

**00162      Respiratory Infections in Older Patients**

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**Aims:** Pneumonia ranked as the third leading cause of hospitalization and second leading cause of death in Singapore. (1, 2). This study aims to identify the practice of care and management of respiratory infections in older patients in a tertiary hospital in Singapore.

**Methodology:** A retrospective review was undertaken of older patients admitted with respiratory infection for a 6 month period from July 2016 to January 2017. 1151 Geriatric admissions were identified and 202 patients diagnosed with respiratory tract infections were reviewed. The management of respiratory infection was reviewed to ascertain frequency of investigations, prescribing practice for antibiotics and preventative strategies including vaccination practices. Inclusion criteria: age > 65 years, Geriatric Medicine (GRM) in-patient admission, diagnosis of respiratory infection. Exclusion criteria: no respiratory infection.

**Result:** Respiratory infection was identified in 17.5% of GRM admissions and 26.7% of the patients with respiratory infection were MRSA positive. Mean duration of antibiotic therapy was 7days (IQR 5-9) with average de-escalation of antibiotic therapy 4 days (IQR 2-6). Blood cultures were undertaken in 87% of patients and respiratory viral swab in 12%. Sputum samples were taken in 8%. 18.8% of patients with respiratory infections had naso-gastric tubes insitu. Follow up CXR was planned in 7.4% of patients and 3.4% were offered post discharge vaccination. 12% of patients with pneumonia died during their hospitalization episode with median days from admission to demise being 7 days (IGR 4-20). 90 day mortality from pneumonia was 14.4% (CI 10.2%-20.0%) and 1 year mortality was 20.3% (CI 15.3%-26.4%). Half of the mortality was in patients with naso-gastric tubes. All cause mortality at 90 days was 24.3% (CI 18.9% -30.6%) and at one year 37% (CI 31.2%-44.5%).

**Conclusion:** There is a high all cause mortality following an in-patient episode with pneumonia in older patients and more preventative strategies may improve outcomes.