
Sempozyum kapsamında Prof. Dr. Nazmi Bilir ‘Yaşlanmanın Toplum’; Prof. Dr. Servet Anıl ‘Yaşlanmanın İlk Gözlemlenme Sıkılgı Artan Hastalıklar’; Prof. Dr. Lale Tokgözüoğlu ‘Yaşlılarda Kalp Damar Hastalıkları’; Prof. Dr. Kaynak Seleker ‘Yaşlanma ve Alzheimer Hastalığı’; Prof. Dr. Serhat Unal ‘Yaşlılarda Sık Görullen Infeksiyonlar ve Infeksyonlardan Korunma’; Prof. Dr. Yeşim Göçek Kutsal ‘Komik ve Eklemler Sağlığı’; Prof. Dr. Nilgün Atakan ‘Yaşlılarda Değişiklik ve Bakımı’; Prof. Dr. Nuri Hersek ‘Ağz ve Diş Sağlığı’; Prof. Dr. Günlü Sahin ve ‘Yaşlılarda İlaç Kullanımına Bağlı Istenmeyen Durumlar’; Doç. Dr. Neslişah Rakıcıoğlu ‘Yaşlılıkla Beslenme’; Prof. Dr. Ayşe Karaduman ‘Fiziksel Aktivite ve Egzersiz’; Prof. Dr. Fethiye Erdi ‘Yaşlının Evde Bakımı’; Yrd. Doç. Dr. Seval Güven ‘Yaşlı ve Aile’; Yrd. Doç. Dr. Umit Onat ‘Yaşlılara Sunulan Hizmetler’; Prof. Dr. Rüveyde Bayraktar ‘Orta Yaş ve Yaşlılıkta Psiko-Sosyal Değişiklikler’; Prof. Dr. Ali Demirsoy ‘Ölümün Evrimsel Öyküsü’ başlıklı konuşmalarnı yaptılar.

**Yaşlanma Ulusal Eylem Planı 2002**

Başbañlanik
Devlet Plânlama Teşkilatı; Sosyal Sektörler ve Koordinasyon Genel Müdürlüğü tarafından koordine edilen "Ulusal Eylem Planı" hazırlanımda H.Ü. GEBAM tarafından yayınlanan Yaşlanma 2002 ULUSLAR ARASI EYLEM PLANI başlıklı yayın temel alınmıştır.

H.Ü. GEBAM yönetim kurulu üyeleri söz konusu ulusal komite çalışmaları aktif olarak katkılı olarakработля.
yaslanan kadin sempozyumu
7 Mart 2005
Yer : Kirmizi Salon Hacettepe Universitesi Kültür Merkezi – Sihhiye Saat : 09:30 – 17:00

“DÜNYA KADINLAR GÜNÜ” ETKİNLİKLERİ ÇERÇEVESİNDİNDE

Yaşlanan dünyada Yaşlanan Kadın
Toplumsal Çinsiyet Bakış Açısıyla Yaşlanan Kadın
Yaşlanmak ve Yaşlanma
İhtiyar edilen Yaşlanmak
Yaşlanan Kadının Sağlık Sorunları
Menopoz ve Sonsuza Üreme Sağlığı
Menopoz ve Sonsuza Üreme Sağlığı
Zihinsel Sağlık
Yaşlılık Estetik
Sağlık Hizmetleri
Sosyal Hizmetler
Yaşlanan Kadın ve
Sivil Toplum Kuruluşları
Yaşlanan Kadın İçin Çevre Düzenlemeleri

Yaşlanan Kadin ve Erikenlede
Kalp Krizi ile Ilgisi
Sağlık, Yaşlanma ve
Vücut Bileşimini Üzerine
Bir Çalışma

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, Casarini D, Kritchevsky SB, Newman AB, Kanaya AM, Pahor M, Jiangdou D, Harris TSH.

Section on Gerontology and Geriatric Medicine, Stett Center on Aging, Wayne State University School of Medicine, Detroit, MI.


Vuot yaş değişiminin degerlendirmesi yaşında kalp krizi riski arttıran olup önemlidir. Bu çalışmadı sağlıklı 1116 erkek ve 1387 kadın yaşında yaş yaşının değişimini kalp krizi riski ile ilişkisi araştırılmıştır. 4,6 yıllık süre içerisinde 71 erkek ve 454 kadınla kalp krizi görülmüştür. Erikenle kalp krizi ile yaş değişimini ilişkisi bulunmuşken, kadınlarda visceral yaş oranı kalp krizi için bağımsız belirleyiciler olarak bulunmuştur (p<0.001).

