

Hospital Care *in older adults*

Hospitalization, with or without surgery, poses a serious threat to the health and functioning of older people.¹ In 1996, almost 12 million people 65 or older (or 35 per 100 persons) were admitted to U.S. hospitals,² where they underwent far more invasive procedures and surgical operations than younger adults aged 45 to 64.³ The hazards associated with such hospitalization among the elderly form an extensive list. For example, in recent observational studies, the in-hospital incidence of adverse drug events in older people was up to 15 percent;^{4,5} the in-hospital incidence of delirium was 25–60 percent in medical and surgical patients.⁶ Among such patients, functional decline occurred in 32 percent;⁷ new pressure ulcers in 5 percent;⁸ and falls in 4 to 11 per 1000 patient days.⁹ Prevalence among hospitalized elders is about 7 percent for dehydration,¹⁰ 41 to 61 percent for malnutrition,^{11,12} and 15 to 34 percent for urinary incontinence.¹³

Although these hazards are numerous and prevalence rates are often high, many of the potential problems may be preventable by alert and thoughtful management. Based on a review of the literature, we present the following important findings:

Over 50 percent of adverse drug events are thought to be caused by errors in dose or method of use, use of inappropriate drug, or inadequate monitoring and thus could be preventable.^{4,5}

Implementing simple non-pharmacologic interventions against six important risk factors—cognitive impairment, sleep deprivation, immobility, visual impairment, hearing impairment, and dehydration—reduced by 40 percent the incidence of delirium on medical inpatient units.¹⁴

Making specific changes in how acute hospital care was provided to elderly patients in a geriatric acute care unit improved functional status (activities of daily living) at the time of discharge and decreased the frequency of admission to long-term care institutions.¹⁵ These changes included environmental modifications, care protocols, discharge planning, and daily medical care review and nurse assessments.

Using a low-resistance mattress in older patients at high risk for developing pressure ulcers reduced the incidence of stage 2 or greater lesions from 68 to 24 percent.¹⁶

Two meta-analyses concluded that acceptable regimens—that is, compression stockings, low molecular weight heparin, or full-dose unfractionated heparin—reduced the incidence of proximal vein thrombosis and pulmonary embolism by 50 to 72 percent.^{17, 18}

Setbacks that often accompany hospitalization, with or without surgery, lead to a final common pathway of functional decline. Return to pre-hospitalization functional status is always slow and often incomplete.⁷ Thus, interventions to prevent decline and dependency are of very high priority in the care of older adults.

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