

GEBAM BÜLTENİ

Hacettepe Üniversitesi GERIATRİK BİLİMLER Araştırma ve Uygulama Merkezi


2004 Yılı Yayınlarımız

Yaşlılık Gerçeği



Önsöz

Yılmaz Gökcé Kutsal

Genel Bilgiler

Ergun Karataşoğlu, Jale Karataş

Yaşlılık ve Halk Sağlığı

Nazmi Bilir

Yaşlıda Ağız ve İş Sağlığı

Hulya Çelik, Ergun Karataşoğlu, Nur Hersek

Yaşlılara İlaç Kullanımı

Gürsel Şahin, Tevfik Baydar

Yaşlılık ve Hemşirelik Hizmetleri

Fethiye Erdil, Seval Güven Çelik, Melda Subaşı Baybağ

Yaşlılıkta Fiziksel Bağımsızlık ve Yaşam Kalitesi

Ayşe Karaduman, Keban Vüter, Özgen Aras, Yılmaz Yıldız

Beslenme Risk Taraması ve Yaşılı Beslenmesi

Perihan Atakan, Neslişah Rakıcıoğlu

Yaşlılıkta Sosyal ve Ekonomik Yaşam

Gürsel İnceoğlu, Sıvrioğlu, Derya Hamzaoğlu, Hülya Öztop, Arzu Şenar

65 Yaş Üzerindeki Kişilerin Sağlık Durumları, Fiziksel

Aktiviteleri ve Sosyal Yaşamıyla İlgili Araştırma Formu

Ankara Örneği-2003

Sağlıklı ve Başarılı Yaşlanma



Önsöz

Yılmaz Gökcé Kutsal

Yaşlanan Toplum

Nazmi Bilir

Yaşlanma ile Görüleme Sıklığı Artan Hastalıklar

Serhat Anoğlu

Yaşlılarda Kalp Damar Hastalıkları

Lale Tokgözoglu

Yaşlanma ve Alzheimer Hastalığı

Kınayık Selektor

Yaşlılarda Görülen İnfeksiyonlar ve İnfeksiyonlardan

Korunma Yolları

Sevhan Ural

Kemik Sağlığı

Yılmaz Gökcé Kutsal

Eklem Sağlığı

Yılmaz Gökcé Kutsal

Yaşlılarda Deri Sağlığı ve Bakımı

Nilgün Atakan

Ağız ve Diş Sağlığı

Nur Hersek, Hulya Çelik, Mervevit Trıtagı Başerim

Yaşlılarda İlaç Kullanımına Bağlı İstenmeyen Durumlar

Gürsel Şahin, Tevfik Baydar

Yaşlılıkta Beslenme

Neslişah Rakıcıoğlu

Fiziksel Aktivite ve Egzersiz

Ayşe Karaduman

Yaşının Evde Bakımı

Fethiye Erdil

Yaşlı ve Aile

Ata Şener, Hulya Öztop, Seval Güven

Yaşlılarda Sunulan Hizmetler

Ümit Oral

Orta Yaş ve Yaşılıkta Psiko-Sosyal Değişimler

Rovide Bayuktur

Ölümün Evrimsel Öyküsü

Ali Demirsoy

YAŞLANMA Ulusal Eylem Plani

Başbakanlık
Devlet Planlama Teşkilatı;
Sosyal Sektörler ve
Koordinasyon Genel Müdürlüğü tarafından koordine edilen
"Ulusal Eylem Planı" hazırlanırken H.Ü. GEBAM tarafından
yayınlanan **Yaşlanma 2002 ULUSLARARASI EYLEM PLANI**
başlıklı yayın temel alınmıştır.
H.Ü. GEBAM yönetim kurulu üyeleri söz konusu ulusal
komite çalışmalanna aktif olarak katkı sağlamışlardır.

yaşlanan kadın sempozyumu

7 Mart 2005

Bu bulgu çok onemlidir çünkü şimdide kadar kullanılan osteoporoz ilaçları kemik erimesini geciktirmeye çalışmaktadır. Statinlerin kemik oluşumunu kemik morfo genetik protein-2 yi artırarak yaptığı bilinmektedir. İnsanlarda klinik kullanımında da bu bulgunun gösterilmesi osteoporoz ve kardiyovasküler hastalık bağlantısını daha iyi ortaya koymak ve tedavide önemli olacaktır.

