acestia accepta riscurile usor crescute ale procedurii. Neuroлиза trigeminala percutana este un abord minim invaziv, de ales la pacientii foarte varstnici care au comorbiditati asociate si la pacientii cu scleroza multipla. Este prezentata o serie de 9 pacienti varstnici (>65ani) cu nevralgie trigeminala operate de autorul principal intre sept 2012-mai 2016 in Clinica de Neurochirurgie a Institutului National de Neurologie si Boli Neurovasculare. Diagnosticul de nevralgie trigeminala s-a pus in baza anamnezei, clinicii si examenului fizic al fiecarui pacient. 7 pacienti au fost femei si 2 barbati. Varsta media a fost de 68 de ani (65-74 ani). Decompresia microvasculara s-a practicat sub anestezie generala, cu pacientul in decubit ventral. Abordul suboccipital retromastoidian s-a practicat la toti pacientii. Nervul trigemen a fost decomprimat de toate vasele arteriale compressive, artera cerebeloasa superioara fiind cea mai comuna sursa de compresie. A fost monitorizata remisia durerii in postoperatorul imediat si pe termen lung fara medicatie. Perioada de urmarire a variat intre 4-44 luni. Remisia imediata si complete a durerii a fost remarcata la toti pacientii. Dupa o urmarire medie de 34 de luni, durerea a reaparut la 2 pacienti (22%). Pareza faciala periferica temporara a aparut la 1 pacient. Rata mortalitatii a fost 0. Decompresia microvasculara poate fi realizata la pacientii varstnici cu rate mici

TRIGEMINAL NEURALGIA IN ELDERLY PATIENTS

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Trigeminal neuralgia, also known as tic douloureux or Fothergill disease, is a clinical syndrome distinguished by brief paroxysms of unilateral, lancinating facial pain that is characteristically triggered by cutaneous stimuli. The most common denominator in the pathophysiology of this disease is the segmental demyelination of the nerve root entry zone. Multiple sclerosis causes such demyelination and causes 1 to 3% of the cases of TN as well as vascular compression. The goal of treatment in patients suffering from this excruciating pain must be complete pain relief at an acceptable level of side effects. Medical therapy is the initial treatment of choice. The Jannetta MVD appears to be the best choice for younger (65-70 years old), healthy patients with longer life expectancy. It can be used in older patients as well if they are willing to accept the slightly higher risks of the procedure. Percutaneous trigeminal neurolysis is a useful minimally invasive approach that probably should be the procedure of choice for older patients, for those with significant medical comorbidities, and for patients with multiple sclerosis. We report a series of 9 elderly patients (>65 years) with trigeminal neuralgia operated by the main author between September 2012- May 2016 in the Neurosurgery Clinic of the National Institute of Neurology and Neurovascular Diseases. The diagnosis of TN was made based on each patient's clinical history and physical examination. 7 patients were females and 2 males. The median age was 68 years (65-74). Microvascular decompression was performed with the patient in a state of general anesthesia and in the ventral decubitus position. A retromastoid suboccipital approach was performed in all the patients. All compressive arteries were decompressed away from the fifth cranial nerve and its root entry zone in the pons with hemostatic material. The superior cerebellar artery was the most common source of compression. Outcome data including immediate postoperative pain relief and long-term pain relief without medication were assessed. The follow-up period ranged from 4 to 44 months. Immediately

de morbiditate si mortalitate. Datorita succesului pe termen lung, optiunea noastra este tratarea chirurgicala a varstnicilor, deoarece atrofia generalizata ci cisternele largi permit accesul facil in unghiul pontocerebelos. Decompresia microvasculara ar trebui considerate ca prima optiune de tratament la pacientii cu nevralgie de trigemen, atat tineri cat si varstnici.

Cuvinte cheie: nevralgia de trigemen, varstnici, decompresia microvasculara

complete pain relief was noted (free of medication) in all the patients. After an average follow-up of 34 months, pain recurred in 22%(2 patients). Complications included a temporary facial palsy in 1 patient. The mortality rate was 0. With proper patient selection, MVD can be performed in the elderly without causing a higher rate of postoperative complications and death. Because of the long-term success of MVD, our option is to surgically treating the elderly patient because generalized atrophy and wide cisterns allow ease of access to the cerebellopontine angle. MVD should also be considered as the first-line procedure for TN in the elderly as it is in younger patients.

