

DOI: 10.5152/TurkThoracJ.2019.203

[Abstract:0251] OP-062 [Accepted: Oral Presentation] [Respiratory System Infections]

Characteristics and Economic Burden of Hospitalized Elderly Patients (≥ 65) Due to Community-Acquired Pneumonia

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Objectives: Community-acquired pneumonia (CAP) causes serious clinical and economic burden. Life expectancy increases in parallel with the level of development of countries. The prevalence of pneumonia in the elderly is 3-5 times higher than young adults. The hospitalization of elderly patients due to pneumonia is high and increases the hospital cost. Characteristics and economic burden of hospitalized elderly patients (≥ 65) due to community-acquired pneumonia were analysed.

Methods: We performed a retrospective analysis of the 180 patients who were hospitalized with pneumonia between 01.01.2015-15.11.2017. Patients aged 65 years or older hospitalized for CAP were followed up for up to 30 days from initial hospitalization for mortality and these patients who were discharged alive within 30 days of initial hospitalization were followed up to 90 days of initial hospitalization for re-hospitalization. Hospital costs were analyzed.

Results: 108 (60%) patients were ≥ 65 years old and the mean age was 76.5 ± 7.20 . 89.8% of the patients had at least one additional disease. The mean hospital stay was 6.88 ± 4.64 days. 82.4% of the patients received oxygen therapy and 27.8% of them received noninvasive mechanical support. 15.7% of the patients needed intensive care support. Pneumonia severity index (PSI) was 122.79 ± 37.3 . PSI was increased with age ($p=0.021$). 9.3% of the patients died in hospital during hospitalization. 30 day mortality was related with older age ($p=0.048$). Total treatment costs were increased with high PSI ($p=0.003$). Increased PSI and total cost were significantly associated with mortality ($p=0.000$).

Conclusion: CAP is a common cause of hospitalization in elderly patients, and it is a serious problem. Older patients had more severe CAP which caused high mortality and high treatment costs; so it is important to identify elderly patients with risk factors for early adequate treatment.

Keywords: Elderly, hospitalization, community acquired pneumonia, cost