

## MEDICAL AND SOCIAL CARE OF OLD AGE PERSONS

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### *Abstract*

Introduction: In general, the main characteristic of old age persons is the fact that they show signs of poli-pathology which require a multi-medicamentary. At the level of population living in Bihor County an ageing process has been resented which develops in parallel with the drop of birth rate as a general phenomenon which magnitude will raise in years to come;

The prophylaxis represents the sum of al medical and social-economic measures through which one aims at preventing being taken ill. One may classify it in: primary, secondary and tertiary prophylaxis.

Method: The analyse through statistics methods of the dates from Bihor County Public Health Directorate and Bihor County Statistics Directorate.

**Keywords:** age persons, poli-pathology, incapacity, rising of dependency ratio

### INTRODUCTION

A United Nations classification as regards population division on age groups contains the following categories. (UN)

- Adult persons: age 45 – 59;
- Elder persons: age 60-64;
- Old persons: age 65 – 90;
- Very old persons: age + 90.

World Health Organization assesses that the notion of third age persons would be more appropriate than the elder or old persons as the ageing process is a physiological process being specific to any life form throughout its existence, the old age representing the ontogenetic ultimate stage.

In general, the main characteristic of old age persons is the fact that they show signs of poli-pathology which require a multi-medicamentary. The consequence of this poli-pathology added to the ageing physiological phenomenon is finally represented by the following states: incapacity, dependency handicap and infirmity.

From the social aspects points of views, the older persons are regarded as large consumers of health care services and not only, without being producers of such services. To this one would add the need for special care for those with handicap / infirmity, thus leading to enhanced expenditures in social protection and social assistance sectors.

When selecting the treatment it is important to take into consideration the financial impact upon patient, as a very important factor, especially in a country in transition as Romania, where the financial condition of old people is on the edge of survival

## II. DEMOGRAPHIC DATA AS REGARDS OLD AGE PERSONS

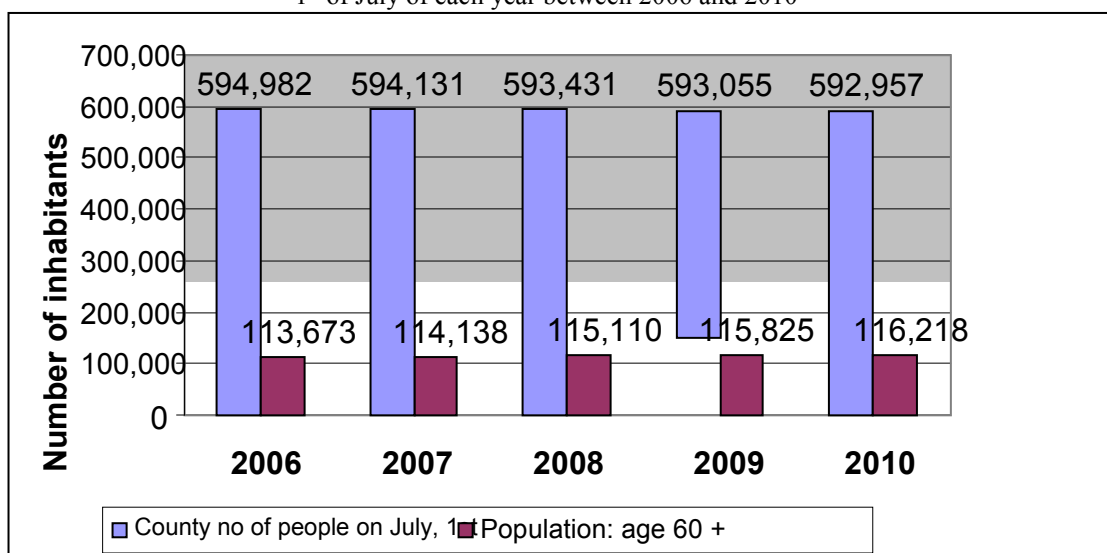
### 1. People structure by age

The structure of people by age in Bihor County between 2006 and 2010 may be noticed in the table bellow.