Yaşlilikta Sık GörülEN Sağlık Sorunları: Faringeal Lokma Geçişine Etki

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

Kendall KA, Leonard RJ, McKendle SJ.

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belediyeler ve yaşlılar kursu
6-7 Ocak 2005

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tarafından yapılmıştır.
International Institute on Ageing'den Prof. Josef 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 650 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 1.7 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.

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 660 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), the persons in the 80-89 age group are expected to increase from 41 to 121 million (an increase of 200 percent) and those in the 90-99 age group from 3 to 11 million (an increase of 300 percent).

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 act autonomously and to undertake the normal activities of daily living. The most age 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 inevitably 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 satisfactory rates 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.

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 dependent 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 health care sector, 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, 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 countries 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 main fears of failure in this area was 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.

As a result of long-standing interest and need 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 their health personnel in these fields.

As a result, a serious deficiency facing 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.

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 age.

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 a lack of interest in training for non-specialists, especially the 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 the care of the elderly who require care. The elderly themselves should be educated in self-care."

Twenty years later, the Madrid International Plan of Action on Ageing, 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.

Unfortunately, there is an urgent worldwide need to expand educational programmes in the fields of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programmes on health and other services for professionals in the social service sector.

Article 33 states 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 all health personnel in 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 by the lack of trained personnel in formal careers 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 the consideration 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 Secretariat-General that, in response to the worldwide 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 for themselves the social and political impact of the rapid and dramatic changes in the population structures.

By its Resolution number 49/1074, 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 Government of Malta. 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 persons from developing countries who are working or who intend to work in the field of ageing; 2) to provide advocacy to developing countries in matters concerning ageing and older persons; 3) to act as a practical bridge between developing and developed countries in the area of information exchange in the field of ageing.

To implement its UN mandate given by the General Assembly, UNICA closely collaborates with all the UN bodies and agencies especially the World Health Organisation (WHO), the International Labour Organisation (ILO), the United Nations Fund for Population Activity (UNFPA), the United Nations Development Programme (UNDP) and many other organizations.

To inform the public, the Institute's activities are published in a Newsletter, "International Institute on Ageing" and in a Newsletter for the elderly, "The Elderly Times."
ORTA YAŞLI KADINLARDA ŞİŞMANLIK VE KİLO ALMA RİSKINE MEYVE VE SEBZE TÜKETİMİNDEKI DEĞİŞIKLİKİN 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.
Department of Preventive Medicine, The Feinberg School of Medicine, Northwestern University, Chicago, IL, USA.
Orta yaşlı kadınlarda kilo alımı ve diyetteki sebze-meyve alınımı ilikisini belirlemek amacıyla 38,63 yaş arasında 7,063 hengence verildi: 12 yl sûren bu çalışma planlanmıştır. Diğer diyetlerle ilgili bilgi verilmemiş ve kilodan kayıplar olmuştur. 12 yl tamsonsuzda daha çok sebzemeyvi tüketen grup %24 daha az obez riski (%30-30 kg/m²) belirlemiş (%p<0,001). Ortalama kilo artığı konusunda ise (z5=20 kg) en çok sebzemeyvi tüketenle risk %29 daha azdı (%p<0,01). Sonuç olarak diyette artmış sebze-meyvi tüketimi uzun süre içinde kilo alma ve obez olma risklerini belirgen olarak azaltmaktadır.

KALORI KIŞTILANMA
METABOLİK HIZ VE ENZİMLER
Caloric restriction, metabolic rate, and longevity. Demetrius L.
Department of Organismic and Evolutionary Biology, Harvard University, Cambridge, MA 02138, USA.

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

Professor Joseph Trolst
Deputy Director

REFERENCES


Yılara osteoporoz ve kardiyovasküler hastalıkların geleneksel olarak bu ortaya çıkan bir gerçekdir. Bununla birlikte, otonom yan ekipler ve dehşet gibi bir durum yapılmaktadır. Bu durumda kastanın yüksek risk faktörlerini (yokluk laktato alım ve diyetik anoksidan) belirleyici ve önemi konusunda fryolyozik anoksikan kastanın yarını vurgulamaktadır.