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Psychogeriatrics in Croatia

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Croatia is a central-European, Mediterranean country with a long, indented coast line along the Adriatic Sea. It has a surface area of 56,542 km², with an accompanying sea surface area of 31,067 km². Croatia consists of three natural geographic regions: the continental region, primarily consisting of Pannonian lowlands, the highlands and the maritime regions, which include the northern Croatian maritime region and the southern maritime region also known as Dalmatia. The capital city of Zagreb (pop. cc 780,000) is located in the continental region of Croatia, whereas most of the other larger cities (pop. of up to 200,000 people) are located on the coast of the Adriatic. There are many, very beautiful old towns and small cities both along the main land shore and on the islands of the Adriatic Sea. According to statistics from the year 2004, the population of the whole of Croatia is 4,439,400 people, of this number 738,500 (16.64%) are over 65 years of age. This places Croatia among elderly populated countries. The life expectancy for men is 72 yrs and for women 79 yrs. It is predicted that by the year 2025 the share of people over the age of 65 will be 27% of the general population, so there will be twice as many elderly people as there will be children!

Although Croatia's economic status is at the lower end of that of developed countries (GBP - cc 8,000 USD), as a post-socialistic, transitional country, with a newly developed market economy (since 1991), medical care standards are relatively high, but medical costs and spending go beyond the country's economic means. While to the young and vital members of the population this disproportion is only a source of frustration, due more to expectation rather than the actual realization of health care services, to the less resourceful, weak and discouraged elderly, especially those suffering with dementia, the organization and quality of treatment and care as well as rehabilitation, are insufficient. It must be emphasized that the scope of medical care

given to the elderly, especially in larger cities, primarily by family doctors and in the hospitals, during acute somatic conditions, is relatively good. The majority of problems, regarding medical care for the elderly, are associated with long term treatment of chronic illness, care and rehabilitation within their homes and institutions. Psychogeriatric treatment and rehabilitation is at an even lower level than that of somatic illnesses in the elderly population. The unsatisfactory treatment of those suffering with dementia is especially evident. To illustrate: during the year 2004, in the whole country 165,309 people over the age of 65 were hospitalized which is 28.38% of all those hospitalized that year. Of that number, 5,238 or 3.17% were hospitalized due to mental or behavioral disorders (section V according to ICD 10) which is 13.51% of the total number of hospitalizations due to mental illness, during the year 2004.² In Croatia, epidemiological statistics on dementia are not quite reliable. Most sources estimate that 77,000 people in Croatia suffer with various stages of Alzheimer's disease,³ which is 10.4% of the elderly population over 65 years. The Association for Alzheimer's Disease was founded in Croatia in the year 1999, it counts 550 members and it is a member of Alzheimer's Disease International (ADI). The next, Third Croatian conference for Alzheimer's disease, with international participation, will be held from 7-10 September 2006 in the northern part of the Adriatic coast, on the Brijuni Islands.

Some institutional forms of long term care, for the psychogeriatric population, exist throughout the country, in 22 specialized nursing homes, of which there are rarely those that satisfy the criteria for comprehensive care of patients with dementia. The total capacity of these homes is about 3,300 people; unfortunately, competing for accommodations are also younger persons who are, due to mental disorders, unable to care for themselves. Throughout the country there are 107 all-purpose homes for the elderly, with an

overall capacity to accommodate cc 13,500 persons. Patients with mild forms of dementia are placed in such all-purpose homes along side those who choose to live in such institutions because there they receive better care than they would in their own homes. For patients with dementia, such homes provide barely any specialized rehabilitation programs. Care for psychogeriatric patients, outside of institutions, is also insufficient, for it only encompasses a small percentage of those who are in need of such care. This form of care can be realized through, so-called, geriatric centers. These centers provide direct, integrated care for the elderly within the community. Their primary goal is to keep the elderly population functioning as long as possible within the community, in their own homes.

Croatia is a country with a large rural population (about 40% of the population live in rural areas). After the war for independence from the former federal state of Yugoslavia in 1991/92 much of the younger population migrated to the cities so that the traditional link between younger and older generations, in the rural areas, weakened. Throughout rural Croatia the lack of organized care for the elderly is especially evident, even for those in good health. To illustrate, on some of the islands of the Adriatic Sea the number of elderly persons is over 60%. These people are forced to live independently. Although on the surface their lives may appear idyllic, as we watch them harvesting scarce crops, handling vineyards, picking olives, weaving fishing nets and playing bocci, loneliness and separation from younger generations gives rise to fear, not only for what tomorrow brings but for what awaits them that very evening. This we learn from the very first words they speak in answer to our question "How do you live?"

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