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Primary health care and geriatric medicine in Denmark

AGEING – DISEASE – FRAILTY

The ageing process can be described in a simple model – called the Verbrugge model. The first step are changes at the cell and tissue level. These changes cause changes at the organ level resulting in changes in the basis functions (for instance communication, vision, orientation) and in more complicated patterns of action and activities of daily living. In case of disease the model shows the results on different levels: Pathology – Impairments (diagnosis) – Functional limitations – Disability.

In the traditional medical examination and treatment we have focused on the two first steps. When we are assessing the elderly people it is also very important to focus on the two last levels. In order to plan the target for the rehabilitation it is necessary to know the functional status previous to changes in the health status of each individual person.

For the general practitioners and the professionals in the primary sector it is fundamental to be aware of small changes in functional status in order to evaluate the reason for the changes. It is important that the professionals do not relate small changes – for instance difficulties in doing shopping – to an expression of age alone but try to evaluate the reason for the changes. To be able to differentiate between the ageing process and changes because of disease is the fundamental issue. The Verbrugge model can be used to describe the preventive possibilities among elderly people – both in relation to primary, secondary and tertiary prevention.

It is very important for the professionals in the health care system to look at the elderly people in a dynamic perspective. We shall be aware of risk situations and try to look forward to what is going to happen if we do not intervene. To be able to assess the elderly people at an early stage of functional limitations gives the possibility to intervene before the health problems grow to a level where the severity of disabilities makes the

rehabilitation ineffective. It is not a disease to be old but most diseases occur among elderly people. Immobility, instability, incontinence, dementia and medicalization are very important to be aware of.

DENMARK - DEMOGRAPHY

The current population of Denmark amounts to 5.1 million people and 15% of the inhabitants are aged 65 years or more. The mean lifetime is 78.6 years for women and 73.7 years for men. As in most European countries both the absolute and relative number of the elderly have increased in recent years. This increase has been most pronounced for women.

Several investigations of the functional status of the elderly and of their social and living conditions have been made. Among the elderly aged 65 and over 5% are living in nursing homes, 10-15% are dependent of other people's help, 5-10% need a little help and 70% are living independent of other people's help. About 50% of the elderly people over 70 years live alone. The traditional responsibility for older members of the family has been transferred from the family and private assistance to the public sector during the last 50 years.

All elderly people in Denmark receive an old age pension, and if they are without private means or income of a certain size, they are offered financial support, for instance to heating, dental treatments, pedicure, glasses and drugs. Elderly people have the possibility of participating in cultural, political, and religious arrangements, just like younger people. Clubs for the elderly are widely spread over the country; members take part in the administration of the clubs which are supported financially by the community. The activities vary from entertainment to discussions about social, political, and cultural topics. These activities are orientated towards all pensioners, but in practice, the majority of the participants are active and well-functioning old people.

HEALTH CARE SERVICE IN DENMARK

The health care system in Denmark can be described as a four divided system. The primary sector consists of the home care and the general practitioners care, the secondary sector of the hospitals and the nursing homes. During the last years there has been a strong movement to combine the sectors. Instead of having walls between the four sectors it is necessary to create collaboration between them – to break the walls down. The responsibility for providing social services for the elderly people rests with the municipal councils.

Home help arrangements are considered as one of the most important ingredients of these public services. The main duties are: cleaning, laundering and personal as-

sistance. The community decides the extent of the offered service. Also important is the home helper's role as a contact person – partly with the old person himself and partly with the social authorities. Approximately 25% of the elderly over 70 receive home help service which is free of charge for the elderly people. The district nurse is free of charge. The most frequent services are injections, wound treatments, personal hygiene and inspection. In most of the communities a 24-hour service from home help/district nurse is available if needed to the elderly people with severe disabilities.

Municipal authorities have the obligation to establish day centres with welfare services – some are primarily restricted to handicraft work, study groups, etc. In other centres, however, the purpose is to preserve and strengthen the physical and psychological capabilities of the elderly in order to prevent institutionalisation. Meals are delivered to a limited extent from kitchens in nursing homes. The price is approximately 5 US dollars per meal. After a home visit from an occupational therapist aids and house modifications can be offered by the community. A personal emergency call is available if the elderly person suffers from fall episodes. In Copenhagen City about 6,000 elderly people have these calls at home. The communities are obliged to introduce dental care to frail elderly persons at their own homes. The participants pay a symbolic amount yearly.

