

**Critical care medicine achievements in elderly age patients****Ts.Kharaishvili, Z.Kheladze, Zv.Kheladze, N.Kajaia****Georgian Critical Care Medicine Institute. Tbilisi, Georgia.**

During 2000-2011 year in Critical Care Medicine 392 patients between ages 80-101 (mean age 85) were registered. Among them 260 were women, 132-men. In 392 patients diagnosis were following: bilateral bronchopneumonia complicated by acute respiratory failure - 69%, chronic heart failure complicated by acute left ventricular failure - 58%, stroke - 55.9%, ischemic - 69%, hemorrhagic - 31%, cardiogenic shock – 3.2%, postreanimation diseases – 3.1%, septic shock- 1.3% and etc. Left 8.5% had polytrauma, damage of spinal cord, intoxication caused by medication, gastro duodenal bleeding and cancer. Majority of patients had accompanying arterial hypertension, chronic heart failure, ischemic heart disease, aortic atherosclerosis, diabetes, chronic pneumonia and bilateral pneumonia confirmed by X-ray in 98% cases. All aged patients were treated by governmental standards. In many cases, treatment was conducted by management of progenitor precursors committing in corresponding patients. Full amount of bad-days were 1376. The total cost of treatment approximately 2476800. Hence for one patient it is 3.5 bad-days the value of which is 1678.5.

**Key words:** elderly age patients, characteristic of the treatment, critical patient.

**Actuality:**

In recent years in Critical care clinics throughout the world number of elderly patients was dramatically increased. Specifics of treatment of these patients have not been studied thoroughly till today. Amongst of patients of this contingent still remains a high degree of lethal outcome and some degree of disability.

**Materials and Methods:**

In the Critical Care Medicine of Georgia in 2000-2011 there entered 392 patients 80 - 101 years old of age (average age 85 y). 260 of them - women, 132 – men. In 392 patients, the diagnoses were distributed as follows: bilateral Bronchopneumonia complicated by acute respiratory failure - 69%. Chronic heart failure complicated by acute left ventricular failure, -58%. Acute cerebral circulatory disorder 55.9%, ischemic -69%, hemorrhagic - 31%. Cardiogenic shock - 3.2%, post-reanimation disease -3.1%, septic shock - 1.3% and 8.5% the other like: poly trauma, spinal cord

injury, drug intoxication, gastroduodenic bleeding, tumors. Also the majority of patients had arterial hypertension, chronic heart failure, ischemic heart disease, and severe aorta atherosclerosis, diabetes, chronic pneumonia and other. (Double pneumonia confirmed by x-ray in 98% of cases and a few percent - different degrees of chronic heart failure)

All elderly patients are being treated in the clinic according to state standards. Treatment consists of antimicrobial therapy, respiratory therapy, correction of acid - alkaline and electrolytes, parenteral and enteral nutrition, symptomatic treatment, in case of need -plazmaferez, hemodialysis sessions. Often is conducted management of commutative process of progenitor precursors according to respective patents. The majority of this group of patients use urgent program, funded by the state. If operation is necessary, then it is funded according to the program, by the principle of joint payment.

Total number of bed-days equals to 1376. Total estimated cost of treatment equals to 2476800. Respectively, an average of 3,5 bed-days fall per patient, the value of which is -1678.5.

#### **The results and the review:**

It should be noted that in the critical medicine clinics an elderly patient treatment is characterized by a number of features:

1. This group of patients is characterized by the simultaneous convergence of several diseases.
2. Reduced the body's combat capabilities
3. Harmful agent's action may be weak, but the body's reaction caused by it is often generalized.
4. Reparation process is violated.
5. Selection of medications and their dosages must be considered very carefully. Because their effect is twice as high in the elderly than in young people, which is due to metabolism, lipid metabolism, drug absorption and elimination processes, which cause frequent complications such as purulent trachea bronchitis, bilateral pneumonia, bed sores and other.
6. Damage of one organ quickly leads to multiple organ failure.
7. Encephalopathy and high-risk of clinical development of brain swelling for the relatively low intensity reasons.
8. Characteristic of the treatment is also, " the adaptation syndrome with the apparatus", which is expressed in a comfortable attitude of the patient to the artificial respiration process, which noticeably complicates transfer on the spontaneous breathing