Key words: trigeminal neuralgia, elderly, microvascular decompression

88. CHIRURGIA MENINGIOAMELOR INTRACRANIENE LA PACIENTII VARSTNICI

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Meningioamele intracraniene sunt tumori extraaxiale benign ale SNC, care sunt tratate chirurgical cu resectie totala. Meningioamele reprezinta aprox. 25-30% din toate tumorile cerebrale primare ale adultului. Incidenta este de aprox 4,52% la 100 000 de locuitori si creste cu inaintarea in varsta, atingind virful in decadele 7 si 8. Varsta inaintata reprezinta cel mai important factor de risc confirmat in aparitia meningioamelor. Incidentele pe grupe de varsta la varstnici sunt urmatoarele: 15% (65-74 ani), 21% (74-84 ani), 25%>84 de ani. Peste 90% din meningioamele intracraniene sunt benign, 6% atipice si 2% maligne. La pacientii considerati chirurgicali, tinta este rezectia completa. In acest articol este raportata o serie de 22 de pacienti cu meningioame intracraniene operate d autirul principal in Clinica de Neurochirurgie a Institutului National de Neurologie si Boli Neurovasculare in perioada sept 2012-iulie 2016. Din toata seria de meningioame operate in acest interval de timp(67) meningioamele la varstnici au reprezentat 33%. Varsta medie la admisie in spital a fost de 71 de ani (65-81). 8 pacienti au fost barbati si 14 femei. Cele mai frecvente localizari au fost: de convexitate (7 pacienti), parasagitale (4), de coasa (3).

SURGERY OF INTRACRANIAL MENINGIOMAS IN ELDERLY

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Meningiomas are benign extraaxial CNS tumors, which when symptomatic are typically treated with definitive resection. Meningiomas account for 25-30% of all primary brain tumor diagnoses in adults. The overall age-adjusted incidence rate is 4.52 per 100,000. The incidence increases with increasing age, peaking in the seventh and eighth decades of life, making the increasing age, the most consistently confirmed risk factor for meningioma. The incidence rates per 100 000 persons of meningioma (benign and malignant combined) according to patient age at diagnosis are: 15%(65-74 years), 21%(74-84 years), 25% >84 years. Ninety percent of meningiomas are benign, 6% are atypical, and 2% are malignant. In patients who are considered surgical candidates, the goal of therapy is total excision. We report a series of 22 elderly patients with intracranial meningiomas operated by the main author between September 2012-september 2016 in the Neurosurgery Clinic of the National Institute of Neurology and Neurovascular Diseases. Of all meningiomas operated in this period(67), meningiomas in elderly represented almost 33%. The mean age at presentation was 71 years (65-81 years). 8 patients were males and 14 females. The most frequent locations were

Meningioamele de aripa de sphenoid au fost intilnite la 4 pacienti (2 de aripa externa , 1 de aripa medie si un meningiom clinoidal) Un pacient a prezentat un meningiom gigant de sant olfactiv si altul un meningiom de tubercul selar. Meningioamele de unghi pontocerebelos au fost intilnite la un pacient, iar altul a prezentat un meningiom cerebelos de convexitate. Un pacient a prezentat aspectul imagistic pe CT cerebral de meningiom chistic. Ligatura preoperatorie de ACE s-a practicat la 2 pacienti. Rezectia completa a fost posibila la 18 pacienti(82%). Rezectia Simpson 2 s-a practicat la 8 pacienti, iar rezectia Simpson 3 la 2 pacienti. Rezectia partiala a fost posibila la 3 pacienti. In functie de clasificarea WHO, 21 de pacienti au avut meningioame benign si un singur pacient a avut meningiom atipic, acesta efecund radioterapie postoperatorie. Rata morbiditatii a fost de 27,2%(6 pacienti). Rata mortalitatii a fost de 4,54%(1 pacient), fara a avea legatura directa cu interventia operatorie. 4 pacienti au avut deficite neurologice minore pina la externare, un singur pacient prezentind deficit neurologic sever. Un pacient a suferit postoperator crize partiale complexe. La 3 luni postoperator, 16 pacienti erau independent in activitatile lor zilnice. Varsta inaintata reprezinta cel mai consistent factor de risc demonstrate in aparitia meningioamelor. Rezectia microneurochirurgicala reprezinta cel mai important tratament al meningioamelor la varstnici, atunci cand devin simptomatice.