VİSERAL YAĞ DOKUSUNUN YAŞLI KADIN VE ERKEKLERDE KALP KRİZİ İLE İLGİSİ; SAĞLIK, YAŞLANMA VE VÜCUT BİLEŞİMİ ÜZERİNE BİR ÇALIŞMA

Association of visceral adipose tissue with incident myocardial infarction in older men and women: the health, aging and body composition study.

Nicklas BJ, Penninx BW, Cesari M, Kritchevsky SB, Newman AB, Kanaya AM, Pahor M, Jingzhong D, Harris TB.

Section on Gerontology and Geriatric Medicine, Sticht Center on Aging, Wake Forest University School of Medicine, Winston-Salem, NC.

Am J Epidemiol. 2004 Oct 15;160(8):741-9.

Vücut yağı dağılımının değerlendirilmesi yaşlıda kalp krizi risk faktörü olarak önemli olabilir. Bu çalışmada sahici 1116 erkek ve 1387 kadın yaşlıda yağı dağılımının kalp krizi riskiyle ilişkisi araştırılmıştır. 4.6 yıllık takip süresince 71 erkek ve 454 kadında kalp krizi görülmüştür.

Erkeklerde kalp krizi ile yağ dağılımının ilişkisi bulunamazken, kadınlarda viseral yağı oranı kalp krizi için bağımsız belirleyici olarak bulunmuştur ($p < 0.001$).

YAŞLILIKTA SIK GÖRÜLEN SAĞLIK SORUNLARI: FARİNGEAL LOKMA GEÇİŞİNE ETKİ

Common medical conditions in the elderly: impact on pharyngeal bolus transit.

Kendall KA, Leonard RJ, McKenzie S

Department of Otolaryngology, Head and Neck Surgery, University of California, Davis, Sacramento, California 95817, USA. katherine.kendall@ucdmc.ucdavis.edu

Dysphagia. 2004 Spring;19(2):71-7.

Yaşlıarda yutma sağlık sorunlarının bir sekeli olarak olumsuz yönde etkilenebilir. Uzun süreli hipertansiyon ve artrit gibi sağlık sorunlarının yutma zorluğu yapıp yapmadığı bilimmemektedir. Bu çalışmada kronik hastalığı olan ve olmayan ve yutma zorluğu bulunan yaşlıların faringeal lokma geçiş süreleri karşılaştırılmıştır. 63 sağlık sorunu olan ve 23 olmayan yaşlıda video floroskop ile ortalama farinks lokma geçiş süreleri karşılaştırılmıştır. Kronik sağlık sorunu olanlarda bu surenin anlamlı olarak uzadığı bunun da en belirgin kronik hipertansiyonda olduğu gösterilmiştir.

GEBAM Bülteni-2004

Yayına Hazırlayan Dr. Faruk Ünal

H.Ü. GEBAM

Hacettepe Üniversitesi Geriatrik Bilimler Araştırma ve Uygulama Merkezi

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Tel/Faks: 0312.305.13.93

Grafik tasarımcı, uygulama ve basım:

Hacettepe Üniversitesi Hastaneleri Basımevi tarafından yapılmıştır.

Yer : Kırmızı Salon Hacettepe Üniversitesi Kültür Merkezi – Sıhhiye Saat : 09:30 – 17:00

“DÜNYA KADINLAR GÜNÜ” ETKİNLİKLERİ ÇERÇEVESİNDEN



- Yaşlanan Dünyada Yaşlanan Kadın
- Toplumsal Cinsiyet Bakış Açısıyla Yaşlanan Kadın
- Yalnızlık-Yoksulluk-Yaşlılık
- Yaşlılık ve Üretkenlik
- İhtiyaçlıdan Yaşlanmak
- Yaşlanan Kadının Sağlık Sorunları
- Menopoz ve Sonrası Üreme Sağlığı Sorunları
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- Sağlık Hizmetleri
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“belediyeler ve yaşlılar” KURSU

