Mental health services for the elderly in central and eastern European countries
Dostępność usług w zakresie zdrowia psychicznego dla osób starszych w krajach środkowej i wschodniej Europy

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**Key words:** old age psychiatry, mental health service providers, social stigma

**Słowa kluczowe:** psychogeriatria, dostawcy usług w zakresie zdrowia psychicznego, stygmatyzacja społeczna

Summary
The ageing of the population is becoming a reality in both developed and less developed countries. The increased frequency of mental health problems occurring among the elderly requires a multidisciplinary approach to assessment, diagnosis and treatment. The author presents the challenges confronted by old age psychiatry as a specialty, and its organization in Central and Eastern Europe. The organization of services for the elderly patients suffering from mental illness in our part of the world is also discussed, as well as the tasks faced by old age psychiatry in respect to educating the public and reducing the stigma and discrimination against elderly persons with mental disorders. For the future, Romania has suggested organizing European Regional Courses in Romania, Poland, the Czech Republic, Yugoslavia and Turkey, and a summer course in Romania in each year, in order to develop specialized old age psychiatric services in all our countries, to the extent that is possible. Every old age psychiatrist knows that the stigma and discrimination associated with mental disorders are the cause of suffering, disability and economic losses. Stigma remains, perhaps more than in more developed countries, a major obstacle in ensuring access to good care for the elderly. Thus WHO and WPA have introduced a program to assist in reducing the stigmatization of older persons with mental disorders.

Streszczenie
Starzenie się populacji staje się rzeczywistością zarówno w bardziej, jak i mniej rozwiniętych krajach. Rosnąca częstotliwość problemów w zakresie zdrowia psychicznego wśród osób starszych wymaga wielodyscyplinarnego podejścia do oceny, diagnozy i leczenia chorób psychicznych w tej populacji. Autorka przedstawia wyzwanie, przed którymi stoi psychogeriatria jako specjalizacja oraz jej organizację w krajach środkowej i wschodniej Europy. Poza tym omawia również organizację usług zdrowotnych dla osób starszych cierpiących na choroby psychiczne w tej części świata, jak również zadania psychogeriatry w zakresie kształtowania opinii publicznej i zmniejszenia stigmatyzacji i dys-
Aging is a progressive decline in function and performance, which accompanies advancing years [1]. Cicero noticed that the old people preserved their intellects if they maintained their interests. The loss of interest, of creativity, of the desire to learn, the disengagement from current concerns, which are supposedly part of normal psychological aging, favor a state of thoughtful detachment. Elderly have a variety of needs influenced by aging process, the conditions of the third age of the retired person who has suffered the loss of significant social ties and the expectations of the fourth age with the fatality of the “Great passing” [2]. Multiple loses in old age - death of relatives and friends, declining health, loss of status and roles, low economical level, loss of independence, security of accommodation, are important in decreasing the quality of life and increasing the mental health problems in the elderly.

All these lose represent in fact the principal elderly’ needs. Most of the basic physical and psychological needs are same in all age groups. Only in this way we shall be able to try and begin their care and the rehabilitation with all the aspects that derive from this. These basic needs have to be known and accepted by the care team, which must also have a close liaison with general practitioners (GPs), geriatricians, families and carers and other social services, forming a multidisciplinary team [3]. One may add the continue increasing of old people proportion in the general population to the social, economical and medical problems that old age arises to the society.

The aging of population is becoming a reality in the developed and in less developed countries, too. In our country, around 12% from general population are over 65, comparatively with Northwest Europe where 14-16 % are over 65. In Japan 14% are over 65, in USA 10 %, Canada 9 %, China 6 % (11 % in 2020), Mexico 6,3 %, in India only 2-3 % (7 % in 2020). In the countries of the former Soviet Union between 6,9 % in Kazakhstan 12,6 % in Russia, 13,8 % in Ukraine are over 65 [WHO]. The increased frequency of mental health problems of the elderly requires readaptative approaches of the development of the old age psychiatry [4].

Psychiatry of the elderly is a branch of psychiatry and forms part of the multidisciplinary delivery of mental health care to older people [4, 5]. Geriatric psychiatry becomes a basic discipline for all the socio-medical providers and a specialty for physicians and health workers who devote themselves to the care of the elderly. [4 - J. Wertheimer 1996].