Cuvinte cheie: meningioame, rezectie, varstnici

89. INSUFICIENTA CARDIACA SI PLURISPITALIZARILE – FACTOR DE GRAVITATE LA VARSTNIC

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Polipatologia la pacientul varstnic duce la polifarmacie, polipragmazie, dar si la dezvoltarea sau agravarea sindromului de fragilitate. Insuficienta cardiaca, un sindrom geriatric, poate determina numeroase decompensari, dar si cresterea riscului de complicatii, infectii, scaderea supravietuirii, calitatii vietii si cresterea duratei de spitalizare. Vom prezenta cazul un pacient in varsta de 68 ani, cu importanta patologie cardiovasculara, la care asociaza bronhopneumopatie obstructiva cronica si diabet zaharat tip 2, care se interneaza in regim de urgenta pentru un episod de decompensare cardiaca globala. Mentionam prezenta multipleror

convexity (7 patients), parasagittal (4), and falcine n(3) meningiomas. Sphenoidal wing meningiomas were encountered in 4 patients (2 external, 1 middle and 1 inner (clinoidal). 1 patient harboured a giant olfactory groove meningioma and another one a tuberculum sellae meningioma. Cerebellopontine angle (CPA) meningioma was found in 1 patient and convexity cerebellar in 1 patient. One patient presented on CT scan a cystic meningioma. Preoperative ACE ligation was performed in 2 patients. Gross total resection was possible in 18 patients (82%). Simpson 2 resection was achieved in 8 patients, Simpson 3 resection in 2 patients and partial resection was possible in 3 patients. According to the WHO pathological grading system 21 patients harboured benign meningiomas(grade I) and only one patient had a grade II(atypical) meningioma who benefited from adjuvant radiotherapy. The rate of morbidity was 27,2%(6 patients) The mortality rate was 4,54%(1 patients) and was not directly related to surgery. 4 patients had minor neurologic deficits upon discharge, with one patient having a severe deficit. One patient experienced postoperative seizures. At three months follow-up, 16 patients (72,72%%) were independent in their daily activities. The increasing age is the most consistently confirmed risk factor for meningioma. Microneurosurgical resection represents the most important treatment for meningiomas in elderly patients when are symptomatic.

Key words: meningiomas, resection, elderly

CARDIAC FAILURE AND MULTIPLES HOSPITALIZATIONS – AGGRAVATION CAUSE IN ELDERLY PATIENT

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Elderly patient polipathology leads to polypharmacy and to development or aggravation of fragility syndrome. As a geriatric syndrome, heart failure can cause numerous decompensations. At the same time it increases the risk of complications, infections, decreases survival and quality of life and prolongs hospitalization. We present the case of a 68 years old male patient with significant cardiovascular pathology. He associates chronic obstructive pulmonary disease and diabetes mellitus and was admitted to hospital for signs of cardiac failure. We mention the multiple hospitalizations in the 3 last months, all for heart

spitalizari in ultimele trei luni, toate pentru fenomene de decompensare cardiaca, avand evolutie favorabila de fiecare data. Examenul clinic la internare: stare generala influentata, afebril, TA = 180/90 mmHg, raluri crepitante bazal bilateral si raluri sibilante diseminate bilateral, SpO2 = 85% aerul atmosferic, edeme generalizate. Evaluarea cardiovasculara obiectiveaza fibrilatie atriala cu aspect de bloc de ram drept major (electrocardiografic) si disfunctie sistolica moderata cu insuficienta tricuspida severa, hipertensiune pulmonara severa (ecocardiografic). Sub tratament, evolutia decompensarii cardiace este lent favorabila. Pe de alta parte, pe parcursul spitalizarii prezinta perioade de dispnee cu hipoxie in contextul afectiunii respiratorii cronice. In a 12-a zi de spitalizare prezinta o agravare a dispneei, cu hipoxie severa si stop respirator resuscitat. Este diagnosticat cu bronhopneumonie si a necesitat protezare respiratorie temporara. Sub tratament, evolutia este lent favorabila, obtinand remisiunea pneumoniei, compensarea afectiunii respiratorii cronice, a insuficientei cardiace si a diabetului zaharat, insa a fost necesara prelungirea perioadei de spitalizare. Prezenta comorbiditatilor cardiace si pulmonare determina un tablou clinic nespecific al pneumoniei, dar si un teren propice aparitiei acesteia. Insuficienta cardiaca prin numeroasele spitalizari datorita decompensarilor, l-au facut susceptibil infectiilor intraspitalicesti. Astfel a crescut exponential riscul de mortalitate.

