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Educational Workshop

**Hospital, healthcare and community acquisition of infections: implications for practice**

Infectious diseases have a major impact in the quality of life and life expectancy of the elderly population. Older adults are more susceptible to infectious diseases, and infections in the elderly are prone to be more severe than those of the general population. Several factors like immune senescence, physiologic and neurologic changes that occur with ageing, comorbid diseases, concomitant drug use, cultural and sociologic factors contribute to this picture. Furthermore, most of the older people residing in long term care facilities are frail and have physical or mental disabilities making them dependant individuals. Compared with the community, older adults in healthcare settings are more likely to become infected and acquire antibiotic resistant microorganisms due to persistent colonization and extensive use of antibiotics in these settings. Urinary tract infections, lower respiratory tract infections, skin and soft tissue infections, tuberculosis, bacteremia and sepsis, infective endocarditis, prosthetic device infections and gastroenteritis are frequently encountered infections in the elderly. While incidence of asymptomatic bacteriuria increases with age, it is more common in institutionalized or hospitalized patients. Urinary tract infection is the most common healthcare associated infection in the elderly, mainly caused by indwelling urinary catheters. Morbidity and mortality of pneumonia is high among the elderly. *Streptococcus pneumoniae* is the most common organism followed by *Haemophilus influenzae* in community acquired pneumonia. Gram negative bacilli, methicillin resistant *Staphylococcus aureus* and nonbacterial agents should also be considered while evaluating patients with pneumonia. Of skin and soft tissue infections polymicrobial infected pressure sores, can be important sources of bacteremia especially in long term care facilities. Empirical management of infections in the elderly requires adequate evaluation of the patient and starting timely and appropriate antibiotic treatment in a potentially life threatening condition.