It is necessary a multidisciplinary approach to assessment, diagnosis and treatment. In the psychiatry hospital there are elderly patients who developed chronic mental illness at a younger age and elderly with late onset mental disorders, coexist or not with physical illness and complicated or not by social problems.

For the elderly, social isolation and loneliness are among the most frequent cause of hospitalization and its length and cause of placement in nursing homes. The sad truth is that many old people suffer in silence until too late and they form one third of those who kill themselves [1].

**Our questions are:**
1. What do we generally expect from Old Age Psychiatry?
2. How is Old Age Psychiatry organised in the Eastern Europe countries?
3. Old Age Psychiatry in Romania.
1. What do we generally expect from OAP?

- the specialty of Old Age Psychiatry (Lausanne Consensus statement 1996) [4]
- the organisation of services (Consensus statement 1997) [6]
- education (Consensus statement 1998) [7]
- reducing stigma and discrimination against older people with mental disorders
  (Consensus statement 2002) [8]

1.1. The specialty of Old Age Psychiatry (Consensus statement 1996)
Only in a few countries OAP is a recognized specialty. The specialty of the elderly requires a grounding in general psychiatry, general medicine and gerontology as well as a training in the specific aspects of both psychiatric and medical conditions as they occur in older people. The increasing need for psychiatric care for the elderly as a result of increase in life expectancy and the success of geriatric medicine, together with growing knowledge about late onset mental disorders can motivate young psychiatrists and geriatricians to be involved in this new sub-specialty [9].

1.2. The organisation of services (Consensus statement 1997)
In the last years, in most countries the psychiatric services are undergoing substantial changes. The mental services have been more and more orientated towards the community [3,10,11,12,13,14,15].

General principles
Good health and life of good quality are fundamental human rights [16]. This applies equally to people of all age groups and to people with mental disorders. Governments have a responsibility to improve and maintain the general and mental health of older people and to support their families and carers by the provision of health and social measures adapted to the specific needs of the local community.

Specific principles
Good quality of care is comprehensive, accessible, responsive, individualized, trans-disciplinary, accountable, and systemic (CARITAS) [6].

Care needs
Prevention, early identification, comprehensive medical and social assessment (including diagnosis), management, continuing care, support and review of the individual and carers, information, advice and counseling, regular respite, advocacy, residential care, spiritual and leisure needs. The special needs of older people were not always recognized and respect by the generic services [12].

Components of services
Community mental health team for older people, In-patient services, Day hospital, Day centres, Outpatient services, Hospital respite care, Continuing hospital care, Liaison services, Primary care, Community and social support services, prevention.

Responsive action should lead to the development, appropriate to the local conditions, of the components of services, which will adequately address these needs. It is also important to support the carers [3, 11] and to involve them and users in their treatment and planning of care [6, 9, 17]. The general practitioner and community nurses have also to be involved in the care of the elderly and would be opportune to participate in the domiciliary visit of the psychiatrist [3, 11, 12]. One of the key theoretical issues for the future development of community services is likely to be the distinction between care and treatment. Psychogeriatric services will need to retain a proportion of their long stay beds for rehabilitation and treatment of elderly with resistant functional illness and demented people with behavioural problems [12]. Day programs also contribute to the reducing stigma and discrimination by reducing isolation, increasing the abilities to face to daily life, thus as well the mental health and the well-being level of the elderly [15]. Monitoring and evaluating are essential elements for making the delivery of care during this transition phase in organisation of services of psychiatric care [18].
1.3. Education (Consensus statement 1998)
The objectives of education are to promote development at every level for all those concerned and indicate the groups to whom education should be offered and what to teach and teaching methods [7].