Cuvinte cheie: varstnic, bronhopneumonie, insuficienta cardiaca, spitalizare

failure symptoms with favourable outcome - every time. Clinical examination at admission: afebrile, blood pressure 180/90 mmHg, bilateral basal crackles, disseminated sibilant rales bilateral, SpO2 85%, generalised edema. Cardiovascular evaluation showed atrial fibrillation and right bundle branch block (electrocardiography), moderate systolic dysfunction, severe tricuspid insufficiency, severe arterial pulmonary hypertension (echocardiography). Therapy cardiac decompensation evolution was slowing favourable. The patient developed periods of dyspnoea secondary to the respiratory chronic disorder during entire hospitalisation. On the 12th day of admission the patient presents dyspnoea with severe hypoxia with respiratory arrest and was resuscitated. He was diagnosed with bronchopneumonia and he required temporary respiratory prosthesis. Patients evolution was slow favourable with pneumonia remission, compensation of chronic respiratory insufficiency, of heart failure and diabetes. Thus, it was imperious necessary the extension of hospitalization and summarised over 30 days. Presence of cardiac and pulmonary comorbidities leads to a nonspecific symptomatology of pneumonia and to a favourable setting of its appearance. Because of numerous admissions due to cardiac decompensation he became susceptible to hospital infections. Therefore the mortality risk increased exponentially.

Key words: elderly, bronchopneumonia, heart failure, hospitalisation

90. ELEMENTE PSIHOLOGICE, NEUROPSIHOLOGICE SI EPIGENETICE CARE ACCELEREAZA SAU INCETINESC

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Imbatranirea a inceput sa fie inteleasa ca un proces diferit de inaintarea in varsta in lumea stiintifica a ultimilor ani. Desi exista elemente genetice care pot activa mai devreme sau mai tarziu imbatranirea, studiile indica faptul ca acestea pot fi influentate de factorii psihologici si epigenetici, astfel incat procesul de degenerare poate fi accelerat sau incetinit. Comunicarea va prezenta si analiza influenta unor astfel de factori si vor fi aduse in discutie si moduri de interventie psihologica pentru o imbatranire cat mai tarzie. Unul dintre factorii

PSYCHOLOGICAL, NEUROPSYCHOLOGICAL AND EPIGENETIC FACTORS ACCELERATING OR SLOWING DOWN THE AGEING

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Ageing as degenerative process has begun to be understood as different of "getting older" process within the scientific world in recent years. Although there are genetic elements that can activate sooner or later the ageing process, studies indicate that this may be influenced by psychological and epigenetic factors so the degenerative process can be accelerated or slowed down. The presentation will discuss the influence of such factors, being also analyzed ways of psychological intervention for a later aging. One of the fundamental factors in

fundamentali in accelerarea imbatranirii este distresul psihic, regasit atat in moduri de viata, cat si in diferite tulburari si afectiuni psihogene déjà instalate si care provin din axa anxietate-depresie. Printre factorii epigenetici mediul reprezinta un punct esential in accelerarea sau incetinirea procesului imbatranirii. Totusi mediul este de multe ori si intr-o masura importanta creat de programarea psihologica a individului si este strans relationat cu sensul si scopul vietii. In cadrul comunicarii vor fi trecute in revista diverse teorii asupra imbatranirii si implicatiile psihologice ale acestora: teoria evolutionista, teoria radicalilor liberi, teoria mitocondriala, teorii genetice / teoria telomerilor, teorii despre inflamatie, teorii imunologice si neuroendocrine etc. De-a lungul vietii expunerea cronica la stresori fizici, biologici sau emotionali poate epuiza sau slabi capacitatea de adaptare individuala (boala a adaptarii) pana la deces. Imbatranirea ar trebui considerata ca un rezultat al scaderii abilitatii de a rezista stresului, sugerand existenta unei legaturi puternice intre stres si longevitate.

