

Features of the clinical course of pneumonia in the elderly

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Old age is an important risk factor for developing pneumonia. Pneumonia in these patients is a serious problem due to the significant frequency, difficulties in diagnosis and treatment, high mortality and functional characteristics. It should be kept in mind that in the group of people over 60 years, pneumonia usually develops under conditions of anatomically altered pulmonary parenchyma as well as ventilation and perfusion disorders.

The aim of our work was to study the features of the clinical course of pneumonia in elderly patients. We analyzed the case histories of 85 patients aged 61 to 91 years (mean age 76.8 ± 2.5 years) who were treated in the therapeutic department of the hospital in 2018-2020.

Results and discussion. According to the results of the study, it was found that 69.2% of patients had scant clinical symptoms of pneumonia. Characteristic was the gradual onset of the disease with an increase in body temperature to sub febrile numbers. The main complaints were weakness, decreased appetite, a rare dry or with a small amount of mucous sputum cough. In most patients over 80 years pneumonia was atypical and clinically manifested by symptoms from the central nervous system such as lethargy, drowsiness, weakness, impaired consciousness, mental changes, headache and dizziness. There was a sudden onset or progression of respiratory, heart or renal failure on the 5-10th day of illness in 10% of patients. Hospitalization at a later date (5 days or more from the onset of the disease) was recorded in 54.7% cases. The untimely appointment of antibiotic therapy contributed to the development of complications, worsened the course and prognosis of the disease. A severe course of pneumonia was observed in 96.4% of cases, and the most frequent complication of the disease was exudative pleurisy (28.3%).

A characteristic feature of elderly patients was the presence two or more concomitant diseases, which aggravated the course of the underlying disease and increased the likelihood of complications. The most common cas-

es were ischemic heart disease, arterial hypertension, bronchial asthma, vascular diseases of the brain, and diabetes mellitus.

The peculiarities of the laboratory study were the absence in the majority of patients of an adequate increase in leukocytes in the peripheral blood, a slight increase in the erythrocyte sedimentation rate, as well as in the level of fibrinogen and C-reactive protein.

Conclusions. The clinical features of pneumonia in elderly patients are a blurred clinical picture, an atypical course with a predominance of extrapulmonary symptoms or symptoms of decompensation of concomitant diseases, moderate changes in acute phase parameters. The presence of objective difficulties in timely diagnosis contributes to the development of complications, worsens the prognosis and course of the disease, which must be taken into account when making a diagnosis and prescribing treatment for patients in this cohort.