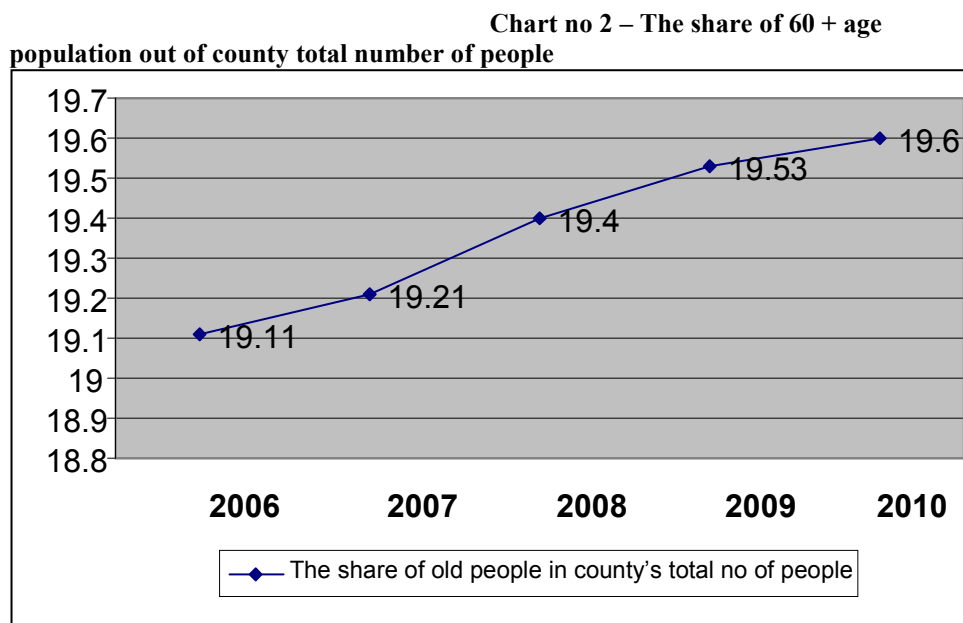
**Table no.1**

Year	Number of people			
	Total Bihor county	Age 0-14	Age 15-59	Age 60 +
2006	594,982	96,268	385,041	113,673
2007	594,131	95,085	384,908	114,138
2008	593,431	94,588	383,733	115,110
2009	593,055	94,305	382,925	115,825
2010	592,957	94,493	382,246	116,218

**Chart no.1** - Graphic representation of population structure in Bihor County by age on 1<sup>st</sup> of July of each year between 2006 and 2010



The share of old population out of the county total number of people may be noticed in the figure bellow.



As one may notice, the trend in case of old people out of the Bihor County's total number of people is rising thus confirming the data in specialized literature on population ageing phenomenon.

## 2. Dependency ratio (function of age)

According to data on population structure by age, we are able to calculate the dependency ratio in Bihor County. This is the report (%) between the number of young age population and old age population, on the one hand, and the number of adult population on the other hand.