Cuvinte cheie: imbatranire, factori psihologici si epigenetici, teorii ale imbatranirii, imbatranire accelerata

accelerating aging is the mental distress, reflected both in the lifestyle and different psychogenic disorders and conditions that come from anxiety-depression axis. Among the epigenetic factors the environment is a key point in speeding up or slowing down the aging process. However the environment is often and in an important measure created by the individual psychological programming and is closely related with the meaning and purpose of life. Within the presentation will be reviewed various theories on aging and psychological implications such as: evolutionary theory, free radical theory, mitochondrial theory, genetic theory/telomere theory, inflammation hypothesis, theories immune and neuro-endocrine theory and so on. During life span, chronic exposure to severe and multiple physical, biological, or emotional stressors may exhaust or weaken this capacity to adapt and to the so-called "disease of adaptation" and death. Ageing should then be seen as a result of reduced ability to withstand stress, suggesting the existence of a strong relationship between stress and longevity.

Key Words: ageing, psychological and epigenetic factors, ageing theories, accelerated ageing

91. PRINCIPII DE CALITATE IN ARHITECTURA CONTEMPORANA A CENTRELOR DE VARSTNICI DE TIP NURSING HOME

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Caminele de varstnici de tip *nursing-home* sunt definite astazi ca institutii de asistenta medico-sociala in care componenta medicala este predominanta, cu accent pe conceptul de ingrijire si pe stare de bine. Se adreseaza in primul rand varstnicilor cu probleme cronice de sanatate si pacientilor care necesita ingrijire continua, tratament si recuperare. Articolul investigheaza intr-un mod interdisciplinar arhitectura-medicina principii de calitate in arhitectura contemporana si design-ul caminelor de varstnici, insistand pe urmatoarele aspecte: concomitenta spatiu confortabil-mediu terapeutic, functionalitate si cost-

QUALITY PRINCIPLES IN THE CONTEMPORARY ARCHITECTURE OF NURSING HOMES FOR ELDERLY

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Today, nursing-home elderly centers are defined as institutions of medico-social assistance where the medical component is prevailing, highlighting the concept of caring and well being. These mainly target the elderly with chronic diseases and patients that require continuing caring, treatment and rehabilitation. The article investigates with an interdisciplinary medical-architecture approach the quality principles in contemporary architecture and design for elderly centers, focusing on the following aspects: the simultaneity comfortable space-therapeutic environment, functionality and cost-effectiveness, cleanliness and sanitation,

eficienta, curatenie si igienizare, proiectarea optima a cailor de circulatie pentru evitarea dezorientarii, reducerea agitatiei si dromomaniei (in cazul pacientilor cu dementa), accesibilitate si ergonomie, securitate si siguranta, estetica si sustenabilitate. In functie de cele doua tipuri de asistenta institutionalizata identificate, prelungita si temporara, principiile vor fi discutate raportat la camine-spital de tip *nursing home* si centre de tip respiro, *respite centers*. Demersul face apel la exemple de camine din Europa si Australia ca Orbec (2015, Franta), Hainburg (2009, Austria), Dublin (2009, Ireland), Ellesmere (2007, Marea Britanie), Mornington (2007, Australia). In final, pe filiera modelului bio-psiho-socio-cultural, articolul propune pentru Romania modalitati de raportare a arhitecturii de camine pentru varstnici la modelele internationale, punand in evidenta diferente si similitudini.

Cuvinte cheie: arhitectura pentru varstnici, design age-friendly, nursing-home, functionalitate, calitatea vietii

92. PAVILION LIFELONG LEARNING, PRILEJ DE INTERGENERATIONALITATE – cercetare prin proiect si expozitie

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In cadrul Departamentului Sinteza Proiectarii de Arhitectura anii IV-V, la Facultatea de Arhitectura, Universitatea de Arhitectura si Urbanism Ion Mincu, am propus ca cercetare prin proiect/„schita de schita” durata 8 ore celor peste 300 de studenti de anul IV, gandirea unui pavilion dedicat invatarii pe tot parcursul vietii. *Lifelong learning*- Invatarea pe tot Parcursul Vietii (IPV) reprezinta un proces continuu, voluntar si auto-motivat, de acumulare de informatii si competente intr-un mod flexibil, variat si disponibil in diverse momente si locuri. In cadrul strategiei nationale IPV 2015-2020, obiectivul principal pentru Romania este de a creste rata de participare a adultilor (cu varste cuprinse intre 25 si 64 de ani) de la 1.8% in 2013 la 10%, pana in 2020. Prin aceasta tema de cercetare am propus studentilor luarea in considerare si a persoanelor

optimal design of the routes movement for well-finding, in order to reduce agitation (in the case of dementia patients), accessibility and ergonomics, security and safety, aesthetics and sustainability. According to the two identified types of institutional assistance, extended and temporary, the principles will be discussed based on nursing-home and respite centers. The approach builds on existing elderly centers in Europe and Australia such as Orbec (2015, France), Hainburg (2009, Austria), Ellesmere (2007, UK), Mornington (2007, Australia). Finally, on the pathway of bio-psycho-socio-cultural model, the article proposes for Romania ways of reporting the architecture of nursing-homes for elderly to the international models, highlighting differences as well as similarities.

