Editorial

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Dementia and Pressure Ulcers in Greece during the Economic Crisis, the Last Samurai

Gregory Tsoucalas

History of Medicine, Faculty of Medicine, University of Thessaly, Larissa, Greece

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Corresponding author: Gregory Tsoucalas

gregorytsoucalas@yahoo.gr

Agios Georgios, Hellenic Reference Centre for Alzheimer Disease and Related Syndromes, Alykes, Volos, Greece.

Tel: 00306945298205

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Editorial

Despite our increased efforts in chronic hospitalized dementia patients, pressure ulcers (PU) remain a major health care issue, affecting patient's quality of life and psychological peace of both the caregivers and physicians. A PU is defined as a skin lesion caused by unrelieved pressure resulting in damage to the underlying tissue. Caring for an individual with Alzheimer's disease or a related dementia can be challenging and at times overwhelming. There is a higher rate of functional and cognitive impairment with dementia coinciding with immobility, which results in a higher rate of decubitus ulcers, affecting areas like heel, ball of foot, coccyx **[Figure 1]**, and shoulder blades [1]. Moreover, diabetes, post-fracture state, infections, multiple sicknesses, dysphagia, malnutrition, deep vein thrombosis, are increasing the probability for the appearance of a "bed" ulcer. The term "bed" could be the most appropriate, as during the end stage dementia most patients spend their time confined on wheel chair or bed [2]. Advanced dementia and pus in the same patient results in earliermortality. The median survival is significantly shorter in comparison with similar patients without PUs [3]. Trajectories of treatable, burdensome symptoms such as PU at the end of life in specialized centres should be a priority focus for quality improvement. Despite all efforts to prevent a PU by providing support surfaces that redistribute pressure and by turning residents to reduce length of exposure (every 2 or 4 hours intervals), they seem as an unavoidable incident. With thorough and comprehensive medical management, much pus may heal completely without the need for surgical intervention. It is most likely though, that a surgical treatment would be needed. Many are the issues to be addressed, spasticity must be controlled, nutritional status must be optimized, and the wound must be clean and free of infection. In the case of a significant fecal soiling into the injury, diverting colostomy should be considered before reconstruction [4,5]. All these barriers they produce a burdensome financial cost regarding the great numbers of dementia patients (almost 200.000) among an aging population in Greece [6,7]. Can Greece manage such a situation during an economic crisis? Do those patients deserve the best treatment? As Greece should attend to it, a series of ethical considerations emerge. Us, the physicians, we are wondering between patients, caregivers, ethical obligations and insufficient funds, as the last samurai, to fight both an emotional-ethical and an economic battle with a doubtful outcome at best.

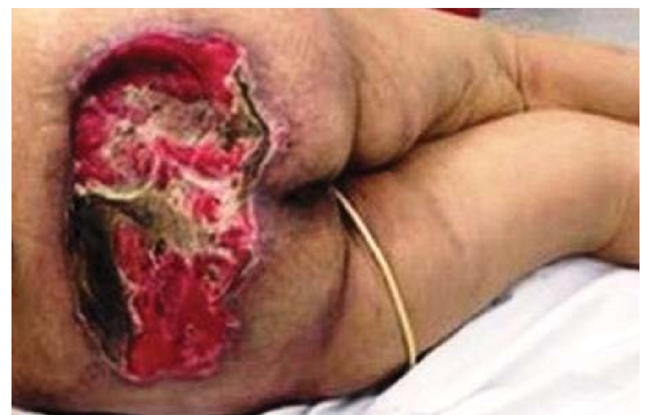

Figure 1 Pressure ulcer, coccyx area, stage 4.

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