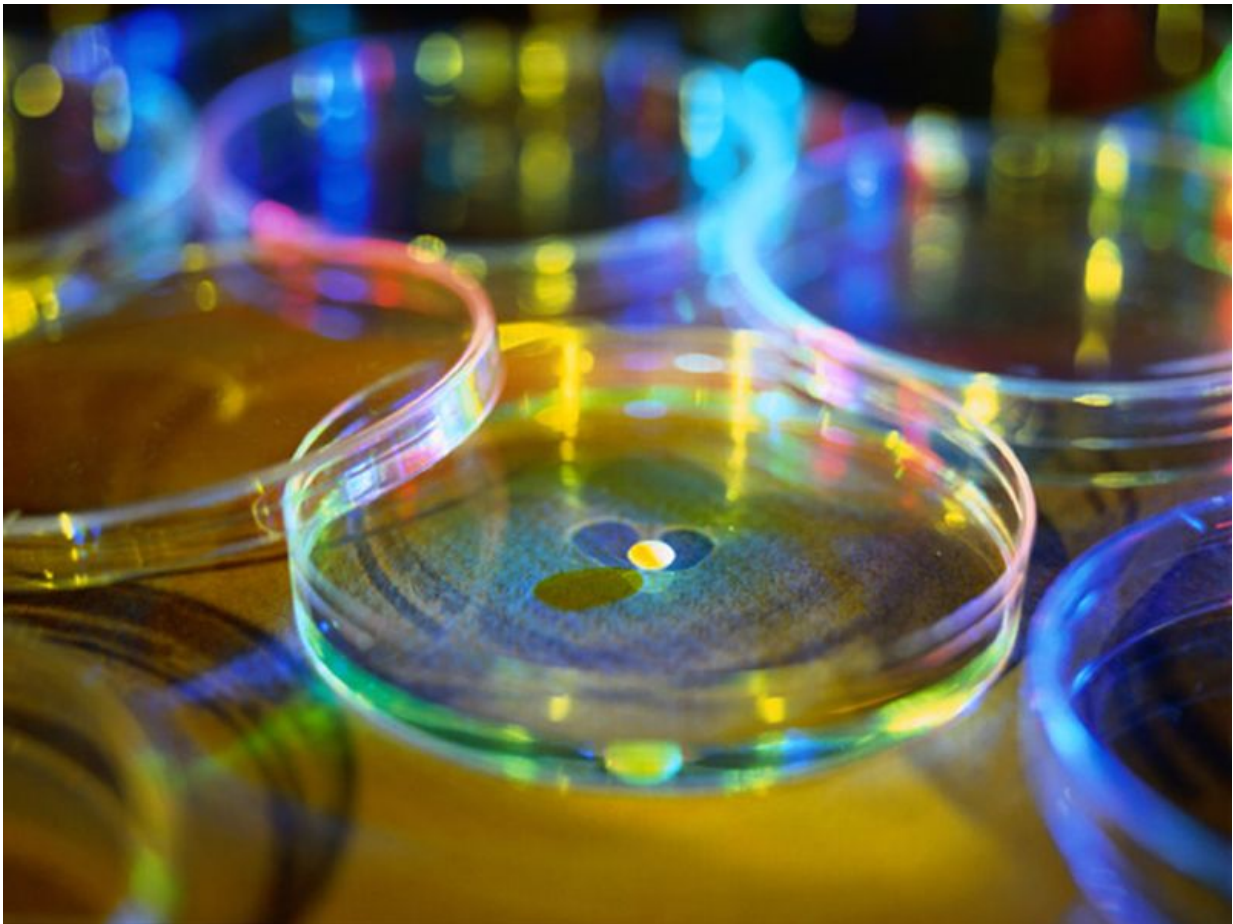


New criteria urged for infection diagnosis among seniors in ER

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(HealthDay)—Emergency department physicians need new criteria for

diagnosing infection among older adults, according to a study published online recently in the *Journal of the American Geriatrics Society*.

Jeffrey M. Caterino, M.D., M.P.H., from The Ohio State University in Columbus, and colleagues conducted a prospective study involving individuals aged 65 years and older in the emergency department to compare the accuracy of the Loeb criteria, emergency department physicians' diagnoses, and U.S. Centers for Disease Control and Prevention guidelines for acute bacterial [infection](#).

The researchers identified [bacterial infection](#) in 77 of 424 participants (18 percent) in criterion-standard review. Emergency department physicians diagnosed infection in 17 percent (71 patients), but 33 and 27 had under- and over-diagnosis, respectively. For infection overall and for each infection type, there was moderate physician agreement with the criterion standard ($\kappa = 0.48$ to 0.59), sensitivity was below 67 percent, and the negative likelihood ratio ($LR[-]$) was above 0.30 for all infections. Poor sensitivity, agreement, and $LR(-)$ were seen for the Loeb criteria for lower respiratory (50 percent, $\kappa = 0.55$, and 0.51 , respectively) and [urinary tract infections](#) (26 percent, $\kappa = 0.34$, and 0.74 , respectively); for skin and soft tissue infection, sensitivity was 87 percent ($\kappa = 0.78$; $LR[-]$, 0.14). Moderate agreement was seen for the CDC guidelines, but sensitivity and $LR(-)$ were poor.

"New criteria are needed to aid [emergency department](#) physicians in accurately diagnosing infection in [older adults](#)," the authors write.

More information: [Abstract](#)
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