Key words: architecture for elderly, age-friendly design, nursing-home, functionality, quality of life

LIFELONG LEARNING PAVILION, OPORTUNITY FOR INTERGENERATIONAL RELATIONS - research by design and exhibition

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Within the Department of Synthesis of Architectural Design, years IV-V, Faculty of Architecture, Ion Mincu University of Architecture and Urbanism, we proposed as research by design / 8 hours „sketch of sketch”, to the more than 300 IV year students, thinking of a lifelong learning pavilion. Lifelong learning is an ongoing, voluntary and self-motivated process, of accumulation of information and skills in a flexible, various and available way, in different times and places. In the national strategy of lifelong learning 2015-2020, the main objective for Romania is to increase the participation rate of the adults (aged between 25 and 64 years) from 1.8% in 2013 to 10% by 2020. By this theme we proposed to the students to take also into consideration the older persons, over 65 years. The chosen site is in Bucharest, on an island

varstnice, peste 65 de ani. Situl ales se afla in Bucuresti, pe o insula in parcul Titan, pe lacul cu acelasi nume, intr-o zona cu un pronuntat caracter verde, beneficiind de o priveliste incantatoare. Obiectivul studiului l-a reprezentat proiectarea unui obiect arhitectural de tip pavilion care sa stimuleze IPV, pe baza a sase principii: *lifelong learning*-IPV, comunicare intergenerationala, creativitate, flexibilitate, activitati multiple, abilitati fizice diferite. Prin tema, pavilionul IPV are o suprafata desfasurata doar pe parter de circa 400mp. Ca functiuni s-au propus: spatiu de primire cu punct de informare, mic birou si grup sanitar (1 femei+1 barbati+1 persoane cu dizabilitati) circa 20mp; 4 sali de cursuri/activitati de 35/40mp fiecare; un mic bar si spatiu de consumatie care poate avea rol si de foyer/holuri circa 120mp; spatiu multifunctional, circa 100mp; spatii exterioare amenajate pentru activitati in aer liber. Una dintre cerinte a fost sa se acorde atentie accesibilitatii pentru persoanele cu dizabilitati. Evaluarea lucrarilor a pus in evidenta asimilarea conceptului IPV de catre studenti si o exprimare grafic-conceptuala contemporana variata. Expozitia reuneste cele mai semnificative proiecte in spiritul temei.

Cuvinte cheie: IPV, arhitectura intergenerationala, creativitate, flexibilitate, calitatea vietii, proiecte studentesti

Mentiune: Expozitia de proiecte, ca rezultat al cercetarii, este realizata ca parteneriat intre Departamentul Sinteza Proiectarii de Arhitectura anii IV-V, Facultatea de Arhitectura, Universitatea de Arhitectura si Urbanism Ion Mincu (UAUIM), Asociatia Romana de Psihologie Clinica (ARPC), Societatea Romana de Gerontologie si Geriatrie (SRGG) si Institutul National de Gerontologie si Geriatrie „Ana Aslan” (INGG Ana Aslan)

93. UN NOU SINDROM GERIATRIC: DISFAGIA OROFARINGIANA

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Disfagie orofaringiana (DO) este o afectiune caracterizata prin transfertul alterat sau disconfort in timpul transferului alimentelor sau lichidelor din cavitata bucala in esofag. Disfagia orofaringiana este frecvent intalnita la varstnici, cu prevalente intre 30% la cei independenti si 60% la varstnicii

in Titan Park, on the lake with the same name, in an area with a strong green character, with a benefit of a charming view. The goal of the study was the proposing of an architectural object, a pavilion to stimulate lifelong learning, based on six principles: lifelong learning, intergenerational communication, flexibility, multiple activities, different physical activities. By theme, lifelong learning pavilion has a developed area on the ground floor only of about 400sqm. As functions have been proposed: reception area with info point, small office and toilet (1ladies+1gentlemen+1disabled persons) about 20sqm; 4 course/activities classrooms/workshops of about 35-40sqm each; small bar and consumption space that can also play role of foyer/halls of about 120sqm; outdoor spaces for outdoor activities. One of the requirements was to pay attention to the accessibility for disabled persons. The assessment of the work has highlighted the assimilation by the students of lifelong learning concept and a varied conceptual contemporary graphic expression. The exhibition brings together the most significant projects in the spirit of the theme.

