



ABSTRACTS

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MAINZ

and experiences concerning the integration of different medical models in a national public health system in the case of a multi-ethnic country, Malaysia, from the perspective of medical anthropology. Native (Malay) medical culture – for several centuries under the influence of popular and scriptural Islam – coexists with traditional Chinese medicine and with Indian Ayurveda practice. This coexistence can be regarded as a challenge, but also as a chance – especially in medical areas with strong cultural connotation such as the beginning of life.

It has been argued that Islam, allegedly a dominant cultural frame of Malaysia, can be considered as the theoretical background of certain concepts of alternative medicine (e.g. homeopathy). The criticism of this issue as a typical extreme example for cultural and political appropriation of an alternative medical concept constitutes the departure point of the present study. A major argument of the study is that the coexistence of several medical systems enables the practice of medical syncretism across cultural borders. This syncretism, as well as the assessment of modern bioethical issues in multicultural context and techno-scientific background, are topics that yield reference experiences for contemporary societies with autochthonous medical tradition, modern biomedical bias, and a multicultural frame – in Southeast Asia, the Near East, or elsewhere.

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Aging Through Malnutrition: How Should it be Avoided?

Introduction: Undernutrition (UN) is frequent in older populations, especially in care institutions. Various diseases and socio-psychological conditions increase the risk. Determination of the risks of UN is essential for developing preventive strategies. We sought the risk factors for malnutrition in one of the largest and modernized nursing home in Istanbul.

Material and methods: In October 2010, 349 older residents were screened with mini nutritional assessment (MNA) in the Kayisdagi Darulaceze nursing home. Comprehensive geriatric assessment followed. Subjects with UN were defined as getting 17 or less points in MNA. Association of UN with clinical findings and sarcopenia were investigated using chi-square test, and with continuous variables t-test.

Results: 172 of the subjects were female (49%). The mean age was 74.8 ± 8.7 (males: 71.9 ± 7.5 , females: 77.8 ± 8.9 ; $p < 0.05$). 47 Subjects (13.5%) had malnutrition, 135 (38.7%) had dementia, 55 (15.7%) had depression. In univariate tests, older age, lower pincer strength and lower handgrip strength, presence of dementia were associated with UN. When controlled for confounding variables, only age was independently associated with UN in logistic regression analysis ($B = 0.067$, $Wald = 7.88$, $p = 0.005$).

Conclusion: As poor outcomes were associated with UN, screening of the nursing home residents for malnutrition is crucial. In our study, age was found an independent risk indicator for UN in institutionalized seniors, a finding that was alarming enough. Considering our small sample size, multicenter trials with larger cohorts are needed to explore further risks in older populations.

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The Aging Process as Radicalisation Experience of our Bodily Perception

We become aware of our own aging and the aging process of others on the basis of symptoms like grey hair, wrinkles, progressive loss of strength and physical body functions. These radical changes lead to a confrontation with the inherent dichotomy in human embodiment between "being our body" and "having our body". This dichotomy has been singled out as a central topic by authors who, following Merleau-Ponty, have studied the body from a phenomenological point of view.

On this background, I will first present the changes in bodily perception of elderly people, masterly analyzed by Jean Améry and Simone de Beauvoir in their books about aging (J. Améry: *On Aging. Revolt and Resignation*; S. de Beauvoir: *The Coming of Age*). I will then compare their descriptions with the portrayal of elderly people in the Western European fine art tradition and with the portrayal actually promoted by the so-called Anti-Aging Medicine. Anti-Aging Medicine is a relatively young but very influential medical development, affecting not only the medical way of looking at and treating the aging process, but also the social discourse about aging. I will show that differences in body perception mirror a different concept of aging and also a different way of dealing with it.