

EDITORIAL

Dear Readers,

Geriatric nursing is gradually evolving into an extensive and colorful chapter in nursing. This stems from the demographic trends in the last decades. The increasing life expectancy is associated with an increasing number of diseases treated, an increasing number of drugs taken and less independence which may throw the elderly into a dangerous spiral of medication errors, leading to physical consequences and even less independence.

The main goal of geriatrics and geriatric nursing as its important and integral component, apart from common diagnostic and therapeutic procedures, is to mobilize the full potential, allowing the elderly to regain their independence, with the prospect of returning to their own environment. It means, however, that, in hospitalized seniors, all preventive measures need to be implemented to prevent the development of immobilization syndrome and all its components. Complications of immobilization syndrome may end fatally even in seniors whose recent health problems have been successfully treated.

From this perspective, several positive trends have been observed in recent years. First, it must be appreciated that across all specialties, attention has been paid to the risk of malnutrition and dehydration in elderly as well as younger patients. Another positive trend is a changed attitude to the development and treatment of non-healing wounds, including the development and availability of aids for both preventive and therapeutic activities in this field. Measures that are proven and widely used are those in prevention of thromboembolic disease.

An area that is considered underestimated in many centers is care for mental well-being of patients. The currently applied systems of processes encourage preference of tangible and quantifiable measures while care for patients' mental health has taken a back seat; undoubtedly, this is also due to the fact that many geriatric centers are actually understaffed. Formally, all jobs are occupied but the mere figures unfortunately cannot reflect how diverse and time-consuming care for elderly patients is.

Another effect of the increasing life expectancy is that especially women live an extended period of time without a partner, that is, alone. This is because since huge housing estates were constructed, most senior citizens in fact live away from their children and their families. As a result, increasing numbers of seniors mostly live in urban agglomerations, requiring various types of help from the outside if their ability to stay in their own environment is to be maintained. Moreover, this situation is aggravated by a tendency to depression in approximately one third of seniors and an as yet undiagnosed cognitive disorder in ten percent of elderly patients.

The benefits of geriatric nursing are its diversity, comprehensiveness and, on the other hand, the need to maintain a highly individual sensitive approach to every particular elderly patient while the principles of evidence-based practice are respected.

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