

Predicting the risk for developing pneumonia in older adults

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In a study published in the *Journal of American Geriatrics Society*, researchers developed a "prediction score" to help healthcare professionals determine which older adults might be most at risk for developing pneumonia.

Pneumonia is a leading cause of sickness and death among older adults. About 40 percent of older adults with pneumonia are hospitalized and face high rates of complications and death. Risk factors for pneumonia include increasing age, [chronic lung disease](#), smoking, being underweight, and having difficulty functioning.

To determine their prediction score, researchers studied older adults enrolled in the Adult Changes in Thought (ACT) study. The study's participants included 3,392 older adults living in the Seattle area. They were 65-years-old or older, dementia-free, and did not have any cognitive (thinking) problems.

During the study, 642 participants were diagnosed with pneumonia; 574 died. The researchers determined that the seven factors critical to a pneumonia prediction score included:

- Age
- Sex
- [Chronic obstructive pulmonary disease](#) (or COPD, a group of lung diseases that block airflow and make it difficult to breathe)
- Congestive heart failure

- Body mass index (being underweight or overweight)
- [Prescriptions](#) for inhaled or [oral corticosteroids](#) (a class of [steroid hormones](#) used to treat a variety of conditions including some skin diseases, certain allergic reactions, asthma, and joint pain or inflammation, among other health concerns)

Doctors could potentially use the pneumonia prediction score to encourage [older adults](#) to get the pneumococcal vaccine that protects against pneumonia, as well as to counsel at-risk individuals about positive behavioral changes such as quitting smoking, said the researchers.

More information: Michael L. Jackson et al, Predicting 2-Year Risk of Developing Pneumonia in Older Adults without Dementia, *Journal of the American Geriatrics Society* (2016). [DOI: 10.1111/jgs.14228](https://doi.org/10.1111/jgs.14228)

Provided by American Geriatrics Society

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