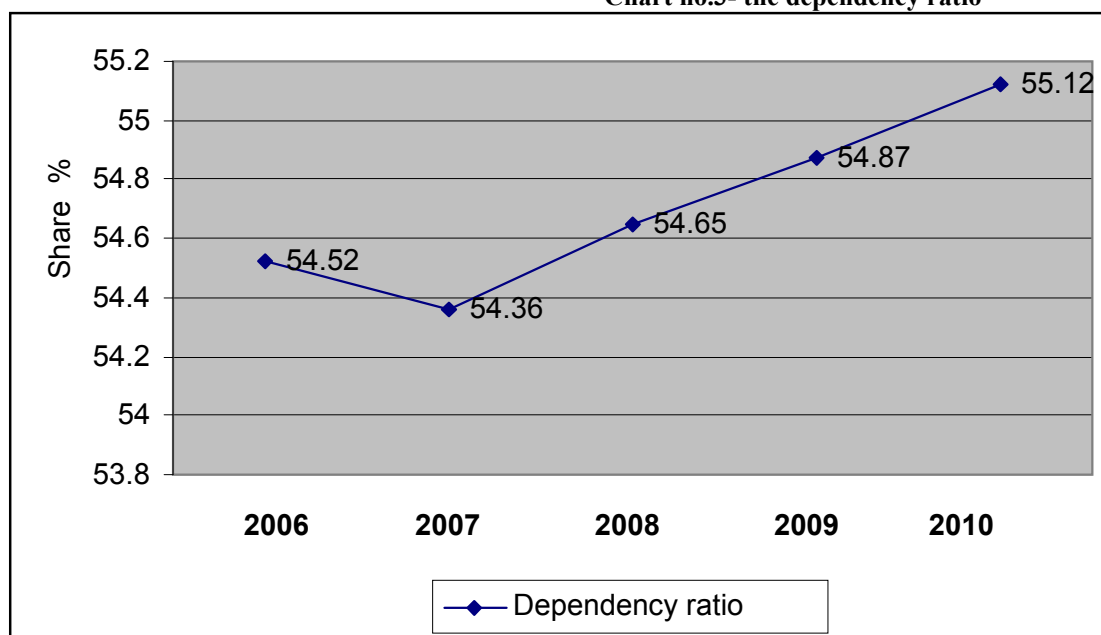
$$[(P_{\text{age } 0-14} + P_{\text{age } + 60}) / P_{\text{age } + 60}] * 100$$

By calculating function of the formula above we will obtain the dependency ratio in our county for the period 2006 – 2010 – table no.2

**Table no.2**

Year	2006	2007	2008	2009	2010
Share %	54.52	54.36	54.65	54.87	55.12

Chart no.3- the dependency ratio



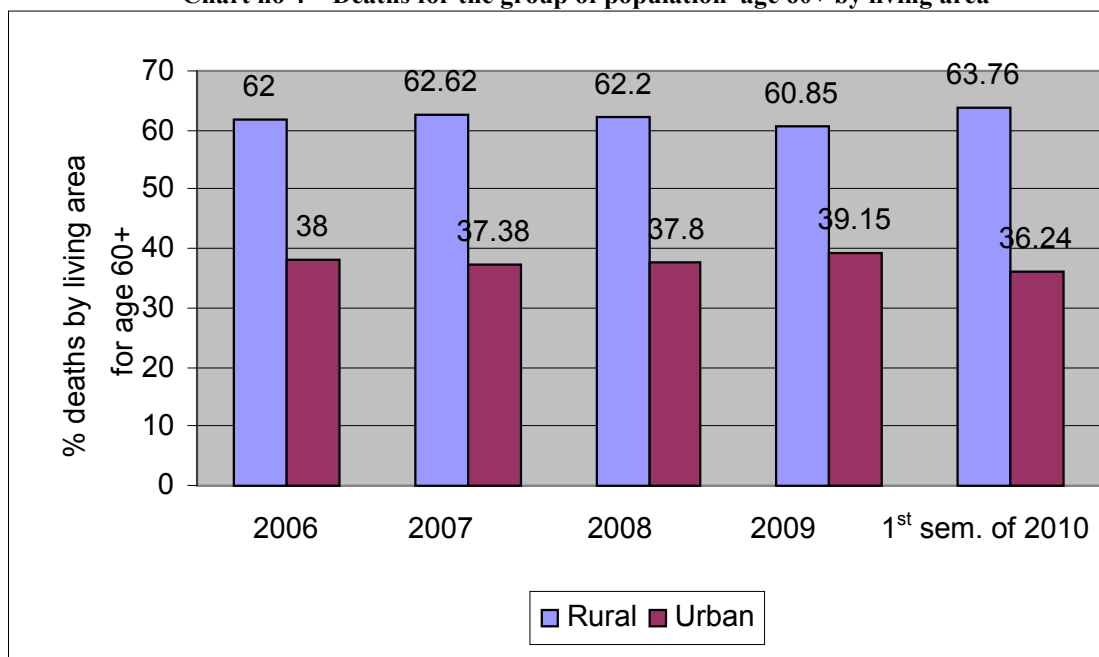
As one can notice in the above mention chart, the dependency ratio records a rising trend; this is the main reason for which, in the future, the public bodies and competent institutions will have to take into consideration the rising of social expenditures for this population sector while drafting their budgets.

