31. Community Acquired Pneumonia in Elderly Patients

NS Varun Kumar, A Jain, V Kumar
St. Stephen’s Hospital, Delhi.

Introduction: Pneumonia is of greater importance in old age than at any other time of life. The elderly patients accounts for majority of adults admitted to hospital with Community acquired Pneumonia (CAP). Complications and Mortality are also high in this age group.

Aims: To study clinical profile, etiology complications and outcome of CAP in elderly patients.

Methodology: One hundred consecutive elderly patients (age > 60 years) admitted with CAP were included in this study. A detailed clinical evaluation of all these patients was done. Predisposing factors (if any) were noted. Routine laboratory work up was done in all the patients. A record was also kept of radiological and microbiological (sputum microscopy and culture and blood culture) profile of these patients. Complications, treatment given and outcome of these patients were recorded.

The data obtained was compared between patients who recovered and those who expired and predictor of poor outcome were find out, using appropriate statistical tools.

Results: Seventy three percent of patients studied were male. Presentation was typical in majority of patients with cough (85%) and fever (78%) encountered in most of the patients. Other symptoms were breathlessness (64%), expectoration (48%), pleuritic chest pain (27%), gastrointestinal symptoms (24%), altered sensorium (17%). A significant number of patients had underlying predisposing conditions such as COPD (46%), smoking (36%), diabetes (32%), bronchial asthma (18%). The most common radiographic pattern was lower zone infiltrates (49% - left 25% right 24%). Other patterns were midzone infiltrates (26% - left 15, right 11%), upper zone infiltrates (9% - right 7%, left 2%), infiltrates in more than one zone (7%), bilateral infiltrates (6%), bronchopneumonia (3%) and pleural effusion (3%), sputum culture was positive in 13%. Organisms isolated were β-hemolytic streptococcus (4), E. Coli (3), Pseudomonas (2) blood culture was positive in 2 patients. Complications encountered were altered consciousness (31), septicaemia (20), respiratory failure (19), shock (17), acute renal failure (2) and meningitis (1). Overall mortality was 17%. The predictors of poor outcome were absence of fever, diabetes, cyanosis and respiratory distress at the of admission.

Conclusion: CAP in elderly is a common problem. Patients with history of smoking, COPD and diabetes are at higher risk. Curative organisms cannot be isolated in most of the patients by using conventional methods. CAP carries significant mortality in this age group. Diabetes, respiratory distress and absence of fever predicts poor outcome.

32. Clinical Profile of Pyrexia of Unknown Origin in Elderly Population

SR Saxena, A Joshi, P Nigam
Uttaranchal Forest Hospital Trust, Medical College, Haldwani, Nainital, Uttaranchal - 263 139.

Fever being a symptom with relatively high incidence is a common day-to-day clinical problem. Different series has been published in past showing various frequencies of diseases under heading of “Big Three” i.e. infection, neoplastic diseases, and collagen vascular diseases in normal population. Present study was conducted to find out diagnostic profile of pyrexia of unknown origin (PUO) in the elderly. Population and their difference from normal population.

Sixty seven patients of age more than 60 years fulfilling criteria of PUO as defined by Petersdorf were included, assessed clinically and investigated in depth. Fifty five (82.08%) were male and 12 (17.91%) were female. 80% patients had other co-morbid conditions. Mean period to reach a firm diagnosis was 6.2 ± 1.4 days. Maximum patients (40.29%) had infection followed by neoplasm (29.85%), 14.92% came under miscellaneous group, 13.43% remain undiagnosed and only 1.49% had collagen vascular diseases.

PUO being a difficult problem was seen as more perplexing problem in elderly population due to masked symptoms and signs of primary febrile illness and presence of other co-morbid states.

Although commonest causes were infections but relative incidence of neoplastic diseases were high and incidence of collagen vascular diseases were negligible. Because of atypical presentation of disease patients who remained undiagnosed were also high in present study.

323. A Clinical and Laboratory Evaluation of GI Diseases in Elderly

BP Chakravarty, S Dutta, S Islam, S Khanal
Gauhati Medical College and Hospital, Guwahati, Assam.

Introduction: 45% of geriatric patients have chronic diseases and disabilities, of which GI diseases are a frequent cause.

Methods: Patients aged 60 years or above presenting with GI symptoms were selected from a total of 504 cases admitted in Gauhati Medical College from Mar.’03 to Mar.’04. Adequate history, laboratory evaluation and examination done in each case.