Keywords: lifelong learning, intergenerational architecture, creativity, flexibility, quality of life, student projects

Aknowledgement: The projects exhibition, as a research result, it is performed as partnership between the Synthesis Department of Architectural Design, Faculty of Architecture, “Ion Mincu” University of Architecture and Urbanism (UAUIM), Romanian Association of Clinical Psychology (ARCP), Romanian Society of Gerontology and Geriatrics (RSGG) and National Institute of Gerontology and Geriatrics Ana Aslan (NIGG Ana Aslan).

A NEW GERIATRIC SYNDROME: OROPHARYNGEAL DYSPHAGIA

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Oropharyngeal dysphagia is a disorder characterized by impaired or uncomfortable transit of food or liquids from the oral cavity to the esophagus. It is a prevalent problem among older adults, ranging from 30% in independent to 60% in institutionalized older patients. Characteristic

institutionalizati. Simptomele caracteristice sunt reprezentate de aspiratie, reziduu alimentar, efort de curatare a laringelui, tuse, disfonie si deglutitii repetate. DO poate provoca complicatii severe, cum ar fi malnutritie, deshidratare, pneumonie de aspiratie, fragilitate, spitalizari si institutionalizare. Metodele de diagnostic pentru DO sunt videofluoroscopia si evaluarea endoscopica a deglutitiei. Recent (2016), intr-un document de pozitie comuna al European Union Geriatric Medicine Society si European Society for Swallowing Disorders, disfagie orofaringiana a fost descrisa ca reprezentand un sindrom geriatric. Datorita prevalentei sale ridicate, evaluarea DO ar trebui sa fie inclusa in protocoalele de screening de rutina utilizate la varstnici. Tratamentul este multidimensional si se bazeaza pe masuri de modificare a consistentei alimentelor, nutritie adecvata, ingrijire orala si reabilitare. Deoarece servirea mesei este, de asemenea, un act socio-cultural pentru oameni, DO are un impact important asupra psihologiei pacientilor, vietii sociale si a calitatii vietii. Prin urmare, abordarea disfagiei orofaringiene trebuie sa fie adaptata la factorii culturali, cu scopul de a promova o masa placuta, confortabila si de a asigura participarea la viata sociala. Ambientul are, de asemenea, un rol important prin toate componentele sale - spatiu, design, mobilier ergonomic (pat, scaune, mese) si instrumente arhitecturale ca lumina, forma, culoarea, textura.

Cuvinte cheie: tulburari de deglutitie, fragilitate, calitatea vietii, screening, interventie multidimensionala

symptoms are represented by aspiration, residue, excessive throat clearing, coughing, hoarse voice, and repetitive swallowing. It can cause severe complications such as malnutrition, dehydration, aspiration pneumonia, frailty, hospitalizations and institutionalization. Validated diagnostic methods for OD are videofluoroscopy (VFS) and fiberoptic endoscopic evaluation of swallowing (FES). Recently (2016), oropharyngeal dysphagia has been considered to meet the requirements of a geriatric syndrome in a joint position paper by European Union Geriatric Medicine Society and European Society for Swallowing Disorders. Due to its high prevalence, OD assessment should be included in standard screening protocols used in older adults. Treatment is multidimensional and based on compensatory measures addressing food consistency, proper nutrition, oral care and rehabilitation. Since eating is also a socio-cultural act for human beings, OD has a serious impact on patients' psychology, social life and quality of life. Therefore approach of oropharyngeal dysphagia need to be adapted to cultural factors, with the aim of promoting an enjoyable, comfortable meal and ensuring participation to social life. The environment has also an important role by its all components - space, design, ergonomic furniture (bed, chair, table) and architectural tools such as light, form, colour, texture.

Key words: swallowing disorders, frailty, quality of life, screening, multidimensional intervention

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