### 3. Mortality rate for the group of population 60+ by living area

Table no. 3

Year	Total no of deaths	Deaths for age 60+ age group		
		Deaths for age 60+ Absolute figures	Urban CA (%)	Rural CA (%)
2006	7794	6140	2333 (38%)	3807 (62%)
2007	7578	6068	2268 (37.38%)	3800 (62.62%)
2008	7493	5971	2257 (37.8%)	3714 (62.2%)
2009	7640	6110	2392 (39.15%)	3718 (60.85)
2010 (1 <sup>st</sup> semester)	3777	3046	1104 (36.24%)	1942 (63.76%)

Chart no 4 – Deaths for the group of population age 60+ by living area



Out of the above chart one may notice that the mortality rate for the 60+ age group in rural area is by 50% higher than the mortality rate for the same age group in urban area.

#### 4. Mortality rate for the group of population 60+ by causes

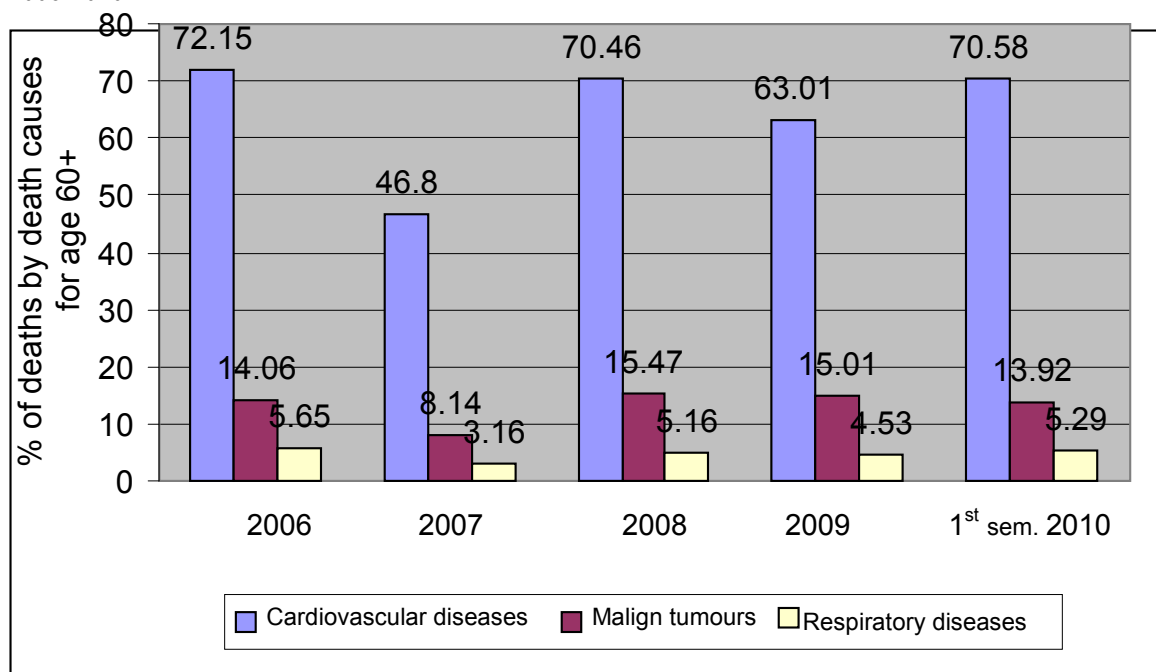
Table no.5

Year	Deaths at 60+ age group by main causes			
	Deaths 60+ (absolute figures)	Circulatory system Figures (%)	Malign tumours Figures (%)	Respiratory system Figures (%)
2006	6140	4430 (72.15%)	863 (14.06%)	347 (5.65%)
2007	6068	2840 (46.8%)	494 (8.14%)	192 (3.16%)
2008	5971	4207 (70.46%)	924 (15.47%)	308 (5.16%)
2009	6110	3850 (63.01%)	917 (15.01%)	277 (4.53%)
2010 (1 <sup>st</sup> semester)	3046	2150 (70.58%)	424 (13.92%)	161 (5.29%)

While taking notice of the above mention table one perceive the circulatory system diseases as the main cause of deaths for the age 60+ with a 60% share out of the total number of deaths at this age group. We are also concerned about the sharp rising of malign tumours cases. One should take

appropriate measures to ensure appropriate health care services in accordance with cancer patients needs.

Chart no 5–The main deaths causes for the 60 + age group between 2006-2010



### III. PROPHYLACTIC AND CURATIVE MEDICAL CARE AND ASSISTANCE

Health care throughout Bihor County is ensure by a total number of 1,740 physicians, acting in public and private sectors and both in hospitals, health dedicated centres, polyclinics, dispensaries, medical laboratories, and County Ambulance Service, including MDs and trainee MDs and MDs with monitored practice.

For the total Bihor County population of 592,957 recorded on 1<sup>st</sup> of July 2010, there are a total number of 504.000 people covered by medical insurance recorded in the Bihor County’ Health Insurance House. The health care of our county’s population is ensured via a medical unit networks as follows:

A. In Bihor County there are 340 general practitioners (GO)’ cabinets out of which 331 have a direct agreement relation with the Bihor County’ Health Insurance House. 169 GPs activate in urban area while 162 GPs activate in rural area.

