Letter to the Editor

Bacterial Pneumonia in Older People

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To the Editor:

We have read the letter from Falon A and O’Neill D in response to our article “Bacteremic Pneumococcal Pneumonia in Elderly and Very Elderly Patients: Host and Pathogen-related Factors, Process of Care, and Outcome” (1) with interest.

The reviewers highlight the importance of oropharyngeal dysphagia (OD) in elderly patients with pneumonia.

We totally agree with them regarding the role of OD and subsequent clinical aspiration as both a risk and a prognostic factor for community-acquired pneumonia (CAP) in elderly patients. In relation to their comment, we would like to make the following points.

We conducted a prospective observational study including all consecutive patients admitted with bacteremic pneumococcal pneumonia (BPP). We did not include patients with aspiration pneumonia. It is possible that some of our patients could have had silent aspiration. Recently, Almirall and colleagues (2) have published a series of 36 hospitalized elderly patients (aged >70-years old) with CAP. In that well-designed study, silent aspiration was present in 16.7% of patients with pneumonia, in contrast to 0% of healthy elderly control subjects. Patients were not reevaluated after discharge to assess whether this condition had improved after resolution of pneumonia. In the design of our study, we did not include universal screening of subclinical aspiration in these patients, for this reason we cannot confirm the role of silent aspiration in the outcome of our patients with BPP.

We also agree with Falon A and O’Neill D about the routine assessment of OD in all elderly patients with recurrent pneumonia. By contrast, we could have some concerns regarding the routine screening of this disorder in nonfrail elderly patients (3). Probably further studies are needed to assess the impact of silent aspiration on health outcome in these patients, especially in the subgroup of nonfrail patients.

References