1.4. Reducing stigma and discrimination (Consensus statement 2002)
One of the objectives should be to promote debate on the stigmatization of older people with mental disorders and their families and suggest policies, programs and actions to combat it. The stigma is unacceptable and everyone has the right to be protected against it. The main goals of a strategy to reduce stigma and discrimination are to: ensure that the appropriate health and social care providers can meet the needs of elderly with mental disorders and their carers, examining our own attitudes and practices, ensuring appropriate treatment and care, and also to involve all of us in this action (government local/national, ONGs, professionals, carers and families, media, schools, Universities and vocational training groups - police, fire service). Stigma and discrimination attached to mental disorders are associated with suffering, disability and economic losses. Elderly with mental disorders carry a double burden, which deserves special attention. Thus, WHO and WPA have introduced a program to assist in the reduction of the stigmatization of older people with mental disorders [8].

2. How is OAP organised in the Eastern Europe countries?
2.1. Background and current activities
- Need for recognition of OAP in the region;
- Need for national education and training program for professionals and for GPs;
- Need for national program to establish OAP services and other providers services for elderly (NGOS, churches);
- Economical problems and national fundraising to support national psychogeriatric organizations;
- Need to promote meetings for GPs, nurses, carers.

A new strategy in approaching mental health in the range of all psychiatric and community care services must take the following into consideration: integration of mental health care, creation of services adequate to specific needs of patients according to the types of disorders and to their personalities, cultural and educational level, continuity of care by cooperation among various services providers, working in the multidisciplinary team, involvement of the community, principle of geographical catchment areas [2, 19]. Stigma remains, maybe more than in developed countries, a major obstacle in ensuring access to good care for the elderly. Stigma against elderly mentally ill leads to the development of negative attitudes: prejudice, ageism, mistaken beliefs about individual’s responsibility, negative attitudes towards professionals and services [8]. The negative attitudes lead to discrimination against older people with mental disorders, against their families, professionals, services, in term of: poor quality treatment and care, marginalization within care systems, inadequate funding at national and local levels, victimization, abuse, neglect, poor quality of life, Government neglect and lack of legislative protections. In most of our countries, in Romania also, the national program for the elderly does not exist or is not financed yet.

2.2. Issue defined in individual countries
Ex-Yugoslavia
- field doesn’t exist in OAP;
- there are not specialized psychogeriatric services;
- there are no OAP National Association, only a section in National Geriatric Association Serbia.

Demographic estimations qualify Serbia on the 10th place among 20 countries with the oldest citizens. The National Committee for Mental Health was established in January 2003 by Ministry of Health Republic of Serbia and gives a certain importance to psychogeriatric issues. The committee faces difficult tasks: lack of skilled professionals, lack of motivation, lack of net of psychogeriatric services (there are some ambulatory care services for the elderly in Belgrad, there are not day centers, respite hospitals for demented), lack of resources.
Now in Serbia do exist: an Institute of Gerontology, the Home Treatment and Care in Belgrade provides treatment and care for old disabled and functionally dependent people, in which more than third of them were diagnosed as demented; an Institute of Psychiatry which has Psychogeriatric Unit with 79 beds; there are about 8000 old people in nursing homes in Belgrade, half of them are refugees; an Institute of Geriatry with 100 beds. The Geriatric Section of Serbian Association of Doctors keeps regularly meetings and pays great attention to psychogeriatric topics; thus they organised a Psychogeriatric Round Table at the Gerontology Congress held in Vrnjacka Banja in May 2002.

Serbia is up to changes in health organizing system. It is very sad because former Yugoslavia had one of the best health systems all over the world, ruined through the last ten years. Psychogeriatrics is in process of changing.

Republic of Macedonia
There is a Centre for Geriatric Psychiatry in the Psychiatric Hospital “Skopje” founded in 1996, with two Psychogeriatric departments - 40 beds (the first one was opened in 1983), the Psychogeriatric ambulance, council and club.

In 2000, the Geriatric Psychiatry department participate in the Symposium of Geriatry in the Faculty of Medicine in Skopje, in 2001 there was presented a report, in the section of Psychiatric Association in Macedonia “ Perspectives of Geriatric Psychiatry”.

There is a special session for Geriatric Psychiatry in all Psychiatry Congresses in Macedonia. But the problems of Geriatric Psychiatry have not found yet their place in the Macedonian Health, unfortunately in the Macedonian Psychiatry either. The professionals, like all those in all developing countries, are really in difficulties to continue the medical education.