At the level of general practitioners cabinet, the **prophylaxis of contagious diseases** this is done as follows: immunization by vaccination, anti-epidemic measures in the centres of contagion, education for health .

Every quarter, within the multi-functional centres for old persons, there have been organized awareness and information activities on the following topics:

- Prevention of Cardiovascular diseases (with practical application by measuring ad hoc blood pressure measuring);
- Prevention of cold season related diseases (acute infections of superior respiratory, seasonal flu, pneumonias, etc.)
- Prevention and containing the canicula's effects.

**B.** At the level of specialized services (hygiene and epidemiology) within the Public Health Directorates (DSPs) the following activities are being developed:

1. Coordination of national vaccination program and monitoring its implementation;
2. Provision with required vaccines and ensuring their supply to the health care units;
3. Public health control related activities (hygiene and sanitary control of the units operating in health care, economic, education, public food, organized communities, etc.).

By corroborating the distribution data among general practitioners by area, with the mortality rate by area, we assess that a raise of the number of physicians in rural area in order to ensure a better access of population to primary health medical care. Of course, this desideratum could be attained by a joint effort of local and county public authorities along with Bihor County' Public Health Directorate in order to create the appropriate medical and social infrastructure.

**C. Stomatology:** 415 dental care cabinets.

**D. Pharmaceutics services:** 246 pharmacies/pharmaceutics points, out of which 15 pharmacies within hospitals and 231 private pharmacies.

**E. Specialized medical care in polyclinics:** 14 polyclinics in the private sector, out of which 13 ambulatories integrated in hospitals + 1 specialized ambulatory for sportive medical care;

- 6 private polyclinics;
- 54 medical laboratories activating in the public sector, in different specialties;
- 22 medical laboratories activating in private area.



**F. Pre-hospital stage emergency health care**

- Bihor County Ambulance Hospital;
- Bihor County "Crisana" Emergency Situation Inspectorate (ISU) – Mobile Service for Resuscitation and Extrication;
- "Pelican" Ambulance (private ambulance service).

