

O1216 Long-term survival of elderly patients with acute respiratory infection hospitalised in intensive care unit

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Background:

We observed a substantial increase of elderly patients hospitalized in intensive care unit (ICU) for acute respiratory infections (ARI) during the last decade. The important mortality rate in critically ill elderly patients has led to questioning the beneficial effect of ICU admission among this population. The objective was to assess if ICU hospitalisation for ARI is a surmountable turning point in life of patients over 80 years old (yo).

Methods:

A retrospective multicentre cohort study was performed based on hospital discharge databases (ICD-10, 2009-2017) of a French region. We included patients ≥ 80 yo discharged alive after ARI hospitalized in ICU. Expecting spontaneous complications and death attributable to the aging, we matched these surviving patients with a control population on age, sex, frailty score (FS) and chronic morbidities pre-existing before the hospitalisation. Control patients were selected among patients undergoing cataract surgery. The matching was performed using a propensity score (matching algorithm 1:1 ratio, caliper 0.002). The main outcomes were 4-year in-hospital mortality (Kaplan Meier curves and hazard ratios using Cox modelling on the matched population), healthcare utilization and evolution of the FS during the 2-year period before/after the initial stay.

Results:

1,658 elderly patients with ARI hospitalized in ICU were identified in the 2011-2013 period with 1,220 discharged alive (438 died, 26%). 988 of these ICU patients were successfully matched with 988 controls. Compared to the control population, patients discharged alive after ICU-hospitalized ARI had a 23-fold increase of death at 90 days and 4-fold at 2 years. The healthcare utilization after ARI was importantly increased during the 6 months after discharge and remained higher than the control population during the 2-year follow-up period. The FS was 1.6-fold superior in elderly patients that had experienced a severe ARI compared to controls two years after the ICU-hospitalisation.

Conclusions: Elderly patients with severe ARI survived ICU in 75%, but they had a major risk of death in the following months, added to a substantial increase in healthcare consumption. These findings provide data for more informed goals-of-care discussions and may help target post-ICU discharge services for these high-risk groups.

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