THE GENERAL PRACTITIONER

The primary health care system in Denmark has the general practitioner as its central figure. The GPs are established in independent private practice. They operate exclusively outside the hospitals. General practitioners are primarily financed through The Health Insurance. Membership in the Health Insurance is compulsory to the population and is paid through taxes. The general practitioners are mostly family physicians to his/her patients. He or she, therefore, generally knows at any time what is happening to their patients and their families. Hospital attention can be obtained (emergencies excluded) only by referral from general practitioners or practising specialists.

General practice has contact with about 80% of the elderly people 65 years of age and over at least once a year. Therefore in relation to older people, we have made recommendations for a preventive program, not only to strengthen and stimulate the preventive initiatives, but also to strengthen and stimulate the daily general curative work with older persons, when functional abilities decline.

HOSPITALS

The hospitals in Denmark are financed through public taxes, and the administration is transferred to the local county councils. There are very few private hospitals. About 25% of all admissions to hospitals are the elderly aged 65 years or more, and half of the bed days are used by this age group. About 15-20% are admitted to hospitals because of unmet nursing needs. About 2/3 of the elderly are discharged within 14 days and most of their health problems are the same as in younger patients.

The geriatric departments are attached to the hospitals. The speciality Geriatric Medicine was established in 1972 and is now a branch of the speciality Internal Medicine. The number of hospital beds in geriatric units are about 1,000 in Denmark. The patients have chronic diseases – often with multiple complaints – reduced functional capacity and social and/or psychological problems. The aim is to diagnose, treat, reactivate and rehabilitate old people and to collaborate with the primary health sector to give the elderly the possibility to return to their homes (about 3/4 of the patients). The mean number of bed days per admission is about 30 days compared with about 6 days in the acute medical units. There are no elderly people using the hospital as a kind of nursing home.

The future trend is that the geriatricians make comprehensive geriatric assessment among disabled elderly patients at an early stage. Acute/subacute referring to a geriatric team (physician, nurse, physiotherapist) is available. The geriatric team works both in the hospital and at homes of the elderly in close collaboration with the primary health care team.

Dwellings for the elderly contain independent dwellings, sheltered flats and nursing homes. The communities have in most municipalities the right to allocation. About 5% of elderly aged 65 years and over live in nursing homes. In most cases they have their own room with bath and toilet. A movement to change the nursing homes from institutions to more private or own homes is ongoing.

PREVENTION

A growing knowledge and interest of preventive efforts among elderly people has developed during the last years – primary, secondary as well as tertiary prevention. Examples: a legislation obliges the communities to perform preventive home visits to elderly people over 75 years at least twice a year. The community can decide who of the professionals should perform the visits. Follow-up home visits after discharge from hospital have proved a reduction in readmission frequencies, and are examples of secondary and tertiary prevention.

Ethical issues of the elderly in Denmark have primarily been debated in relation to the treatment of disabled and handicapped elderly people – especially among demented

elderly. Examples of topics of debate have been: the rights of self-determination, the respect of patient autonomy, discrimination of elderly patients in relation to priority debate in the health care system, under/over diagnosis and under/over treatment, the private/family versus the public support to disabled elderly patients, terminal care.

This is still not a perfect elderly people care system in Denmark but the development during the last 25 years allows to have an optimistic attitude to the professional efforts among elderly people in the future.

Please refer to the authors for other literature items.
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SUMMARY

In Denmark with its population of 5.1 million, 15% of inhabitants are people aged over 65 and – just like in other European countries – the percentage of elderly people has increased in the recent years. A model of geriatric care in Denmark was presented in this study. The Danish health care system has been briefly described in respect of the care for the elderly. Life conditions of the elderly people in Denmark as well as social and health care services provided for them were discussed.

Podstawowa opieka zdrowotna a medycyna geriatryczna w Danii

W Danii, liczącej 5,1 miliona mieszkańców, 15% stanowią ludzie powyżej 65 roku życia i tak jak w większości krajów Europy odsetek ludzi w podeszłym wieku wzrósł w ciągu ostatnich lat. W pracy przedstawiony został model opieki geriatrycznej w Danii. Opisany został w skrócie duński system opieki zdrowotnej w aspekcie opieki na ludźmi starymi. Omówione również zostały warunki życia ludzi starszych i świadczenia opiekuńczo–zdrowotne, jakie mogą mieć zapewnione osoby w podeszłym wieku w Danii.