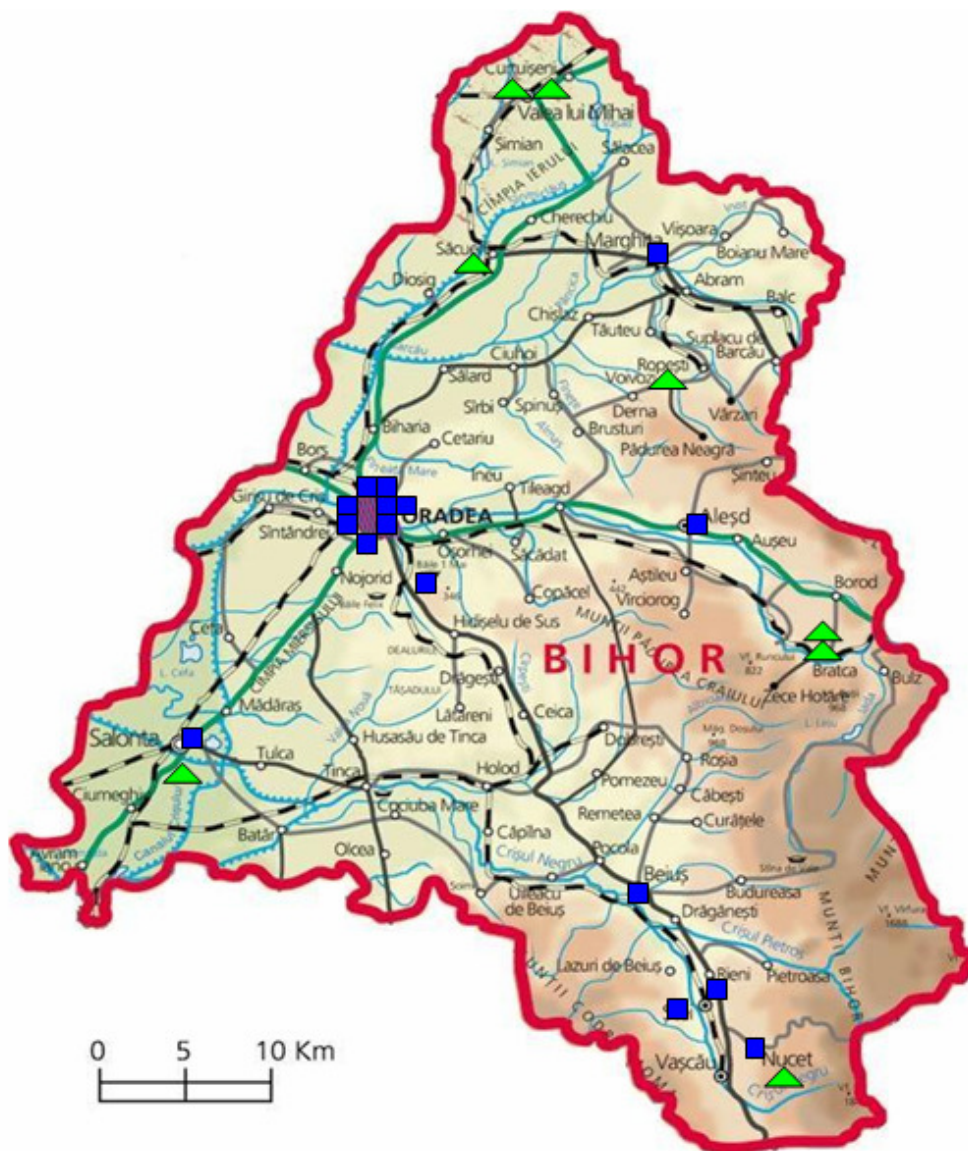
**G. Health care in hospitals:**

- 8 Clinic Hospitals: County Emergency Clinical Hospital - Oradea, Oradea City Clinical Hospital “Dr. Gavril Curteanu”, Oradea City Obstetrics and Gynaecology Hospital; Oradea Neurology and Psychiatry Clinical Hospital, Baile-Felix Medical Recovery Hospital: “Avram Iancu” Emergency Clinical Hospital; CF Clinical Hospital; “Pelican” Clinical Hospital (private clinic). Out of these, the “Avram Iancu” Emergency Clinical Hospital operates within the Ministry of Administration and Interior health care network while the CF Clinical Hospital operated within the Ministry of Transportations health care network; however they provide health care services to county’s population ensured via the two ministries’ health care houses.
