

Geriatrics-focused risk factors ID'd for COVID-19 death

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(HealthDay)—Factors other than age predict mortality in older adults

hospitalized with COVID-19, according to a study published online Oct. 14 in *BMC Geriatrics*.

Liron Sinvani, M.D., from Northwell Health in Manhasset, New York, and colleagues retrospectively analyzed administrative data to identify geriatrics-focused indicators predictive of mortality in hospitalized [older adults](#) with COVID-19. The analysis included 4,783 adults (≥ 65 years) hospitalized with COVID-19 in the greater New York metropolitan area between March 1 and April 20, 2020.

The researchers found that male sex (adjusted odds ratio [aOR], 1.06; 95 percent confidence interval [CI], 1.03 to 1.09); Asian race (aOR, 1.08; 95 percent CI, 1.03 to 1.13); history of chronic kidney disease (aOR, 1.05; 95 percent CI, 1.01 to 1.09) and [interstitial lung disease](#) (aOR, 1.35; 95 percent CI, 1.28 to 1.42); low or normal body mass index (aOR, 1.03; 95 percent CI, 1.00 to 1.07); higher comorbidity index (aOR, 1.01; 95 percent CI, 1.01 to 1.02); admission from a facility (aOR, 1.14; 95 percent CI, 1.09 to 1.20); and [mechanical ventilation](#) (aOR, 1.52; 95 percent CI, 1.43 to 1.62) were associated with mortality. Increasing age (centered at 65 years) interacted with hypertension (aOR, 1.02; 95 percent CI, 0.98 to 1.07, reducing by a factor of 0.96 every 10 years), early do-not-resuscitate order (aOR, 1.38; 95 percent CI, 1.22 to 1.57, reducing by a factor of 0.92 every 10 years), and [severe illness](#) on admission (at 65 years, aOR, 1.47; 95 percent CI, 1.40 to 1.54, reducing by a factor of 0.96 every 10 years), even though age was not an independent predictor of mortality.

"Readily available administrative geriatrics-focused indicators that go beyond age can be utilized when considering prognosis," the authors write.

More information: [Abstract/Full Text](#)

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