Poland
- OAP is not defined as important field;
- there are problems with services and primary care;
- there are Sections of Geriatric Psychiatry;
- lack of resources;
- in this year the EAGP Congress will be organised in Wroclaw.

Czech Republic
- Education - undergraduate and post-graduate level;
- Specialty diploma and certification;
- Promotes research.

Turkey
According to the last census in 2000, people of 65 years and older represent 6% of total population.
- low number of doctors specializing in geriatrics and psychogeriatrics;
- there is a National OAP Association with rich scientific activities, which organized in Istanbul the IPA Regional Congress in 1999;
- a drastic shortage of modern institutions for the elderly care: day care units, care of the elderly at their homes, few nursing homes (10% of beds are spared for demented and physically debilitated patients), few psychogeriatric services in teaching hospitals (5% of psychiatric beds).

The elderly with psychiatric problems are placed in general psychiatry departments and are treated by general psychiatrists.

New independent states of the former Soviet Union
In most of the former USSR countries, the state is still the main provider of free medical and social services, especially psychiatric services are still outside the system of insurance medicine. Old Age Psychiatry does not exist as a distinct medical subspecialty.
Network of policlinics provides primary health care and some specialized ambulatory medical services to the population, including the elderly, of their catchment areas. There are not differentiated services for the elderly with mental and behavioural problems, they are treated in ambulatory general psychiatric services or in general and psychiatric hospitals. A few day care centre for the elderly with mental disorders were organised in some psychiatric hospitals or psycho neurological dispensaries as a pilot models. The stigma of mental illness is still a serious barrier for the patient and their families in accepting to be treated in a psychiatric service.

In most countries social services are separated from health care and organised by Ministry of Social Affairs. There are social services for the elderly, nursing homes, but without professional staff qualified in social work or in geriatric psychiatry. In the last few years in last few years they started to exclude the elderly with psychiatric disorders from the social services in Russia, Belarus, Ukraine. The cooperation between social and medical services is still complicate because of their separated jurisdiction. The role of NGOs in the system of community care for the elderly is increasing in many countries, but it is still very limited [20].

**Lithuania**
- different system, culture differences;
- need access to information, difficulties to attending meetings, connect Internet;
- attitude towards elderly, stigma and discrimination;
- there does not exist a National Association of Old Age Psychiatry;
- lack of resources.

**Belarus**
Aged patients with mental disorders are treated in general psychiatric wards together with other mentally ill people. In the State Clinic Mental Hospital in Minsk with 2001 total number of beds, there are 160 beds for elderly (100 - male and 60 - female).

Belorussian Alzheimer Association introduces scientifically based standards of medical care for elderly. There do not exist: geriatric psychiatry as medical specialty, special postgraduate training for nurses or psychiatrists and certified specialists in this field, community based psychogeriatric services and facilities.

**Armenia**
- there are constituted neither Geriatric Services, nor Geriatric Psychiatry;
- there are not separate data for mental disorders and neurological disorders;
- there are no specialist doctors for elderly with or without mental disorders;
- the elderly with mental disorders are treated in Psychiatry Hospitals, “Stress” Mental Health Centre (Yerevan), in General Hospitals and also by ONGs like “Psyche” (Yere-van).

During the last 10 years the natural growth of the population decreased seven times more.

**Russia**
- there are few inpatient psychogeriatric wards in the psychiatric academic hospitals with the duration of stay of patients between several months and several years (up of 25% of elderly patients stay in the psychiatric hospitals for more than 5 years) [20];
- there are a few day care centres for the elderly with mental disorders;
- there is a unique experiment of setting up a community psychogeriatric centre in Moscow, which provides care for the elderly with mental problems;
- there are social services for the elderly, nursing homes;
- there are psychogeriatric wards in the special institutions for chronic psychiatric patients, which are under the jurisdiction of Ministry of Social Welfare, situated outside the cities, where several demented patients are treated;
- some NGOs provide services for the elderly.
In Nizhny Novgorod region:
- there exists the Geriatric Service - Center of Gerontology but it does not serve the mentally ill patients;
- the elderly are treated in the Psychiatry Services for adults – hospitals, ambulatory centers;
- there is one Geriatric Psychiatry nursing home in the region.

