

WIELOCHOROBOWOŚĆ W WIEKU STARSZYM – WYZWANIE DLA ZDROWIA PUBLICZNEGO

MULTI-BORNE DISEASES IN OLD AGE – A CHALLENGE FOR PUBLIC HEALTH

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Wstęp: W Polsce coraz bardziej widoczny jest proces zmiany struktury demograficznej, którego cechą jest rosnący odsetek osób w podeszłym wieku. Według szacunków Głównego Urzędu Statystycznego w 2050 roku osoby po 60 r.ż. będą stanowiły 40% populacji polskiej. Długowieczność społeczeństwa może stanowić wypadkową korzystnego współdziałania czynników genetycznych, środowiskowych, opieki medycznej, czy też stylu życia obejmującego m.in.: zachowania żywieniowe i dbałość o kondycję fizyczną.

Cel pracy: Przegląd wybranego piśmiennictwa dotyczącego wielochorobowości i niepełnosprawności osób starszych oraz omówienie wyników badań prowadzonych przez ekspertów z dziedziny geriatry i gerontologii.

Wyniki: W badaniach Barnett i wsp. zaobserwowano, że osoby powyżej 60 r.ż. częściej korzystają z opieki medycznej z powodu więcej niż jednej dolegliwości, wśród osób 65+ są to przynajmniej trzy schorzenia. W grupie osób powyżej 80 r.ż. ponad 10% choruje na 8 schorzeń równocześnie. Gill i wsp. dokonali analizy niepełnosprawności pacjentów w ostatnim roku życia (84,5±5,5 lat). Wykazano, że zaledwie 17% pacjentów utrzymało sprawność w ostatnich miesiącach życia, 83% stanowiły osoby niepełnosprawne z czego 20% utraciło sprawność w ciągu ostatnich 3 miesięcy, a 22% stanowiły osoby trwale i ciężko niepełnosprawne. Na podstawie badań Kirkwood i wsp. można wnioskować, że powyżej 60 r.ż. znacząco wzrasta śmiertelność zależna od wieku, a maleje prawdopodobieństwo przeżycia.

Wnioski: Zmiany zachodzące w organizmie wynikające z przebiegu procesu starzenia, a obejmujące wszystkie układy predysponują do występowania różnych chorób somatycznych i psychicznych. W badaniach naukowych podkreśla się, że konsekwencje zmian spowodowanych procesem starzenia, stanowią podłoże tzw. wielkich problemów geriatrycznych. Ponad 50% osób w podeszłym wieku choruje na trzy lub więcej schorzeń przewlekłych, których kumulacja składa się na indywidualny obraz chorobowy pacjenta. Wielochorobowość jest obciążona wyższym odsetkiem zgonów, niesprawności i występowaniem niekorzystnego zjawiska polipragmacji, co niejednokrotnie powoduje pogorszenie stanu zdrowia osoby starszej i wiąże się z częstszym korzystaniem przez pacjentów z opieki specjalistycznej i świadczeń pomocy społecznej.

SŁOWA KLUCZOWE: wielochorobowość; podeszły wiek; seniorzy; polipragmacja.

KEY WORDS: multidisease, old age, seniors, polypragmasy

NEW EDUCATIONAL PROGRAMS PREPARATION FOR PUBLIC HEALTH MASTERS TRAINING IN UKRAINE

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Introduction: Ukraine's choice to the European integration vector of development, implementation of reforms in all aspects of social life including public health, have necessitated the development of public health services. This direction is fully in line with the European Health Policy 2020, the Association Agreement between Ukraine and the European Union, the National Strategy for the Development of the Health Care System in Ukraine until 2020. Personnel's training for the public health system first of all requires the development of new educational programs in public health, which determines the relevance of the study.

Aim: To substantiate and develop the educational training of the new educational discipline "Social Medicine, Public Health" for the preparation of future health care masters.

Materials and methods: Analytical, bibliosemantic, sociological and medical-statistical methods are used in the paper. Research materials include strategic documents on health care and public health at the international, European, regional and national levels, European program of key competences for public health specialists ASPHER; the educational programs of medicine and public health masters' preparation of the leading European universities, the results of a sociological survey of healthcare organizers and professors of specialized departments of higher education institutions of Ukraine.

