

SP110

CLINICAL CHARACTERISTICS AND COST OF HOSPITAL STAY OF OCTAGENARIANS AND NONAGENARIANS IN INTENSIVE CARE NEPHROLOGY UNIT

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INTRODUCTION: As the population gets older, the elderly and very elderly patients are increasingly been treated in nephrology intensive care units, but the data related to characteristics and prognosis of very elderly patients treated in intensive care departments is very few. In this study we evaluated the characteristics and outcomes of the octogenarians (80-89 years old) and nonagenarians (90 years old or older) and compared them with elderly (65-79 years-old) patients treated in nephrology intensive care unit.

METHODS: Retrospectively, patients older than 65 years with sufficient data record and hospitalized in nephrology intensive care unit between January 2016- October 2018 were evaluated. Eighteen nonagenarians, 70 octogenarians and 88 elderly patients were included in the study. Indication for hospitalization, comorbidities, drugs they used, associated acute kidney injury, need for acute dialysis treatment, anti-coagulation, central catheterization, transfusion of blood products and mechanic ventilation were evaluated for the differences between age groups. Mortality rate and hospital cost were calculated.

RESULTS: Causes of hospitalization was not differed between groups. Nonagenarians on beta-bloker treatment were less ($P=0.024$) but those on nonsteroid antiinflammatory drugs were more ($p=0.001$) compared to the patients in other age groups. Among comorbidities, there were no difference between age groups except that diabetes mellitus and malignancy were more frequent in elderly ($p=0.004$ and $p=0.001$, respectively) and demans/alzheimer's disease was more common in nonagenarians ($p<0.001$). Need for dialysis treatment, mechanic ventilation, central catheterization, transfusion of blood products and anti-coagulation rate didn't differ between age groups. Although, mortality in the intensive care unit was increased as the age increased (for elderly: %37.5, for octogenarians: %48.6, for nonagenarians: %66.7), it was statistically insignificant ($p=0.190$). However, 1 month mortality rate after discharge from hospital (for elderly: 11.8%, octagenarians: 18.4%, nonagenarians: 40%) was increased especially in nonagenarians ($p=0.047$). In nonagenarians infection, whereas in octagenarians need for dialysis treatment, were related with mortality ($p=0.03$ and $p=0.013$ respectively). Median length of intensive care stay and costs for elderly, octagenarians and nonagenarians were 8 days/500.66 €, 7.5 days/479.06 € and 6 days/309.92 € respectively. Length of intensive care stay and hospital cost didn't differ between age groups ($p=0.64$ and $p=0.48$ respectively).

CONCLUSIONS: Length of nephrology intensive care stay, mortality rate and hospital cost did not differ for very elderly age groups. Demans/Alzheimer's disease may be an important accompanying disease which deserves special attention for nonagenarians. Infection and kidney injury which requires dialysis are important risk factors for mortality. Mortality risk is higher for nonagenarian after discharge from hospital, so we suggest more frequent follow up visits for this age group. In order to define the characteristics and to suggest an attitude for medical care of very elderly in intensive care unit, more studies with sufficient study population is needed.