2.3. Future activities
- Romania has suggested organizing an international itinerant course in: Romania, Poland, Czech Republic, Ex-Yugoslavia, Turkey and in some countries of the former Soviet Union and one summer course every year in Romania with the participation of the colleagues from EE to obtain certificate for OAP;
- We participate in the national and international congresses (at IPA Congress in Roma 2002 we organised a symposium and at IPA Congress in Chicago we will organize the EE Initiative Symposium);
- We will develop content for website and implement online discussion group;
- We will develop specialized OAP services if is possible in all our countries.

3. Old Age Psychiatry in Romania
- specialty of Old Age Psychiatry;
- organisation of services;
- education;
- scientific and research activities.

3.1. The specialty of Old Age Psychiatry
In Romania the Old Age Psychiatry has been a recognized specialty as a branch of Psychiatry since 2001. [21]

3.2. Mental health services for elderly in Romania
Only presently, in our country we started to add at traditional system of active hospital care the community health care services. This allows the combination treatment of elderly in their homes, in day-care centres or others care provider services. This system need the formation of multidisciplinary community mental health teams – including the psychotherapist – that should adapt their care according to attenders' needs changed over time.

In Romania there are, but not in all geographical catchment areas: Long-stay accommodations/Continuing hospital care (Nucet, Iasi-only for demented patients); Out-patient or community assessment units (Bucuresti, Iasi, Oradea, Timisoara); Primary care/Residential care; Hostel respite care (Oradea); Community mental health centre for older people (Oradea); Memory clinic (Bucuresti); Community and social support services (organised by NGOs and churches); Clubs for elderly. But there are also lack of clinical psychologists in our setting and lack of resources.

There do not exist: Inpatient assessment/treatment units for acutely-they are treated in Psychiatry Hospitals, Day-hospitals, Hospices and programs for prevention. In Romania, the national program for the elderly is not financed yet. There starts a program for residence care and follow up for all patients, not only for mentally ill or elderly. The extension of outreach services of nursing homes and residential homes in conjunction with day-care centres, day hospitals and residence care could be a valuable alternative to the high degree of institutionalization of Romanian elderly people with or without mentally disorders [19, 22].

3.2.1. Memory Centre Bucharest – was opened in 2000 inside the “Prof. Dr. Alexandru Obregia” University Hospital in Bucharest, by Dr. Catalina Tudose, president of Romanian Alzheimer Society. Memory Centre is a modern facility for diagnostic and intervention.

Psychiatrists, psychologist, neurologist and nurses form the staff.
An ambulatory facility having as main goals: early diagnostic of memory disorders with various etiologies in adults and elderly, early diagnostic of dementia and the differential diagnostic, diagnostic of affective disorders in elderly.
Other activities: elaboration of therapeutically strategies for cognitive and affective disorders in elderly, assistance of the families of the sufferers with dementia, promotion of clinical research, professional education for early detection of cognitive disorders, psycho-education, counseling, psychotherapy.

The first contact at Memory Centre is realized by phone or at headquarter.

Responsibilities: discovering the nature of the problems of the patients and their families, fulfilling the evidence forms, preliminary evaluation of the seriousness of the medical problems of the patient who is asking, preliminary evaluation of the family resources for caring, presenting the services offered by the Memory Centre, referral to specialists and consultations schedule, counseling and education.

Multiple consultations: related with the specific individual pathology (psychiatric, psychological, neurological, brain imaging, laboratory investigations).

There is a continuous communication among the members of the team for the success of the case management. Structure of the patients group: age – 40-90 years, with the biggest frequency among 60 and 80 years. Geographical distribution is 70% - urban areas (Bucharest, Călărași, Oltenița, Galați, Suceava, Iași, Focșani, Târgu-Mureș, Timișoara, Cimpina) and 30% - rural areas. The patients are informed about the centre by mass media, families and other patients, family doctors, neurologists, other departments of "Alexandru Obregia" Hospital, psychiatrists from ambulatory services.

Family and patient assistance: information about the community services that the Romanian Alzheimer Society can offer, psycho-education of the patients and their families, counseling for patients and families, supportive psychotherapies [individual, group, support groups], patient's follow-up and periodical evaluation of the stage of the disease as well as of the efficiency of the cholinesterase inhibitors.