6-7 Ocak 2005



PROGRAM

1.Gün 6.Ocak.2005

- | | |
|-------------|---|
| 9.30-10.00 | <ul style="list-style-type: none"> • Açılış Prof.Dr. Yılmaz Gökcen Küçük • Saygı Duruşu • H.Ü.GEBAM'ın Tanıtımı Doç.Dr. Faruk Ünal • Konferanslar |
| 10.00-10.45 | <ul style="list-style-type: none"> • Yaşlılar İçin Sağlık Taramaları Prof.Dr. Nazmi Bül |
| 10.45-11.15 | <ul style="list-style-type: none"> • Kahve Arası |
| 11.15-12.00 | <ul style="list-style-type: none"> • Yaşının Ağız ve Diş Bakımı Prof.Dr. Nur Hürseç |

- | | |
|-------------|--|
| 12.00-13.30 | • Öğle Arası |
| 13.30-14.15 | • Yaşlılarda ilaç kullanımı Doç.Dr. Tadev Baydar |
| 14.15-15.00 | • Yaşlılarda bilinci beslenme Doç.Dr. Neslihan Raklıoğlu |

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|-------------------|--|
| 2.gün 7.Ocak.2005 | <ul style="list-style-type: none"> • Yaşlıya Yönelik Hemşirelik Hizmetleri Prof.Dr. Fethiye Erdil • Yaşlı İçin Fiziksel Aktivite Prof.Dr. Ayşe Karaduman • Kahve Arası • Yaşı ve Allie Yrd.Doç.Dr. Sevil Güven • Yaşlılar İçin Sosyal Hizmetler Yrd.Doç.Dr. Ümit Onat |
|-------------------|--|



International Institute on Ageing'den Prof. Joseph Troisi'nin mesajı;

CAPACITY BUILDING and MANPOWER TRAINING IN THE FIELD OF AGEING: THE ROLE OF THE INTERNATIONAL INSTITUTE ON AGEING, UNITED NATIONS - MALTA



INTRODUCTION

One of the most significant phenomena of the twentieth century has been Population Ageing, or the dramatic increase in the number and proportion of persons aged sixty and over. It has become a major concern facing the whole world. In fact, the first quarter of the twenty-first century has often been called The Age of Ageing.

According to United Nations estimates, in the year 2000, throughout the world, there were 600 million persons aged 60 and over, constituting 10 per cent of the world's total population. By the year 2025, these figures are projected to rise to almost 1,171 million, almost double. It is quite alarming to realise that 21 years hence, older persons will constitute almost 15 per cent of the world's population.(1)

More alarming is the fact that within the population of older persons the older age groups will register an even faster growth over the 1980-2025 time span. Thus, while the persons in the 60-69 age group are expected to increase from 212 to 606 million (an increase of 186 percent) and the persons in the 70-79 age group are expected to increase from 121 to 360 million (an increase of 198 percent), by the end of the first quarter of the twenty-first century, the number of octogenarians will register an increase of 235 percent, from 34 to 114 million.(2)

Although ageing is not a sickness, with advancing age, pathological conditions tend to increase. As they advance in age, people find themselves generally slowing down, some of their faculties declining and, at the same time, developing certain impairments. These gradually limit the older person's ability to autonomy and to undertake the normal activities of daily living. The most aged groups are those most likely to be disabled and at higher risks to long-term diseases. Furthermore, they are those most likely to be widowed, living alone and to have a lesser number of supportive relatives, if any at all. This will inevitable result in a heightened demand for medical facilities and extended supportive services.

The significant increase in life expectancy unavoidably implies not only a heightened demand for existing support services, but also for new services and alternative approaches for the care of the older population. Consequently, new approaches to medical care and the delivery of social and economic services are needed. The non-achievement of such standards would result in dire consequences including unnecessary suffering and prolonged dependence among the older persons involved.

HEALTHY AGEING

The Second Priority Direction of The Madrid International Plan of Action on Ageing, deals with Advancing health and well-being into old age. (3)

Good health is a vital individual asset, and, at the same time, a high overall level of health of the population is vital for economic growth and the development of societies. In this context, the long-term objective of health policies should be to ensure that increased longevity is accompanied by the highest attainable standard of health.

Healthy ageing should not be considered only from the medical point of view but must be fully integrated into an overall holistic approach. The health problems of older persons must be considered within a broader context. One cannot but emphasise the mutual interplay of social and environmental factors. The health and happiness of older persons are dependant upon social, emotional, and psychological factors as well as the purely clinical aspects of physical and mental health.

