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She currently serves as head and vice-president of NZOZ "Zawidawie". She is the founder and member of the Ogólnopolskie Stowarzyszenie na Rzecz Rozwoju Otwartej Opieki Zdrowotnej "NOVA-MED" (the Polish association for the development of open healthcare „Nova Med”). Co-creator of the @ktywiny Senior project which is being realized on the basis of the facilities in the Centrum Sektor3 in collaboration with the „Umbrella” foundation and AVEC association. She is interested in hiking and floriculture.

Medical tests as one of the activities in the innovative @ktywiny Senior project

Summary: This article presents the results of preventive medical tests performed in the @ktywiny Senior project, which resulted in informing the patients that their health and fitness depends mainly on themselves. General problems of illness prevention are discussed and a description of the performed tests is given. The article is a description and conclusion of the realization of the medical component of the @ktywiny Senior project and it was conducted in the Niepubliczny Zakład Opieki Zdrowotnej "Zawidawie" healthcare facility in the Wejherowska medical centre in Wrocław.

Key words: preventive medicine, medical tests, seniors.

Introduction

The medical tests done in the *@ktywny Senior* project, whose aim was to increase the mobility, social, physical and professional activity of older people (above 60 years of age) and development of local initiatives for broadly understood social integration as well as opposing civilizational exclusion of old people¹⁾, were performed in March and February 2008.

The article is a description and conclusion of realizing the medical component of the *@ktywny Senior* project which was conducted in the Niepubliczny Zakład Opieki Zdrowotnej "Zawidawie" healthcare facility in the Wejherowska medical centre, located in Wrocław (ul. Wejherowska 28, building no. 4). Making the idea which originated from the NOVA-MED association a reality was possible thanks to the understanding and support of the Aktywne Centrum Zdrowia (Active Centre of Health, which owns NZOZ "Zawidawie") board.

The administrative staff of healthcare facilities are aware of the significance of preventive medicine in society, but the situation related to performing of any actual activity is generally bad. This mainly refers to adults, and even more to older people, for whom any projects are hardly ever realized, as if preventive medicine had no significance for that group! Actually it ought to be just the other way around – chronic illness prevention ought to be broadly understood especially in relation to adults and seniors.

Medicine is mainly occupied with biological reactions to illnesses and their genetic and environmental reasons. In the current healthcare model there is "neither the time, nor the means" for preventive medicine for seniors. The most significant fact is that healthcare cannot carry the weight of those activities because their outcome does not depend on it. A patient's state, both when they are healthy and when they are chronically ill, is influenced mainly by factors of the following nature: environmental (events in life, psychologically supporting stimuli), sociological, cultural (customs, ideas and values), cognitive (the character of perception, assessment, meaning) as well as behaviour (the ability or inability to cope). Every action aimed at amplifying the factors which improve those functions or skill can be considered preventive.

Health promotion and psychoprophylaxis should be realized e.g. by community leaders (elected from their local communities). The general practitioner (family doctor) plays a major role in the preliminary stage. The doctor notices the first symptoms of inability (in the psychological sense) in their patients and he or she can identify these people who need encouragement to take up activities which may allow the patients themselves to find a support group. Doctors who have earned their

¹⁾ Ferenc M., *Z założeń projektu @ktywny Senior*, unpublished.

patients' trust can pass on information and encourage them to perform such activities or – which I believe is the most effective – participate in tests similar to those which we conducted in the @ktywny Senior project. Collaboration with various local self-government institutions, foundations, universities and associations is a means to show patients the way to an active and joyful life.

Description of tests performed in NZOZ "Zawidawie" in Wejherowska medical centre in Wrocław

Before commencing the workshops everyone who volunteered in the program (they had received individual invitations by mail) took part in screening tests and filled out question forms – declarations of participation in the program. The tests consisted of checking the cholesterol and glucose level in capillary blood. Everyone with an incorrect result was directed to their doctor for further diagnostics and treatment. The test was performed by an experienced team consisting of one nurse and one laboratory technician. It was performed according to a detailed plan prepared by one of the team members, who also supervised the questionnaires and assisted the participants with additional information.

Sixty-two people were selected from the aforementioned group of those interested in taking part in the workshops, and they joined the preliminary project and took part in an introductory test, consisting of intellectual activity assessment using a modified MMES scale, the clock-drawing test as well as tests assessing balance and syncope proneness consisting of an orthostatic hypotony test, a balance test and the "stand up and go" test. The aim of these tests was to assess general intellectual and physical fitness. It was performed by a team of three experienced and specially trained (by a doctor) nurses and one test coordinator. The group of 62 people was examined on 6 different days so that each nurse had to examine 10 people every day. All tests were done in the morning because of seniors' better physiology in that time of day. Every patient took approximately 40 minutes to test.

All the patients volunteered with enthusiasm and participated actively in the tests. The result was that 5 people were given a low score (which was not a reason to exclude them from the project). The most common mistakes included incorrect backward counting and spelling, difficulty remembering, incorrect drawing of pentagons. An incorrect clock-drawing test result correlated with a lower general score, while some results here were incorrect despite a high general score. A link was observed between an incorrect clock-drawing test result and incorrect drawing of pentagons (problems with abstract thinking and spatial perception).

A large group of patients exhibited high arterial pressure, much higher than in the first test performed using the MMES technique, which proves that patients were stressed. Therefore, it is advised for blood pressure tests to be performed first. Unfavourable results of balance tests were not too frequent. All results, together with the assessment and advice, were passed on to the patients' family doctors (general practitioners – GPs) for continued observation and therapy for those who needed it.

After having finished the *@ktywny Senior* project workshops, medical examinations were done again and consisted of cholesterol level checking and spirometry. Repeating preliminary tests was rejected because of the high mean preliminary score. People with a high cholesterol result or unfavourable spirometry result were examined by a general practitioner and given advice as well as directed to further tests or therapy (one person was directed to extensive gastroenterological tests, eight patients were advised a lung RTG, two people had their hypolipemic therapy altered, eight people were advised and taught breathing exercises). The tests were done in 4 days (three hours a day) by a team consisting of one nurse, one medical technician and one medical doctor.

Conclusion

I did not give numeral and statistical data about the results of medical tests described in this article, because they are significant for further observation or therapy of the patients and were transferred to their individual documentation. The quality of the medical examination was assessed by the participants in a questionnaire after having finished the workshops and is a component of the report from the *@ktywny Senior* project included in this volume.

It is worth noting here that participants of the project were fully functional physically and intellectually and motivated to improve their health. They mainly needed some encouragement and an individual invitation to take part – the personalized invitations proved to be the key for the success of the whole project. The performed tests resulted in very good marks from participants and the perception of the patients' GP as one which positively stands out from other local GPs.

The medical staff's commitment to performing their tests is a necessary condition of success, but the time and means needed for realizing such a project are available only in at least medium-sized healthcare facilities. However, external financing may be pursued.

The result of medical tests done in the *@ktywny Senior* project was successful prophylaxis and making the patients realize that their health and fitness depends mainly on themselves. The seniors declared the will to continue performing the exercises they had been taught. It is to be expected that it will reduce their need for health services through higher comfort of life and reducing risk factors such as sedentary lifestyle, loneliness and the feeling of exclusion.

Bibliography:

Ferenc M., *Z założeń projektu @ktywny Senior*, unpublished.