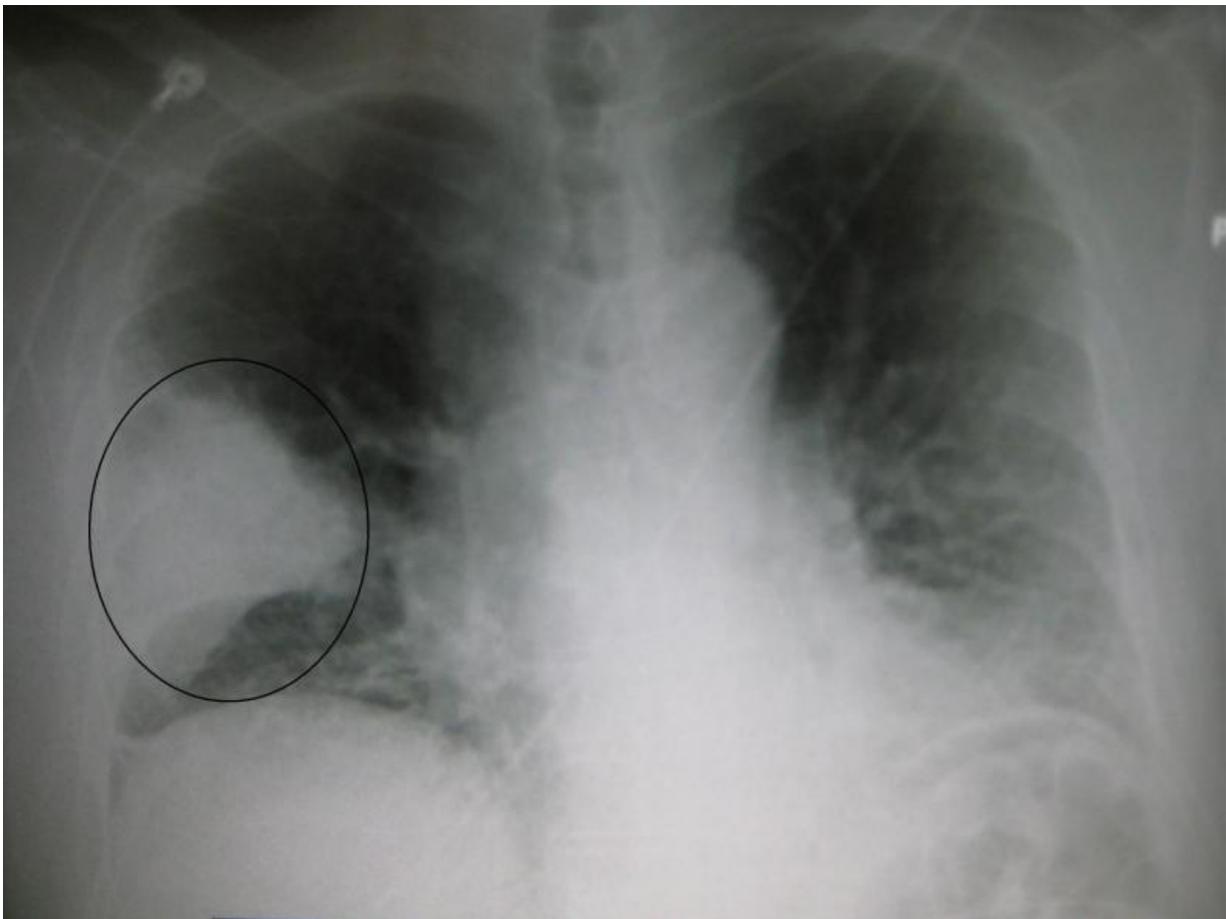


## **Elderly patients with pneumonia twice as likely to die as those with broken hips, yet underestimate danger of pneumonia**

April 18 2020

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A black and white X-ray picture showing a triangular white area on the left side. A circle highlights the area. Credit: James Heilman, MD./Wikipedia

Elderly patients who are hospitalised with pneumonia are twice as likely to die as those hospitalised with hip fractures—yet many elderly people fail to accurately assess their risk of pneumonia, concludes research due to be presented at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). The study is by Dr. Leslie Grammatico-Guillon, University of Tours, France, and colleagues.

Pneumonia is a common lung infection that can be life-threatening, especially in elderly people. Despite these concerns, [elderly people](#) mostly fail to accurately gauge their own pneumonia risk, leading to inadequate prevention efforts, especially low uptake of existing vaccines. The mismatch between the high risk of disease and death from pneumonia and low awareness of its potential severity represent a driver of unhealthy ageing.

On the contrary, breaking a hip (and the risk of any type of fall) is widely recognised as a major concern for the elderly. To change this trivialisation of pneumonia in the elderly and help increase vaccination uptake, the authors compared 2-year outcomes for elderly patients aged 80 years and over after hospitalisation for acute respiratory infection (which covered all pneumonias, ARI) or hip fracture (HF).

A 2009-15 population-based cohort study was performed in one French region (Centre-Val de Loire, 2.5 million inhabitants), which is served by one university hospital, one regional hospital and 37 general and [private hospitals](#), using medico-administrative data collected from the French national hospital discharge database. All patients are assigned a unique identification number, allowing the same individual to be followed over time. The researchers defined cases of patients aged 80 years or over hospitalised for ARI or HF using standard diagnostic criteria. The main outcome was the 2-year mortality of the two patient groups. Statistical modelling was used to calculate the overall survival and the relative mortality risks of ARI versus HF.

A total of 16,917 patients aged 80 years and over hospitalised for ARI (n=12,159) or HF (n=4,758) were included. The data showed that patients hospitalised for ARI had more comorbidities and a 3.3-fold greater unadjusted in-hospital mortality (17.9% mortality for respiratory infection and 5.4% for hip fracture). After adjusting for comorbid conditions and frailty score (as well as age and sex), the overall risk of death at two years for [elderly patients](#) hospitalised for ARI was 80% higher than those hospitalised with HF.

The authors conclude: "We hope that placing the consequences of pneumonia in relation to the consequences of a [hip fracture](#) may provide useful perspective for discussions of pneumonia and its prevention with aging populations. The population, but also their caregivers and clinical practitioners, should be more aware of the risk from this disease. Better recognition will improve the prevention of [pneumonia](#) by increasing uptake of vaccines, such as influenza and pneumococcus."

Provided by European Society of Clinical Microbiology and Infectious Diseases

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