Results: According to the results of the analysis of the research materials, an educational program "Social Medicine, Public Health" was developed for the training of medicine

masters. It includes the purpose and tasks of the discipline, competence and learning outcomes, information volume of the discipline with a breakdown into content modules, with the distribution of hours for lectures, practical classes and self-study work of the student, the content of each topic, the form and methods of control, a list of topics for self-study work and a list of questions for the final module control, a list of recommended literature, information sources, etc. The educational program includes 4 content modules: "Biostatistics", "Public Health", "Organization of Health Care", "Health Economics". It is envisaged to study the disciplines at the III, V and VI years, with volumes 90, 90, 45 and 45 hours, respectively. During the formation of the content for academic discipline, along with traditional subjects a number of qualitatively new topics have been proposed, namely on public health: "Methodological foundations for studying the burden of diseases", "Population research on quality of life", "Methodology for analyzing the causes of social inequalities in health care", "Visualization and effective presentation of health data", "Interpretation and publication of public health data". It is planned to introduce modern forms of training, namely work in small groups, team work on cases, that is to promote the development of communication skills, managerial abilities. The developed educational program of the educational discipline "Social Medicine, Public Health" for the training of medicine masters was approved by the central methodical cabinet of higher education of the Ministry of Health of Ukraine and recommended for implementation in all institutions of higher medical education.

Conclusion: The introduction of the new typical program of educational discipline "Social Medicine, Public Health" for the medicine masters training in the educational process of higher medical education institutions in Ukraine creates conditions for modern healthcare personnel qualitative training, including the public health system and taking into account the prospects for reforming the national health system, implementing its strategic priorities.

KEY WORDS: public health, educational programs, masters preparation

THE TRENDS OF ONCOLOGICAL DISEASES IN UKRAINE AND ITS PREVENTION AS A BASE FOR DEVELOPMENT OF CANCER MEASURES

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Introduction: One of the important operational functions of public health is the epidemiological surveillance and assessment of health state and population well-being. Monitoring of the prevalence of oncological pathology reveals its trends and features among different groups of the population, establishes cause-effect relationships to develop measures for its reduction. In view of the high prevalence of cancer in Ukraine and a significant proportion in the structure of disability and mortality, the in-depth analysis of this problem is a relevant scientific and practical task.

Aim: The analysis of the cancer prevalence of the population of Ukraine in dynamics from 1991 to 2017, preventive activities of primary health care professionals on the prevention and timely detection of cancer pathology to justify the response.

Materials and methods: Monitoring of the oncological morbidity was carried out using epidemiological and medical-statistical methods using data from the Center of Medical Statistics of the Ministry of Health of Ukraine, as well as the data of the European database "Health for All". Investigation of preventive activities of primary health care professionals has been carried out using sociological, medical-statistical methods and a special questionnaire.

Results: Analysis of the cancer prevalence of the population of Ukraine during 1991-2017 showed its increase from 303,7 to 319,3 per 100 thousand, or by 5,1%. The highest levels of prevalence were detected in 2010-2013 (341,2-360,3 cases per 100 thousand). It has been established that the urban population has a significantly higher level of morbidity (by 8,2%) compared to rural population, which may be both a consequence of a higher prevalence of diseases in cities and a better detection of these diseases. The contingent of cancer patients in 2017 reached 1,01 million in Ukraine and exceeded the indicator of the previous year by 23,6 thousand. The growth rates of cancer disability among the adult population during 2016-2017 from 9,2 to 9,3 cases per 10 thousand, and among the working-age population - from 9,6 to 9,7 per 10 thousand were detected. In the structure of population mortality in 2017, neoplasms took second place with a share of 13,6%. The mortality rate from oncopathology was 158,2 per 100 thousand population, and more than one third of the dead were people of working age. It has been established that standardized mortality rates from malignant neoplasms in Ukraine during the period from 1991 to 2015 tended to decrease by 22,9%, which coincides with the trend in the countries of the WHO European Region (-20,1%) and the tendency in the EU countries (-20,4%). At the same time, the death rate among the working-age population in Ukraine in 2015 was 30,8% higher than in the EU and 26,2% higher than in the WHO European Region. The research revealed the disadvantages of preventive work in the primary health care unit. Thus, X-ray examination of the chest is prescribed only in the case of patient complaints - 9,3% of the respondents, breast examination - 9,4%, Papanicolaou test - 19,4%, digital examination of the rectum - 27,5%. At the same time, early cancer detection, screening of patients at risk is crucial for the effectiveness of treatment.

Conclusion: High levels of cancer prevalence of the Ukrainian population, negative trends and significant medical and social losses, and the disadvantages of preventive work require an increase of the level of prevention and ensuring the timely diagnosis and quality of treatment of this pathology, first of all, in the primary link of health care, improving the specialists training with an emphasis on deepening of knowledge and on acquisition of skills and competences in the field of cancer prevention.

KEY WORDS: prevalence of oncological pathology, mortality, prevention, primary health care