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Older Age Predicts Short-Term, Serious Events After Syncope

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Authors

Sun, Benjamin C
Hoffman, Jerome R
Mangione, Carol M
[et al.](#)

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**C28 Encore Presentation
GERIATRIC EVALUATION UNIT IN THE EMERGENCY ROOM: CLINICAL BENEFITS AND COSTEFFECTIVENESS.**

T. PAREJA, M. Madrigal, C. Mauleon, M. Hornillos, P. Jiménez.
GERIATRIC UNIT, UNIVERSITY HOSPITAL OF GUADALAJARA, GUADALAJARA, Spain.

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OBJECTIVE: To test the impact of comprehensive geriatric assessment and management of high risk elders in a Medical Short Stay Unit located in the Emergency Department of a General Hospital.

INTERVENTION: Identification of geriatric syndromes, medical and social problems and assessment of physical and cognitive status to establish a specific care plan for each patient in the most appropriated level of assistance. Patients are admitted to this unit by the Emergency Department medical staff to be evaluated by a Geriatrician and receive treatment for acute mild severity pathologies or unstable chronic diseases that can be improved in two or three days of medical therapy.

DESIGN: Prospective study of 520 patients treated in the Short Medical Unit for Geriatric patients of the Emergency Department between June 2005 and June 2006.

RESULTS: Patients were an average of 38 hours in this Unit (12-72h). Their mean age was 85, women 56%, most of them with moderate-severe physical impairment and mild-moderate dementia. 30% lived in a nursing home. The more frequent pathologies were heart failure and ischemic cardiopathy, COPD, gastrointestinal disorders (complications of constipation) and acute neurological events (confusion and stroke with total recovery). 13% of the patients have severe cognitive impairment with behavioural disorders, 15% were immobilized, 6% had pressure sores, and 6% dysphagia. 72% of the patients could be discharged home after being stabilized, to be followed up in the geriatrician clinics (32%), by home care medical team (12%), or by nursing home-primary care doctor (23%), avoiding hospitalization. Most of the patients had at least three diagnoses on discharge. 28% of the patients had to be admitted the Geriatric Department because of the absence of improvement or severity of acute disease.

CONCLUSIONS: Many unrecognized geriatric syndromes, medical and social problems can be detected in older patients visiting the Emergency Room. Establishment of a specialized care plan that may avoid hospital admission with its inherent well known deleterious effects in frail older patients and may reduce the cost of their acute hospital care.

**C29
Non Invasive Ventilation Tolerance in Acute Elderly Patients.**

R. Rozzini,^{1,2} N. Travaglini,^{1,2} T. Sabatini,^{1,2} M. Ferri,^{1,2} S. Boffelli,^{1,2} A. Morandi,^{1,2} M. Trabucchi.² *1. Internal Medicine & Geriatrics, Poliambulanza Hospital, Brescia, Italy; 2. Geriatric Research Group, Brescia, Italy.*

Introduction: Aim of the study is to evaluate the efficacy and tolerance to non invasive mechanical ventilation (NIV) in elderly patients affected by hypercapnic respiratory failure due to acute exacerbation of chronic obstructive pulmonary disease (AECOPD).

Methods: 127 elderly patients (age 78.3±9.2) suffering of hypercapnic respiratory failure due to AECOPD consecutively admitted to our SICU started ventilation. NIV was used in the first 48 hours; patients were weaned off as soon as possible, according to clinical improvement and arterial blood gas results. Patients were classified in Not Disabled and not Demented-NDD (20.9%), Disabled-D (51.3%) and Disabled and Demented-DD (27.8%)

Results: among the 127 patients ventilated, 115 (90,6%) tolerate the NIV. None developed severe complications depending to the NIV, except facial skin lesions occurred in 14 patients. NIV was successful in 90/115 patients (78%), the other 25 (21.7%) failed to meet the criteria of improvement (clinical and gas results). Of these 4

(3.4%) were transferred in the ICU for invasive mechanical ventilation and 21 (18.3%) were considered end stage. All these 25 patients died in hospital. In elderly NDD patients mortality was 8.3% (n=2), in D patients was 25.9% (n=15) and in DD patients was 25% (n=8).

Conclusion: NIV can be used in elderly patients admitted with hypercapnic respiratory failure secondary to AECOPD. In a geriatric setting NIV may be implemented also in disabled and demented patients.

**C30
Older Age Predicts Short-Term, Serious Events After Syncope.**

B. Sun,^{1,2} J. R. Hoffman,² C. M. Mangione,² W. R. Mower.² *1. West Los Angeles Veterans Affairs Medical Center, Los Angeles, CA; 2. UCLA, Los Angeles, CA.*

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Objective. To assess the relationship between older age and 14-day serious events after an emergency department(ED) visit for syncope.

Design/Setting. One-year prospective cohort study at a single academic ED.

Participants. Adult patients with an ED complaint of syncope or near-syncope.

Measurements. Treating physicians prospectively recorded the presence or absence of potential risk factors for serious clinical events. Patients were contacted by phone at 14 days for a structured interview. A three physician panel reviewed ED charts, hospital records, and phone interview forms to identify predefined events. The primary outcome included any 14-day predefined event. A secondary outcome included any 14-day predefined event that was first diagnosed after the index ED visit.

Results. Of 592 eligible patients, 477 (81%) provided informed consent. Follow-up was successfully obtained for 463 (97%) patients. There were 80 (17%) patients who had a 14-day event, including 18 (4%) with a delayed diagnosis. Patients over age 60 represented the majority of patients with any 14-day event (76%) and any delayed 14-day event (83%). Age greater than 60 was a powerful predictor of the primary (RR: 3.3; 95% CI: 2.1, 5.2) and secondary (RR: 4.8; 95% CI: 1.6, 14.1) outcomes. All patients with a 14-day event were admitted at the time of the initial visit, although 81% of event-free patients over age 60 were also hospitalized.

Conclusions. Older age is strongly associated with serious events after an emergency department visit for syncope. Physicians have high sensitivity but low specificity in hospitalizing older patients with an occult, dangerous reason for syncope. Future risk stratification research may have the potential to safely reduce hospitalizations in older patients with syncope.

**C31
Detection of active geriatric problems in the Emergency Department: Use of ISAR and SEISAR.**

J. Verdon,^{1,2} J. McCusker MD PhD,³ E. Belzile, MSc,³ N. Dendukuri PhD.⁴ *1. Geriatrics, McGill University Health Center, Royal Victoria Hospital, Montreal, QC, Canada; 2. Medicine, McGill University, Montreal, QC, Canada; 3. Clinical Epidemiology and Biostatistics, St Mary's Hospital, Montreal, QC, Canada; 4. Technology Assessment Unit, McGill University Health Center, Montreal, QC, Canada.*

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Background: The Standardized Evaluation and Intervention for Seniors At Risk (SEISAR) nursing assessment tool used together