

European Respiratory Society Annual Congress 2012

Abstract Number: 1286

Publication Number: P2571

Abstract Group: 10.1. Respiratory Infections

Keyword 1: Pneumonia **Keyword 2:** Elderly **Keyword 3:** Infections

Title: Clinical presentation and evolution of community acquired pneumonia in older patients

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Body: Introduction: Community-acquired pneumonia (CAP) is an important threat to the health of older adults with almost 40% of them requiring hospitalization. CAP in the elderly has a different clinical presentation and evolution than CAP in other age groups. Aim: Comparing the characteristics, severity and outcomes of CAP in elderly and younger patients (control group). Methods: An observational, retrospective study of consecutive CAP patients >65 years old was performed during two years in two respiratory clinics. Exclusion criteria were immunosuppression and suspicion of aspiration. Results: Of 180 cases of CAP, 116 patients were >65 years old, with a mean age 75±10.3 years. Most elderly patients (76%) had comorbid conditions, including cardiac (55%), COPD(42%), diabetes mellitus (27%) and neurologic diseases(17%). Two-thirds (68%) of elderly patients belong to CURB65 III –IV classes comparing to 12% of the controls. An acute altered mental status was established in 30% of elderly patients comparing to 11% of the others and 80.5% requiring oxygen assessment, with 47% having PAFI<250. They stay longer in the hospital(11.43 vs 8.46, p=0.02), have more often complications. 12 elderly patients admitted to ICU and a total of 11 patients died (9.5%). The multivariate analysis showed the following factors of bad prognosis: CURB65 score, neurological disease and PAFI<250. Guidelines adherence was the same between the 2 groups and did not correlate with mortality. Conclusions: The elderly patients with CAP presented with higher CURB score, had more complications and mortality associated with the underline comorbidities and the severity of CAP.