Particularly psychopathologic aspects: onset with non-cognitive symptoms, predominant affective symptoms [possible reactive] and paranoid with prejudice ideas, the heterogeneity of the clinical picture inside the same stage of the disease, important variability concerning the rhythm of the cognitive decline [language, memory, praxis], significant worsening of the cognitive decline after 6-8 weeks since the interruption of anticholinesterasic drugs [22].

3.2.2. Community Care Centre for the Third Age-, organised in Oradea in 1996 by a NGO (Foundation "Worrying about grandparents” and it was the first one in Romania). This centre comprises:
- Day Care Centre- able to accommodate 40 mobile clients
- Respite Hostel- with 28 beds providing temporary care for elderly with or without family, with or without mental disorders
- Residential medical and social care for old people who are unable to leave their homes.

The greater burden of long-term care of the elderly with or without mental problems is borne by their families. The prevalence of physical and mental illness is also affected by a low socio-economic status. The centre is a link between the patient, and the patient’s family, the GP, hospitals (psychiatric or general) for acutely or chronically mentally ill people [2, 19, 22].

3.2.3. Old Age Psychiatry ward in the Psychiatry Hospital Nucet (the first one in Romania), came into being in 1995 with 42 beds attended by 1 physician, 1 psychiatrist and 12 nurses and medical attendants. The aspects of morbidity and mortality in Psychogeriatric Unit in Psychiatry Hospital in Nucet have been studied since 1996 till in present. Between 1996 and 2002, more than 534 patients were admitted to this ward with different diagnoses of cognitive, affective, psycho-organic or neurotic disorders. Most of these patients hospitalized were women. These patients were referred to us by family doctors, psychiatrists in outpatient ambulatory clinics and in the Psychiatric Hospital in Oradea. The average age of the patients was 70.5 years [49-92], the average duration of stay was 118,9 days, and general mortality was 11.98 %. The vast majority of the patient suffered from multiple
somatic disorders such as: arterial hypertension, ischemic heart disease, chronic obstructive lung disease, infections of the urinary tract, urinary outlet obstructions, neoplasm etc. Treatments were complex in most cases aiming the psychiatric disorders as well as the somatic conditions.

As a Long term unit for elderly, OAP Ward in Nucet Psychiatric Hospital offer the medical therapy (basic and psychiatric care), psychotherapy (training in cognitive functions), physiotherapy (learning again performing activities of daily), occupational therapy (living, relationship and spending their spare time), assessment of their disability, impairment and handicap, and estimate the remaining existent abilities [19].

3.3. Education
The Romanian Association of Geriatric Psychiatry together with Romania Alzheimer Society organise courses for health and social care professionals undergraduate, post-graduate and continuing medical education (GPs, young psychiatrists, geriatricians and others doctors, nurses, occupational therapists, social workers), courses for geriatric psychiatrists for obtaining the OAP certificate-1 year, offer education and information to the general public, carers, users and voluntary workers using the media, organise summer course for psychiatrists from all EE countries on geriatric psychiatry, participate and organise the itinerant courses in EE countries with IPA EE Initiative, participate at teaching and educational program organised by WHO, WPA, EAGP AEP Section on Old Age Psychiatry and IPA.

3.4. Scientific and research activities
The Romanian Geriatric Psychiatry Association, founded in 1999, organises national and European meetings and courses for continuing education and participates in the national and international scientific meetings and courses. Thus the Romanian Geriatric Psychiatry Association organised the 28th EAGP Symposium in 2000, and cooperates with the National Association of Psychiatry, Romanian AD Society, EAGP, IPA, ADI, AEP, and WPA We also participate at the pilot studies organised by WHO on AD and suicide. The Romanian AD Society and the Romanian Medical Society of Research of Cognitive Disorders and AD, organized the European Alzheimer XI Conference in Bucharest in June 2001. Improvement in patient outcomes and their quality of life should be our evaluation of teaching.

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References


[22] Tataru N, Dicker A, Tudose C. The Old Age Psychiatry in Eastern Europe Countries, The 30th Symposium of EAGP, 14-16 Nov 2002, Padova, Italy

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