Despite the better living conditions in developed countries, diseases were distributed by about the same percentage among of patients of this group, according to data from various authors. According to the frequency Pneumonia is in the first place, followed by cardio - vascular diseases caused by a critical condition, cancer, stroke, etc.( Chelluri L, Im KA, Belle SH, Schulz R, Pinsky MR: Long-term mortality and quality of life after prolonged mechanical ventilation, Bagshaw SM, webb SA, Delare „very old patients admitted to intensive Care in Australia „Critically ill old and the oldest old patients in intensive care: short and long-term outcomes”)

Despite the fact that in our country such patients are treated by critical care clinics of the limited resources, total lethal outcome equals to - 48%. Female - 39%, men - 61%.

According to diseases, the lethal outcome is distributed as follows:

Post-reanimation disease - 67%

Cardiogenical shock - 50%

Endotoksic shock - 80%

Stroke - 49.4%.

Bilateral bronchial pneumonia- 37.5

It should be noted that in the 80-90 year age group of patients lethality equals to - 43,5%, while the 90 - and> -52%.

According to these data statistical indicators of our clinic is close to Europe and the U.S. Critical Care Clinics indicators, where total lethality amongst such patients is approximately 43.8%. (“Outcome of critically ill oldest-old (aged go and older) admitted to the intensive care unit” Esteban A, Anzueto A, Frutos-vivar F. Outcome of older patients receiving mechanical ventilation.).

So, the recent data on treatment of patients of this group in the critical care clinics shows that, regardless of many particularities the effectiveness of the treatment and outcome is very high. That is why we consider it very important to explore even more deeply this issue in order to have even more improved desirable outcome through timely and adequately conducted treatment.

კრიტიკული მედიცინის მიღწევები ღრმად მოხუცთა ასაკში

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საქართველოს კრიტიკული მედიცინის ინსტიტუტში 2000-2011 წლებში შემოსულია 80- 101 წლამდე ასაკის (საშ. ასაკი 85წ.) 392 პაციენტი. მათ შორის 260 - ქალია, 132 - მამაკაცი. 392 პაციენტში დიაგნოზები გადანაწილდა შემდეგნაირად: ორმხრივი ბრონქოპნევმონია გართულებული სუნთქვის მწვავე უკმარისობით – 69%. გულის ქრონიკული უკმარისობა გართულებული მარცხენა პარკუჭის მწვავე უკმარისობით - 58%. თავის ტვინში სისხლის მიმოქცევის მწვავე მოშლა - 55,9%, იშემიური - 69%, ჰემორაგიული – 31%. კარდიოგენული შოკი - 3,2%, პოსტრეანიმაციული დაავადება - 3,1%, სეპტიური შოკი – 1,3% და სხვა დანარჩენი - 8,5% – პოლიტრავმა, ზურგის ტვინის დაზიანება, მედიკამენტური ინტოქსიკაცია, გასტროდუოდენური სისხლდენა, სიმსივნეები. პაციენტთა უმრავლესობას თანდართული ჰქონდათ არტერიული ჰიპერტენზია, გულის ქრონიკული უკმარისობა, გულის იშემიური დაავადება, აორტის მძიმე ათეროსკლეროზი, შაქრიანი დიაბეტი, ქრ. პნევმონია და ორმხრივი პნევმონია დადასტურებული რენტგენოლოგიურად - 98% შემთხვევაში. კლინიკაში ყველა ხანდაზმულ პაციენტს მკურნალობა უტარდებოდა სახელმწიფო სტანდარტის მიხედვით. მკურნალობა ხშირ შემთხვევაში ტარდებოდა პროგნოზული პრეკურსორების კომიტირების პროცესის მართვით შესაბამისი პატენტების მიხედვით. საწოდდებების მთლიანი რაოდენობა შეადგენდა -1376. მკურნალობის მთლიანი ღირებულება დაახლოებით - 2476800. აქედან გამომდინარე საშუალოდ ერთ პაციენტზე მოდის 3,5 საწოდდე, რომლის ღირებულებაც შეადგენს -1678,5. გასაღები სიტყვები: ასაკოვანი პაციენტები, მკურნალობის მახასიათებელი, კრიტიკული პაციენტი.