- 3 municipal hospitals: “Ep. N. Popovici” Beius Municipal Hospital, “Dr. Pop Mircea” Marghita Municipal Hospital, Salonta Municipal Hospital;
- 2 city hospitals: Alesd City Hospital, Stei City Hospital;
- 3 specialty hospitals: Oradea Pneumo-phtysiology Hospital, Stei Psychiatry and Safety measures Hospital, Nucet Psychiatry Hospital;
- 3 health centres: Bratca Health Centre; Valea lui Mihai Health Centre, Bratca Recovery and Rehabilitation Centre for Children with Disabilities;
- 5 Socio-medical centres: Salonta Socio-Medical Centre, Nucet Socio-Medical Centre, Popesti Socio-Medical Centre, Valea lui Mihai Socio-Medical Centre, Sacuieni Socio-Medical Centre.

The map of medical care units and socio-medical centres in Bihor County

-  - Hospitals
-  - Socio-medical centres





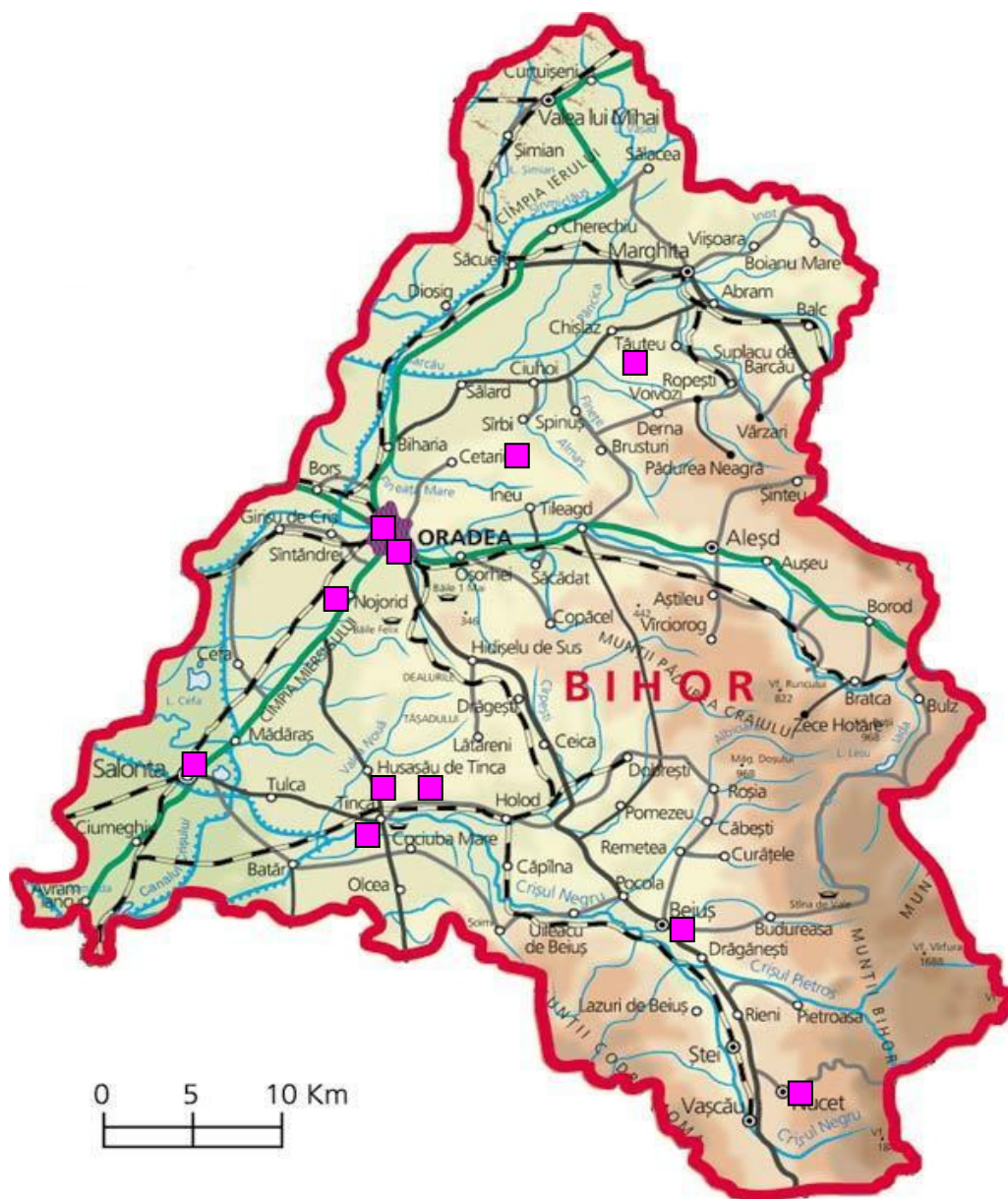
### G. Social care and social assistance centres

