Letter to the Editor

Bacterial Pneumonia in Older People

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Dr Ruiz and colleagues found that age is an independent predictor of mortality in patients aged 65 and older with bacteremic pneumococcal pneumonia (1) with significantly poorer outcomes among those aged 80 and older. Although most recognized markers of disease severity and contributory factors were assessed by the authors, they did not consider the potential contribution of oropharyngeal dysphagia (OPD).

OPD refers to the difficulty of initiating swallow and impaired transfer of food to the esophagus and is being increasingly recognized in older patients (2). The underlying causes of OPD include stroke, where OPD is seen in 30% of patients, and neurodegenerative disease (OPD in 60%–80%). The fact that such conditions are more common with age lead to an increasing prevalence of OPD in older patients admitted to hospital. Between 14% and 35% of community-dwelling older patients and as many as 50% of those in long-term care facilities are affected by OPD (2).

OPD is a significant risk factor in the development of pneumonia. About 50% of patients with OPD will develop aspiration, which may be silent. It has been shown that OPD was present in up to 55% of those aged 70 and older admitted to hospital with pneumonia and is associated with increased disease severity (3). This is despite the fact that prior to assessment, the diagnosis was only suspected in half of this group (3). OPD has also been observed at higher rates in exacerbations of chronic OPD when compared with stable chronic OPD (4). Furthermore, it was found to be an independent risk factor in the readmission of elderly patients with both aspiration and nonaspiration pneumonia (5). It has been recommended that all older patients are assessed for OPD. In cases where it is identified, multidisciplinary involvement is warranted in order to reduce risk of further complications and poorer outcomes for this group of patients (2).

OPD may be a contributing factor to the poorer outcomes in the very elderly cohort in this study and is important to consider in clinical practice as a potentially modifiable risk factor for the development of pneumonia.

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Conflict of Interest

None.

References