MedicalXpress

Early flu treatment reduces hospitalization time, disability risk in older people

September 7 2015

Early treatment of flu-hospitalized people 65 and older with flu antiviral medications cuts the duration of their hospital stay and reduces their risk of needing extended care after discharge, a new CDC study finds. The study is the first to look at the benefits of early antiviral treatment on preventing the need for extended care in community-dwelling flu-hospitalized people 65 and older.

Because people 65 and older are at high risk of serious flu complications , CDC recommends that they be treated for flu with influenza antiviral medications as early as possible because these drugs work best when started early. The study, published today in the journal *Clinical Infectious Diseases*, supports this recommendation.

"Flu can be extremely serious in older people, leading to hospitalization and in some cases long-term disability. This important study shows that people 65 and older should seek medical care early when they develop flu symptoms," says Dr. Dan Jernigan, director of CDC's Influenza Division.

The study found that community-dwelling patients 65 years and older who sought medical care or who were hospitalized within two days of illness onset and who were treated with antiviral medications early (in the first four days of illness) had hospital stays that were substantially shorter than those who received treatment later (after 4 days of illness onset). This benefit was observed even among those who sought care later (more than two days after they got sick), but the reduction in

hospital stay was not as great.

Similarly, early treatment was associated with patients being 25 percent to 60 percent less likely to need extended care after leaving the hospital. The study authors suggest that the shorter hospital stays associated with early treatment could account for the reduced risk of needing extended care after discharge since lengthy bed restriction can lead to disability. Other factors like older age, the presence of neurologic disorders, intensive care unit (ICU) admission, and pneumonia at admission were also independent risk factors for extended care needs.

While flu seasons can vary in severity, people 65 years and older usually bear the greatest burden of severe flu disease. In recent years, it is estimated that between 80 percent and 90 percent of seasonal flu-related deaths have been in people 65 years and older and between 50 percent and 70 percent of seasonal flu-related hospitalizations have been in people in that age group. Antiviral treatment as soon as possible is recommended for all hospitalized patients with suspected or confirmed flu and for all patients at high risk of serious flu complications, including people 65 years and older with flu-like symptoms.

The study used data collected during three consecutive flu seasons (2010-2013) from more than 250 hospitals in 13 states participating in the Influenza Hospitalization Network (FluSurv-NET). The study authors suggest that future research should investigate changes in functional status and extended care needs following influenza hospitalization.

More information: "Impact of prompt influenza antiviral treatment on extended care needs after influenza hospitalization among community-dwelling older adults." *Clin Infect Dis*. first published online September 2, 2015 DOI: 10.1093/cid/civ733

More information on flu antiviral drugs is available on the CDC flu antivirals website: www.cdc.gov/flu/antivirals/index.htm

Provided by Centers for Disease Control