In order to meet the challenges of ageing populations, it is crucial that social and health services place increased emphasis on health promotion, disease prevention and physical and mental rehabilitation which incorporates a life-long approach to positive health. The continuum of care provision needs to be from the primary care sector to the secondary and tertiary care sectors, fully utilising the skills of all health providers.

The management of health services should respect the principle that primary health care should play a leading role, while referrals to secondary and tertiary hospital care should be limited to cases requiring specialist skills and facilities.

SHORTAGE OF TRAINED PERSONNEL

A number of countries stand today at a critical turning point for confronting the challenges and issues generated by a projected rapidly growing older population. This phenomenon calls for the provision of economic and social support to the particular requirements of the older citizens. Moreover, although older persons have many needs and conditions which they share with the rest of the population, they have some which are specialised and age-oriented.

Following upon the first World Assembly on Ageing in July-August 1982 in Vienna, Austria, a number of governments throughout the world started becoming more aware of the implications of population ageing within their own countries. Various care programmes and

delivery services aimed at meeting the needs of older persons started emerging. In spite of this, however, the results achieved so far have only been modest. One of the reasons behind this failure was the fact that, very often, the very people who were directly involved in the delivery of these services lacked the basic skills and orientation to carry out their roles competently. (4)

Although in many developing countries, the need for training in the fields of geriatrics and gerontology has been recognised, little attention has been given by national governments to the development and planning for the training of personnel in the various areas of ageing.

As a result, a serious deficiency being faced by many developing countries is the acute shortage of trained personnel at all levels, including the social and health professions. In almost all developing countries, most of the people providing a service to older persons, lack basic gerontological skills.(5)

Aware that "those who give most direct care to the elderly are often the least trained, or have insufficient training for their purpose."(6) the Vienna International Plan of Action on Ageing laid particular emphasis on the need of training at all levels all those who are actually working or who intend to work in the field of ageing. In fact, in Recommendation 57, it was pointed out that the implementation of many of the 62 recommendations fundamentally required trained personnel in the field of ageing.

Recommendation 7 urges that "Practitioners and students in the human care professions (e.g. medicine, nursing, social welfare, etc.) should be trained in principles and skills in the relevant areas of gerontology, geriatrics, psychogeriatrics and geriatric nursing". Furthermore, Recommendation 59 stresses the fact that "training in all aspects of gerontology and geriatrics should be encouraged and given the prominence at all levels in all educational programmes".

Governments and competent authorities are called upon to encourage new or existing institutions to pay special attention to appropriate training in gerontology and geriatrics.

When referring to education and training in the various aspects of ageing, there is the danger of restricting these to high levels of specialisation given at universities resulting in the production of geriatricians and gerontologists. In fact Recommendation 54 clearly spells out that "education and training in the various aspects of ageing and the aging of the population should not be restricted to high levels of specialisation but should be made available at all levels". This includes all those who work with older persons be it home or in institutions, be they volunteers or family members, as well as the older persons themselves. Recommendation 7 states "the population at large should be informed in regard to dealing with the elderly who require care. The elderly themselves should be educated in self-care".

Twenty years later, The Madrid International Plan of Action on Aging, 2002 constantly reiterated, in various articles, the importance of training and of having trained personnel. Issue 4 in the Second Priority Direction is totally devoted to the training of care providers and health professionals.

Article 82 states "There is an urgent worldwide need to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programmes on health and older persons for professionals in the social service sector".

Article 83 stresses the need to "expand professional education in gerontology and geriatrics, including special efforts to expand student enrolment in geriatrics and gerontology".

Article 58 states "the health care and services need to include the necessary training of personnel and facilities to meet the special needs of the older population".

Article 75 clearly mentions the training of primary health-care workers and social workers in basic gerontology and geriatrics. There is need to develop and ensure observance of training and quality standards.

However, even in The Madrid Plan of Action the need of education and training is not only limited to the health professionals and the formal carers but emphasizes the need of such training at all levels.

THE INTERNATIONAL INSTITUTE ON AGEING, UNITED NATIONS-MALTA

For a number of years, Malta has been playing a very important role in the field of ageing. In fact, in 1969, a resolution tabled by the Maltese government to consider the phenomenon of population ageing as a global phenomenon and to give it priority consideration was unanimously accepted by the UN General Assembly at its twenty-fourth session.

