

S108

1-hour Symposium

Bloodstream infections and sepsis in the elderly: challenges and prospects

Short and long-term outcomes of bloodstream infections in the elderly - what matters and how best to evaluate?

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Management of sepsis and bacteremia in very old persons has become a public health concern. Frequent comorbidities, long-term institutionalization, declining functional status, altered immune functions and the increasing accessibility of healthcare resorts may explain why this population segment is particularly susceptible to bacterial infections. Furthermore, the mortality rates of most of these infections are at least 3 times higher among the elderly than among younger adult patients with the same disease. Several host factors are described as contributing to increased morbidity and mortality: age-related state of reduced physiological reserve; chronic underlying diseases; poor tolerance to invasive procedures; poor response to antimicrobial therapy, and higher rates of adverse reactions to drugs, including antibiotics. There are, however, other variables leading to worse outcomes, such as a greater risk of nosocomial infections or delayed diagnosis and therapy, which are potentially modifiable. The clinical presentation of older patients with sepsis is often atypical, making diagnosis difficult. Recent evidence showed that many older patients responded well to selected interventions when these were initiated in time, so that knowledge of the characteristics and predictors of BSI among the very elderly may lead to a better and more specific management of this population.

Therefore, the objective of this presentation is to review the independent factors affecting the outcome of bloodstream infections among the elderly considering both the short and the term outcome. Not only mortality but also functional and cognitive outcome measurement will be reviewed.