

Pneumonia & Influenza *in older adults*

Pneumonia and influenza are the fifth most common cause of death for persons age 65 and older.¹ The annual cost of treating patients with pneumonia is approximately \$9.7 billion,² and most of this cost is borne by hospitalized patients (the majority of whom are older).³ It has been estimated that out of every 100,000 persons aged 45 to 64, 1014 will require hospitalization for community acquired pneumonia (CAP) every year—a hospitalization rate nearly four times that for the general population aged 45 to 64.³ The vulnerable elderly are at even greater risk of morbidity and mortality from pneumonia.

Elderly patients who are hospitalized with CAP experience significant variations in processes and outcomes of care. It has been postulated that improvements in processes of care may lead to improvements in patient outcomes.^{4,5} The following are some important findings reviewed in the recent literature related to the prevention and care for CAP:

Studies support the finding that the influenza vaccine is effective in limiting severe disease caused by the influenza virus in elderly patients at all levels of risk.⁶⁻⁹

The vaccination of health care workers who care for elderly patients was associated with reductions in total patient mortality and incidence of influenza-like illness.¹⁰

The pneumococcal vaccine has been shown to be effective in reducing the overall incidence of bacteremic pneumococcal pneumonia in immune competent individuals under age 65. While clinical trials of persons over age 65 have yielded mixed results, four case controlled studies have reported efficacy in patients up to age 85, and expert opinion also supports vaccination of older persons. It is recommended that high-risk elderly patients receive the vaccine if they have not already done so, or if their vaccination occurred more than 5 years ago.¹¹⁻¹⁷

There is an association between early antibiotic delivery (i.e., within 8 hours of hospital admission) and decreased mortality for patients hospitalized with pneumonia.^{4,18,19}

These processes of care have been associated with improvements in outcomes for older patients at risk for CAP, potentially leading to substantial reductions in morbidity and mortality.

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