In pursuance of its long-standing interest in international cooperation in the field of ageing, the government of Malta, in 1985, proposed to the United Nations Secretary-General that, in response to the world-wide need for research and training in the field of ageing, as strongly recommended by the Vienna Plan of Action, a United Nations Institute on ageing was to be established. Its main aim was to help developing countries prepare themselves for the economic, social and political impact of the rapid and dramatic changes in the population structures.

By its Resolution number 1987/41, the Economic and Social Council, recommended to the Secretary-General the establishment of the International Institute on Ageing, United Nations-Malta. Subsequently, on the 9th October 1987, the United Nations signed an agreement with the Government of Malta to establish the Institute as an autonomous body under the auspices of the United Nations and the host government. Almost six months later, on the 15th April 1988, the Institute was officially inaugurated by the Secretary-General of the United Nations Mr. Javier Perez de Cuellar.

The Institute's mandate is tripartite in nature namely: 1) to train personnel from developing countries who are working or who intend to work in the field of ageing or with older persons; 2) to provide advocacy to developing countries in matters concerning ageing and older persons;

3) to act as a practical bridge between developed and developing countries in the area of information exchange in the field of ageing.

To implement its UN given mandate, INIA closely collaborates with all the UN bodies and agencies especially the Programme on Ageing, the World Health Organisation (WHO), the International Labour Organisation (ILO), the United Nations Fund for Population Activity (UNFPA), the United Nations Development



Programme (UNDP), the United Nations Regional Commissions, etc. INIA's collaborative partners also include other international and national organisations, universities and non-governmental organisations, both national and international.

TRAINING: INIA provides multi-disciplinary education and training in gerontology and geriatrics at various levels. During 1988 it organised 4 international expert group meeting to draft training programmes in: Social Gerontology, Economic and Financial Aspects of Ageing;

Geriatrics; Demographic Aspects of Population Ageing And Its Implications for Socio-Economic Development Policies and Plans.

During the past 14 years more than 1,300 persons from 132 countries have benefited from these four short training programmes annually held in Malta.

In addition, 1,162 persons have participated in 20 "in situ" training programmes carried out in 18 different countries.

In running these training programmes, INIA makes use of a strong multi-disciplinary team of international lecturers and tutors, bringing with them a wide variety of expertise and knowledge. It is their diversity in background and experience which adds colour to each of the training programmes.

206 persons from 46 different countries have read for the Postgraduate Diploma in

Gerontology and Geriatrics at the Institute of Gerontology and Geriatrics, University of Malta. This academic course was designed by an international group of experts during a meeting on Long Term Training in Gerontology and Geriatrics which was convened by INIA in 1989 in collaboration with the University of Malta, and with the participation of representatives from WHO, ILO, the UN programme on Ageing and UNESCO.

With the support from UNFPA and the Merck Institute of Ageing and Health, INIA has made available a number of scholarships to deserving candidates who wanted to participate in its training programmes. The aim of INIA's programmes is the multiplier effect namely to train people in the areas of Gerontology and Geriatrics who will in turn be able to train others in their respective countries.

As a result of the heavy demand for its training programmes and in order to better implement its UN mandate at capacity building in the field of ageing, INIA has set up two satellite centre on training in the field of ageing. SAGE, Singapore is responsible for the ten ASEAN countries while CASP, India is responsible for the six SARC countries. Other satellite centres are planned to be set up in the future in South America and the Middle East.

INFORMATION EXCHANGE: Through its network made up of academics, professionals, practitioners and past participants, all working in the field of ageing, INIA has succeeded in building up a data bank and in disseminating

information on ageing in and between different countries and regions. Furthermore, INIA's quarterly journal BOLD has proved to be a very efficient means of information exchange.

ADVOCACY: INIA also provides advocacy to governments in developing countries to help them in formulating and implementing national and local policies and programmes in the field of ageing. Such a service has been provided to the governments of Bahrain, Croatia, Egypt, Kuwait, Morocco, Pakistan and Tunisia. At present, INIA's international experts are engaged in helping the government of Tunisia to formulate its Ten Year Plan of Action on Ageing. INIA has also been engaged to oversee the implementation of this Plan.

CONCLUSION

The gap between the projected increases of the older population and the consequently required services, combined with the parallel development of the personnel needed to carry out these services creates a pressing and urgent need to train appropriate staff. A number of countries stand today at a critical turning point for confronting the challenges and issues generated by a projected rapidly growing older population.

