Results: Five hundred elderly patients with diabetes mellitus were serially included. The prevalence of chronic kidney disease was 56.4%, and they were distributed through the stages 3 to 5. Patients having proteinuria with decreased eGFR (proteinuric nephropathy) were 33.8%. There were significant differences between patients with eGFR < 60 versus > 60 ml/min/1.73m² in acute myocardial ischemia and peripheral vascular disease, but not stroke (p = 0.023, < 0.001 and 0.56 consecutively). Impaired eGFR and/or proteinuria were significant predictors of acute myocardial ischemia and/or peripheral vascular disease. Area under the curve for proteinuric nephropathy was significantly higher than that for decreased eGFR as discriminator for acute myocardial ischemia and/ or peripheral vascular disease. Area under the curve for proteinuric nephropathy was significantly higher than that for decreased eGFR as discriminator for acute myocardial ischemia and/or peripheral vascular disease. A study on patients with proteinuria and decreased eGFR (proteinuric nephropathy) had higher discriminatory power than decreased eGFR for cardiovascular disease. Area under the curve for proteinuric nephropathy was significantly higher than that for decreased eGFR as discriminator for acute myocardial ischemia and/or peripheral vascular disease. Area under the curve for proteinuric nephropathy was significantly higher than that for decreased eGFR as discriminator for acute myocardial ischemia and/or peripheral vascular disease.

Radial versus femoral access for primary percutaneous interventions in acute myocardial infarction in over 55 years old patients

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Radial versus Femoral Access for Primary Percutaneous Interventions in Acute Myocardial Infarction in Over 55 Years Old Patients Nireen Khalefa Okasha, Yasser Gomaa El-Kashlan, Haitham Abdelfatah Badran, Mohamed Magdy Mohamed El Saied Mahmoud Kenawy Cardiology Department, Ain Shams University ABSTRACT.

Background: The femoral artery is by far the most frequently used access for both peripheral and coronary angiography; however femoral access isn’t always possible in all patients due to many reasons, The transfemoral approach (TFA) has been until presently the main-stay for arterial access PCI in the setting of acute STEMI, while the transradial approach (TRA) is gaining ground in elective and to a lesser extent in primary procedures. Indeed, transradial approach has been shown to have several advantages over transfemoral approach. The number of over 55 years old patients undergoing percutaneous coronary intervention has increased over the last few decades. Studies have demonstrated that old age is a significant predictor of failure in procedures performed using the radial route due to tortuosity and that it is associated with a greater need for conversion to an alternate access route. However, old age is a significant risk factor for severe bleeding and vascular complications related to the procedure. Although access through the radial artery is an attractive option for PCI in elderly patients, due to its potential to reduce vascular complications and therefore to reduce bleeding, the technical challenges typically encountered using the radial approach and the potentially reduced rate of success of the procedure in these patients may discourage interventionists from using it in this scenario.

Aim of the Work: Our study aimed to evaluate safety (expressed as potential reduction of bleeding complications) in the TRA compared to TFA in over 55 years old patients presenting with acute STEMI who are referred for primary PCI, and to assess the efficacy (expressed as door-to-balloon time) of TRA in comparison to TFA.

Patients and Methods: This study was conducted on 40 patients presenting to Nasser Institute with recent onset of acute STEMI undergoing revascularization via primary PCI in the period from December 2016 till December 2017, the patients were divided into 2 equal groups, for the first group primary PCI was performed via TFA while for the second group via TRA.

Results: Are under processing.

Role of geriatrics levels of care in providing integrated service

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Elderly healthcare system is characterized by being in multiple levels. Each level is having its special criteria, objectives, team and structural design. Those levels are either institutions or non-institution. Sometimes there is overlap between those services. There is a great need to improve the knowledge among health care providers, policy makers and public about those services. Training and cooperation between several governmental institutes are mandatory to provide geriatric health services in comprehensive manner. There is a great need to have all those levels in Egypt taking in consideration our special cultural habits and believes and economic circumstances.

The challenge of restorative medicine with ageing

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Homeostasis is the tendency of an organism to maintain internal equilibrium by the regulation of its bodily processes. When these processes go away for whatever reason, then a disease state can ensue. Most of the time the body can and will heal itself. But, just occasionally, it needs a little help to rebalance itself. This is the function of Restorative Medicine. It is not a specific type of medication, but rather a way of treating the body’s physiology as a whole. It proposes that most of diseases are all fundamentally the same because they are caused by the same problem: an imbalance of our body’s physiology, more specifically hormones and important vitamins and minerals.

Restorative medicine’s goal is to achieve optimal health, through balancing hormones and correcting physiological errors, which go onto accomplish harmony within the body and its systems. By doing so, it treats the ‘cause’ rather than the ‘effect’ of the multiple symptoms By optimizing function in the five main areas which are MIND, BODY, HORMONES, NUTRITION and TOXIN REMOVAL, many disease states improve and can actually reverse making you feel and look better.

The model of geriatric care: Tunisian experience

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Tunisia, a middle-income country in the north of the African continent, has one of the highest percentages of elderly persons...
aged 65 and above among Arab countries. Demographic, social, political and economic realities, especially after the Tunisian revolution have created new realities with ageing of the Tunisian population. The healthcare system in the country is an adaptation of the European model. This topic explore our experience about care of the Elderly. A number of population policies have been set since the 1990s to protect older people. The Ministry of health started from 2000 to develop health programs targeting older people within its structure. The aim of this program for the geriatric patient is to provide a full geriatric medicine intervention to every patient with geriatric profile admitted to a General Hospital. The health services were distributed all over the country.

At this moment all Tunisian Universities are teaching geriatric medicine to undergraduate students and in the postgraduate course of the master’s degree,

In Monastir City Internal and Geriatric Medicine Department was established in 2006, The staff will work with patients and their careers, in interdisciplinary team approach, conductive to learning and continual development, which promotes rehabilitation for the older persons. Three services offered: Inpatient service, day hospital and weekly geriatrics outpatient clinic. The care program also comprises of a geriatric multidisciplinary internal liaison team and external geriatric liaison to organize a better follow up of the patients who are discharged. Conclusion: Tunisia is undergoing a rapid demographic transition. It is recommended to improve both in scope and in quality, the health services oriented to older persons especially those suffering from dementia