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Evaluation of Clinical Course and Treatment Success of Elderly Patients with Community-Acquired Pneumonia Hospitalized and Treated in Accordance with the Guidelines

Özge Oral Tapan, Utku Tapan

Department of Chest Diseases, Muğla Sıtkı Koçman University School of Medicine, Muğla, Turkey

Objectives: Pneumonias are the most frequent infectious diseases that cause death at the age of 60 and over. In our study, we aimed to evaluate the clinical course and treatment success of elderly patients with pneumonia who were hospitalized and treated according to national guidelines.

Methods: Between January 2017 and June 2018, the files of the patients with pneumonia were reviewed retrospectively. Demographic findings, symptoms, laboratory and radiological data, antibiotics, CURB-65 scores, duration of hospitalization and the ending type of stay were evaluated.

Results: Of 105 patients; 71 were old (79.49±7.92 years), 34 were young (49.00±12.92 years). Symptoms were similar in both; comorbidities, multilober infiltrations and parapneumonic pleurisy were more common in the elderly. Clinically significant pathogen bacterial growth rates were 41.93% in young and 20% in the elderly. The mean duration of hospitalization was longer in the elderly (11.35±5.49 days). Acute renal failure and pleural fluid negatively affected the success of the treatment. There was a significant relationship between duration of hospitalization and CURB-65, age, smoking year, multilobar involvement, accompanying COPD, urea and albumin values.

Conclusion: Although clinical findings of elderly patients with pneumonia who were hospitalized and treated in accordance with treatment guidelines were more severe than youngs, it was observed that this condition did not affect the success of treatment when hospitalization period was long. Duration of hospitalization in the elderly is prolonged due to various factors such as the worsening of underlying disease. Control of underlying diseases, appropriate nutrition and prevention of smoking will decrease the duration of hospitalization and treatment success will increase.

Keywords: Pneumonia, elderly, treatment success, duration of hospitalization