

Poster presentation

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Influence of intrahospital treatment on cognitive function of geriatric patients

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Background

From March to June 2004 we have done mini mental test examination that included 100 patients – to prove connection between mental state and physical health of patients that belong to geriatric population (over than 65 years old – WHO).

Important are results that shows recover from main disease and increased values of MM score. This leads to conclusion that success of healing of patients can be followed and confirmed by results of mini mental test examination.

Materials and methods

In our hospital KBC "Zvezdara", hundred (100) of patients were tested, patients were tested when they were accepted to hospital but also on the end of hospital treatment. 32% patients who were tested, were mails and 68% were women.

For statistical examination of correlation between mental status of patient (expressed with mini mental score) with physical state of that patients so called Xi quadrat test was used.

Results

Examination shows that there is correlation between recovery patients of somatic diseases (which were noticed) and status of their gnostic functions.

Our examinations shows that group of patients 71 to 80 years old had highest statistical significance in the difference of mini mental score when we received patient to hospital and on the end of hospital treatment. Group of patients who did not showed big difference in results of MMSE on beginning and end of treatment were patients with hard diseases.

Per instance: malignancy in late stage, cardologic or pulmonary diseases in exacerbation.

In the group of very old people (81 to 90 years) there were no changes in value of MMSE between start and ending of hospital treatment.

Discussion

We suppose that the creation of clear diagnostic criteria for dementia and reversible cognitive deficit (RCD) in the sense of differential diagnosis would be of special significance to primary care medicine.

Reversible cognitive deficit is an extremely important problem for the geriatricians, because it is often the cause of poor communication between geriatricians and other specialists.

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