

PREDICTOR VARIABLES OF MORTALITY IN THE COMMUNITY-ACQUIRED PNEUMONIA IN THE ELDERLY

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OBJECTIVE :To evaluate the variables included in the pneumonia severity index (PSI) as predictors of pneumonia mortality in the elderly, as well as to study the influence of cognitive and functional status in mortality. **METHODS**: All the variables included in the PSI, as well as functional status, measured by prior Barthel index (PBI), Lawton Index (LI) and Barthel index at admission (BIA), and cognitive status measured by Pfeiffer test (PT) were collected. The relationship between these variables with mortality was determined. **RESULTS**: 456 patients, with a mean age of 85.5 years, were included. The mortality rate during hospitalization was 22.14%. Variables related to mortality were: nursing home resident ($p < 0.0005$), heart rate > 125 bpm ($p < 0.002$), respiratory rate > 30 bpm ($p < 0.007$), altered state of consciousness ($p < 0.0001$), hematocrit $< 30\%$ ($p < 0.01$), BUN > 30 mg/dl ($p < 0.0005$) and the existence of pleural effusion ($p < 0.001$). PBI, BIA and LI showed a negative relationship with mortality and the PT showed a positive relationship ($p < 0.0001$). There was no association with any medical backgrounds, systolic blood pressure, glycemia, sodium or any of the gasometric variables. **CONCLUSIONS**: Comorbidity, gasometrical data, analytical data such as glucose and sodium and systolic blood pressure do not predict mortality in the elderly with pneumonia. Functional status (prior and at admission) and cognitive status of elderly patients with pneumonia have a determinant influence on mortality during hospitalization. Prognostic indexes of mortality in pneumonia should consider functional and cognitive status when applied to the elderly.