It has been proven time and again that sporadic activities which are usually neither systematic nor extensive, cannot be expected to solve the problem. Hence a comprehensive education/training programme needs to be formulated aimed at covering both those already active in the field of ageing as well as those who will be recruited in the future.

In order to have an integrated and overall understanding of the phenomenon of ageing and adequately meet the special needs of the rapidly expanding older population, training of personnel has become a major issue which needs to be tackled with emergency lest events overtake history.

Professor Joseph Troisi
Deputy Director

REFERENCES

1. UNITED NATIONS, (1989). *Global Estimates and Projections of Population by Sex and Age: The 1989 Revision*, United Nations, Department of Public Information, New York.
2. *ibid*
3. UNITED NATIONS, (2003). *World International Plan of Action on Aging*, United Nations Department of Public Information, New York.
4. UNITED NATIONS, (1982). *Vienna International Plan of Action on Aging*, United Nations, Department of Public Information, New York, 88-11724, Report May 1982.
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6. UNITED NATIONS, (1982). *op.cit.*, No 60, p.21



INTRASEREBRAL KANAMA. YAŞLANMANIN BEYİN ÖDEMİ VE NÖROLOJİK KAYIP ÜZERİNE ETKİSİ

Intracerebral Hemorrhage. Effects of Aging on Brain Edema and Neurological Deficits.

Gong Y, Hua Y, Kepp RF, Hoff JT, Xi G. *Stroke*.

2004; 35:2571-5

From the Departments of Neurosurgery and Physiology, University of Michigan, Ann Arbor.

Intraserebral kanama genellikle ileri yaşlarda görülmesine karşın, deneyimli intraserebral kanama çalışmaların genç hayvanlar üzerinde yapılmıştır. Oysa yaş, beyin travmasında oluşan cevabın mikroglia ve astrosit reaksiyonları ve plazmacyt ilgilendirmesi nedeniyle önemli bir faktördür. Bu çalışmada genç (3 aylık) ve yaşlı (18 aylık) ratalar üzerinde intraserebral 100 mikrolitre otojen kan enjeksiyonu ile yapılmıştır. Yaş değişken olarak kabul edilerek beyin ödem, glial reaksiyon, stres proteini (HSP 27 ve 32) ve nörolojik kayıplar karşılaştırılmıştır. Yaşlı ratalarda daha çok ödem ($p < 0.05$) ve daha güçlü glial cevap ve daha çok HSP değerleri ($p < 0.05$) ve daha az astrosit reaksiyonu görülmüştür.

Sonuç olarak yaşın intraserebral kanamada önemli bir değişken olduğu görülmüştür.

KALORİ KİSITLAMASI, METABOLİK HİZ VE ENTROPI

Caloric restriction, metabolic rate, and entropy.

Demetrius L.

J Gerontol A Biol Sci Med Sci. 2004 Sep;59(9):B902-15.

Department of Organismic and Evolutionary Biology, Harvard University, Cambridge, MA 02138. ldemetr@oeb.harvard.edu

Kalori kısıtlaması pek çok hayvan türünde yaşamı uzatır. Bu makale bu etkinin mekanizması olabilecek olan metabolik

stabilitete; organizmanın uzun yaşamının redoks çiftlerinin sabit değerlerinde korunmasına bağlılığını öne sürmektedir.

Denge-uzun yaşam hipotezini metabolik aktivitenin moleküller bir modeli ve evrimsel değişim entropik teorisile birleştirerek yaşamaya gelişimsel bir yaklaşım üretilmesi amaçlanmıştır. Bu yeni teorinin esas temeli metabolik stabilitenin kalori kısıtlaması artırıp hayat süresini uzatmaktadır. Rattarda yapılan çalışmalar kalori kısıtlamasının hayatı uzatlığına göstermiştir, ancak insanlarda (ratlara göre geç cinsel maturasyon ve yüksek entropi varlığı) bu uzamanın ihmali edilebilir düzeylerde olduğunu düşünülmüştür.

SENİL KATARAKT

Senile cataract: a review on free radical related pathogenesis and antioxidant prevention

Ferrer J, Sastre J, Pallardo FV, Asensi M, Anton V, Estrela J, Vina J, Miquel J.

Arch Gerontol Geriatr. 1991

Jul-Aug;13(1):51-9.

