Specific signs of diseases in the elderly

14 % of the population in the Czech Republic is over 65 years old.[1] The specific signs of diseases in old age include polymorbidity and changes in the clinical picture of diseases.

Polymorbidity in the elderly

A higher number of diseases can cause several conditions:

- **concomitant diseases** — they are not related to each other or causally cause each other, but one can worsen the course of the other and each of them affects (negatively) the overall condition of the patient;
- **causal chain** — the first disease causes another, and the latter causes another, ends in death (it is necessary to break the chain);
- **a combination of both**.

Clinical picture of diseases in the elderly

The clinical picture is largely influenced by polymorbidity. Typical conditions:

- **mono or oligosymptomatology** — the typical symptoms are present, but are manifested less than in the usual progression of the disease - for example, acute infection lacks fever and leukocytosis;
- **mono nebo oligosymptomatologie** — typically in diseases where the diagnosis is usually based on a range of symptoms, only some symptoms appear and sometimes just partially;
- **non-specific symptoms of the disease** such as weight loss, anorexia, fatigue (eg heart failure);
- **presence of only secondary symptoms** — confusion in MI , missing typical symptoms such as pain (for example due to diabetes mellitus);
- **complete absence of essential symptoms** — eg lack of defense in peritonitis , pain in MI.

On the contrary, there is a **uniform reaction** to the disease (almost any):

- fatigue,
- anxiety,
- depression,
- reduction of psychomotor response,
- delirium.

The most common diseases in elderly

More than 90% of people over the age of 70 suffer from one or more chronic diseases. [2]

- cardiovascular system — **CHD** (MI, angina pectoris), heart failure, **arterial hypertension**, [[]],chronic ischemic disease of the lower limbs, chronic venous insufficiency, **stroke**, arrhythmia.
- GIT — **gastroduodenal ulcer**, colorectal cancer, dysphagia.
- Endokrinology — **diabetes mellitus**, hypothyroidism, osteoporosis, obesity.
- Musculoskeletal system — **osteoarthritis**, skeletal muscle atrophy.
- Excretory system — **incontinence**, urinary tract infections.
- CNS — memory disorders, **dementia**, depression, delirium.
- Anemia for various reasons (chronic diseases, iron deficiency, B12).
- **Pain**.

Non-pharmacological precautions

The overall condition and severity of the disease can also be improved through regime measures (and thus reduce morbidity and mortality)[2]:

- physical activity - with regard to the joint load, short but regular walks, cycling or swimming are most suitable, it works as a prevention of obesity and CVD, it increases HDL cholesterol,
- calories intake – adequate to physical activity, despite reduced appetite (and drinking), prevention of malnutrition and dehydration , increase intake of fiber, fruits, vegetables and fluids,
- weight control — prevention of obesity, which worsens CVS and osteoarthritis,
- regular blood and cholesterol pressure checks are also recommended.

References

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2. TOPINKOVÁ, Eva. *Nemoci ve stáří* [online]. The last revision 2008-11-12, [cit. 2012-02-

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