Results: 9% had GI diseases, M:F - 3:1, mean age of 66 years. Symptoms: Anorexia-39%; Pain abd. - 39%; Altered bowels - 37%; UGI bleed - 34%; Wt loss - 28%. Co-morbid cond. (78.5%): Past GI illness - 46.5%; Smokers - 55%. Signs: Pallor - 68%;
Malnutrition - 39%; Abd. Tenderness - 39%; Abd distension - 28%; Stool occult blood (+) - 41%. Endoscopy: Stomach disease - 44.6%; Duodenal - 18%; Oesophageal - 16%; Colonic - 11%; H. Pylori (+) - 38%.

Malignancy was the commonest diagnosis (41%), CA stomach being the commonest.

Conclusion: Malignancy is the commonest cause of GI morbidity in elderly. NSAIDS and smoking are important risk factors. Endoscopic studies and HPE are cornerstone of diagnosis.

650. Nutritional Assessment of Indoor Geriatric Patients

AM Athavale, ND Karnik, P Namboodiri, ME Yeolekar
LTM Medical College and Hospital, Sion, Mumbai - 22.

Material and Methods: One hundred and twelve indoor patients, more than 60 years of age, admitted serially to medical wards over a 3-month period were included.

The nutritional status was evaluated by assessing risk factors for malnutrition, their dietary habits, detailed anthropometric measurements and other clinical and laboratory parameters. Twelve patients were excluded due to inadequate data.

Results: Of 100 patients, 59 were male and 41 were female. Their mean age was 64.1 ± 6.2 years. 19 male and 1 female patient had h/o ethanol abuse. 80 patients (80%) had ≥ 2 risk factors for malnutrition. 75%, 46% and 46% had deficiency to total calories, protein and micronutrient intake respectively.

Estimation of muscle mass by mid-arm circumference revealed moderate to severe depletion in 52% while estimation of fat mass by triceps skin fold revealed mild depletion in 34%, moderate to severe in 49%.

Using body mass index (BMI) for malnutrition, 26, 25, 18 and 17% respectively were normal, mild, moderate, or severely malnourished. Fourteen were overweight while 1 was obese.

Of clinical signs, examination of mouth, eyes and hair were most sensitive for detection of malnutrition (78%).

There was strong linear correlation between BMI, hemoglobin and serum albumin for detection of malnutrition.

Conclusion: This study highlights the high prevalence of nutritional deficiency in indoor geriatric patients.

651. Correlation Between Nutritional Status on Admission with Disease Condition, Morbidity and Clinical Outcome in Indoor Geriatric Patients

ND Karnik, P Namboodiri, AM Athavale, ME Yeolekar
LTM Medical College and Hospital, Sion, Mumbai 22.

Material and Methods: One hundred and Twelve indoor patients, more than 60 years of age, admitted serially to medical wards over a 3-month period were included. The nutritional status was evaluated by assessing risk factors for malnutrition, their dietary habits, detailed anthropometric measurements and other clinical and laboratory parameters. This was correlated with disease condition, morbidity and clinical outcome. Twelve patients were excluded due to inadequate data and 20 patients expired during the study.

Results: Of 100 patients, 59 were male and 41 were female. Their mean age was 64.1 ± 6.2 years. The mean duration of hospital stay was 11.11 ± 3 days. The prevalence of malnutrition was 74%, 52% and 83% by body mass index (BMI), muscle mass and fat mass respectively.

Morbidity (length of hospital stay) and mortality were higher in-patients with dietary inadequacies on admission (R²=0.058, R²=0.053).

Malnourished patients were more likely to have multiple organ involvement (80%) as compared with normal population.

Presence of malnutrition had positive correlation with respiratory (R² =0.006), gastrointestinal (R² = 0.0026) and neurologic (R² = 0.0076) disease and negative correlation with cardiovascular disease (R² = 0.013).

Weight for height and serum albumin had a strong negative correlation with length of hospital stay and mortality.

BMI had negative correlation with length of hospital stay but did not correlate with mortality.

Conclusion: Nutritional status on admission significantly influences clinical outcome in indoor geriatric patients.

*Adjudged Best Papers and got an award of Rs. 1000/- each from Chairman Scientific Committee, Diamond APICON 2005.