Bihor County' Health Public Directorate keeps the tracks of the following social care and social assistance centres dedicated old persons and which are authorized to operate health care permits: Caritas Catolica Association – Oradea city; Efrem Beniamin Consistories Foundation, Oradea city; Filadelfia Noon Foundation – Salard; Salem Humanitaria Foundation - Salonta; Tinca Reformed Parish – Tinca; Peniel Tinca Christian Association – Tinca; CLAR Beius non profit Foundation – Beius; Aliabis Foundation— “Good Samaritan” Old people’s house, Livada and DGASPC - Ciutelec Care and Assistance Centre – Ciutelec; Recovery and rehabilitation centre

the persons with handicap, Rapa Street, Tinca commune; Home for old persons in collaboration with Nicolae Popovici Bishop Foundation Baita village, Nucet Commune;

The distribution in space of these above mentioned centres providing social care services is represented in the chart below:

■ - Social care and social assistance centres



#### **IV CONCLUSIONS**

1. At the level of population living in Bihor County the ageing process has been resented which develops in parallel with the drop of birth rate as a general phenomenon which magnitude will raise in years to come;
2. This phenomenon is accompanied by a drop of fertility thus leading for the future to temperate the growth of children number which, once accompanied by an increase of old people number, will affect the inter- and intergeneration equity and solidarity and leading to alteration of the society's function itself;
3. At present, one may perceive a dependency ratio rising in the structure of population;
4. In social sector these modifications in people's structure will have an impact upon families composition, their needs migration, diseases' epidemiology, and health care services;
5. in economic sector this will mark the economic growth, investments, demands and consumption, pensions systems, taxes and transfers between generation generations transfer;
6. There is a low accessibility rate of old persons to primary health care services in rural area;
7. The main cause of deaths in case of old persons are represented by cardiovascular diseases followed by malign tumours;
8. In the future the expenditures with health care and social services provided to old persons will raise;
9. Raising the number of physicians in rural area is a must;
10. While elaborating future projection of health care needs one must take the ageing phenomenon into consideration in order to guide actions towards the specific pathology of this age.
11. Medical care units must lay the foundation of geriatric cabinets;
12. The involvement of local public authorities in ensuring and providing social services for elderly.

#### **Bibliography and resources**

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