Instituto Gerontológico de la Comunidad Valenciana, Departamento de Fisiología, Facultad de Medicina, Universidad de Valencia, Spain.

Lens için glutatyon metabolizması çok önemlidir. Bu sebeple deneyimli glutatyon eksikliğinin senil katarakt benzeri bir tabloya yol açması ve katarakt vakalarında glutatyonun az olduğundan belirlenmesi surpiz dejildir. Bu nedenle geriatri tıbbında lens içinde glutatyonu artırmak; bu amaçla da lens kapsülü ve membranlarının geçebilen glutatyon monoetil esteri ilaç olarak kullanmak yararlı olabilir. Bunun yanına kataraktin erken evrelerinde düşük doz asetil sistein de eklenebilir. Bu çalışmanın diğer bulgularında ise yüksek doz laktoz alımı olanlarla laktoz kısıtlamasının da katarakt oluşumunu geciktirdiği gösterilmiştir. Bu derfeme kataraktin yüksek risk faktörlerini (yüksek laktoz alımı ve düşük antioksidan) belirlemiştir ve önemi konusunda fizyolojik antioksidan kullanımının yararını vurgulamıştır.

YAŞA BAĞLI İŞİTME KAYBI: Schucnecht tipolojisinin durumu

Age-related hearing loss: the status of Schucnecht's typology.

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Department of Otolaryngology, Washington University, St. Louis, Missouri, USA.

Curr Opin Otolaryngol Head Neck Surg. 2004 Oct;12(5):439-43.

Yaşa bağlı işitme kayiplarında yapılan son çalışmalar Schucnecht'in tiplendirmesine göre değerlendirilmiştir. Schucnecht'in tiplendirmesi yaşa bağlı işitme kayiplarının nedenleri hakkında test edilebilir hipotezler öne sürülmektedir. Şu anda daha iyi bir alternatif olmadığı için yapılması gereken bu tiplenmeyi modifiye ederek iyileştirmek olmalıdır. Son çalışmalar etkilenen hücrelerin sayısını artırmaktadır. Özellikle de sensör olmayan destek hücrelerinin patogenezdeki rolü artmaktadır. Bunları desteklemek içincé fare çalışmalarından yararlanılmaktadır.

KARDİYOVASKÜLER HASTALIK VE OSTEOPOROZUN DİREK BAĞLANTISI VAR MIDİR?

Are cardiovascular disease and osteoporosis directly linked?

Whitney C, Warburton DE, Frohlich J, Chan SY, McKay H, Khan K.

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Sports Med. 2004;34(12):779-807.

Yılarda osteoporoz ve kardiyovasküler hastalığın yaşılık sonucu ortaya çıkan aynı hastalıkları oluşturan dengesizliklerde beraber bazı kesin bulgular ilişkili olduğunu göstermektedir. Yakın zamanda kolesteroldü azaltmak için kullanılan statinlerin yeni kemik oluşumuna neden olduğu gözlenmiştir.



Literatürden Seçmeler

ORTA YAŞLI KADINLARDA ŞİŞMANLIK VE KİLO ALMA RİSKİNE MEYVA VE SEBEZ TÜKETİMİNDEKİ DEĞİŞİKLİĞİN ETKİSİ

Changes in intake of fruits and vegetables in relation to risk of obesity and weight gain among middle-aged women.

He K, Hu FB, Colditz GA, Manson JE, Willett WC, Liu S.

Int J Obes Relat Metab Disord.

2004 Oct 05

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Orta yaşı kadınlarda kilo alımı ve diyetteki sebz-meyve alımının ilişkisini belirlemek amacıyla; 38-63 yaşlar arasında 74063 hemşire üzerinde 12 yıl süren bu çalışma planlanmıştır. Olgular diyetleriyle ilişkili bilgi vermiş ve kilolarını kaydetmişlerdir. 12 yıl takip sonrasında daha çok sebz-meyve tüketen grupta % 24 daha az obesite riski ($BMI > 30 \text{ kg/m}^2$) belirlenmiştir ($p < 0.0001$). Belirgin kilo artışı konusunda ise ($> 25 \text{ kg}$) en çok sebz-meyve tüketenlerde risk % 28 daha azdır ($p = 0.01$).

Sonuç olarak diyette artmış sebz-meyve tüketimi uzun süre içinde kilo alma ve obez olma risklerini belirgin olarak azaltmaktadır.