The elderly are more susceptible to infections than their younger counterparts, says UMMC’s Infectious Diseases Consultant, Associate Professor Dr Sasheela Ponnampalavanar.

"Unlikely, young children, the classical manifesta-
tions of infections in the elderly are oftenatypical, subtle and elusive."

"For example, an elderly patient who suf-
fers from urinary tract infection (UTI) may present with confusion and vomiting instead of a burning sensation during urination. A patient with pneumonia could complain of loss of appetite and tiredness instead of a cough. Hence, it is a big challenge for doctors to recognise signs and symptoms of infections in the elderly," says Dr Sasheela, who spoke on Infections Diseases in The Elderly at the 9th Malaysian National Geriatrics Conference in Kuala Lumpur recently.

"Almost 20%-30% of elderly patients with serious bacterial or viral infections present with a blunted or entirely absent fever response; 20%-45% of them will have a nor-
mal rather than a raised white blood cell count, which is the usual laboratory indicator of infection."

"One of the commonest presentations of infection in the elderly is a change in mental function. Therefore, regardless of whether or not fever is present, any change in cogni-
tive function should lead to the considera-
tion that a serious infection may be present. Other non-specific symptoms that an older patient may present with include generalised malaise, falls, anorexia and vomiting," says Dr Sasheela.

According to the Health Ministry, in gov-
ernment hospitals in 2011, the sixth principal cause of hospitalisation and third principal cause of death were infections.

Dr Sasheela advises elderly patients to seek professional advice if they feel unwell instead of medicating themselves with over-the-counter drugs (especially antibiotics) since the infections may not be due to bacteria. She adds that antibiotics do not treat viral infections and consuming antibiotics unnec-
essary could lead to the development and spread of multi-drug resistant organisms.

"With repeated use of antibiotics, the bacteria will start building mechanisms in their body to fight these antibiotics. Finally, commonly used antibiotics will become inef-
fective against certain bacteria. These bacteria are called multi-drug resistant bacteria or ‘superbugs’."

"With overdose and misuse of antibiotics, patients will have more multi-drug resist-
ant bacteria in their body rather than the drug-sensitive bacteria. People infected with anti-
microbial resistant organisms are more likely to have longer, more expensive hospi-
tialisations and sexually transmitted diseases."

"The immune system declines with age and older individuals have more age-related diseases such as diabetes, hypertension and cardiovascular diseases. This increases their risk of infections. Older people also have low or impaired psychologi-

cal reserves such as decreased cough reflex leading to aspiration pneumonia, impaired blood circulation which compromises wound healing, and bladder changes that predispose a person to urinary tract infections," says Dr Sasheela, adding that the incidence of UTI in the elderly is as high as 50%.

"Their unique living conditions also make the elderly more prone to infections. Frequent hospital admissions, living in a long-term care facility or nursing home are risk factors for acquiring infections, especially with multi-

"The general population should be coun-
selled by healthcare providers and made aware of the risks of HIV and STD, irrespective of age. Early screening, diagnosis and prompt treatment decreases mortality and morbidity associated with these illnesses, besides reduc-

ing the risk of transmission.""}

**Early intervention**

Infections in the elderly may be reduced or prevented through good nutrition, early med-
ical intervention, proper control of underly-
ing diseases such as diabetes, and good hand hygiene and infection control in hospitals and homes for the elderly.

The elderly should also consider vaccina-
tion to reduce the risk of mortality and mor-
bidity. Vaccinations that are recommended for the elderly, according to international guidelines, include those against influenza, pneumococcal pneumonia, chicken pox, shingles, tetanus, diphtheria and pertussis (whooping cough).

In Malaysia, influenza occurs all year round and causes significant morbidity and mortality. The elderly are at increased risk of complications and mortality due to influenza.

The vaccine may not prevent mild influenza infection but it has been known to reduce secondary bacterial pneumonia, hospitalisation and mortality approximately 80%, 30% and 50% respectively in the elderly.

"Streptococcus pneumoniae is a common cause of bacterial pneumonia in Malaysia. Advanced age predisposes an individual to invasive pneumococcal diseases (IPD) which may affect the brain, joints and blood, result-\n
ing in an increase in mortality," says Dr Sasheela.

"Those with underlying co-morbidities such as diabetes, heart disease and chronic lung diseases are at increased risk of IPD. Pneumococcal vaccine prevents invasive pneumococcal diseases."

The health burden of influenza and pneumo-
ococcal diseases in Malaysia is being increasingly documented. There is evidence that dual pneumococcal and influenza vacci-
nation reduces strokes, heart attacks, pneu-

donia and deaths in the elderly.

"Influenza vaccines should be given annu-
ally for those over 50 years old, and pneumo-
ococcal vaccines should be given once for those over 65 years, especially if they have underly-
ing diseases."

"Unfortunately, the uptake of vaccina-
tion among the elderly is not very good in Malaysia. This may be due to lack of aware-
ness, as well as the lack of clear national guidelines on adult vaccination, unlike the ones available for infants and children," Dr Sasheela concludes.

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**Self-medication may harm you**

By SHEELA CHANDRAN

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Stocks of antibiotics are soaring in price, with private pharmacies offering cheaper rates. Unfortunately, many Malaysians are unaware of the detrimental effects of improper antibiot-
ic use, says Dr Sasheela.

**Risk of mortality**

Dr Sasheela shares that common medical concerns affecting the elderly range from pneumonia to UTI, skin and soft tissue infec-
tions (including diabetic foot infections and pressure sores), meningitis, endocarditis (heart valve infection) and appendicitis.

"The risk of mortality in elderly patients due to infections is much higher than in younger patients. The number of deaths among those above 65 years old whose suffering from pneumonia is three times higher, while mortality rates among elderly patients with UTI are between five and 10 times higher than in younger patients."

She explains that the elderly are more prone to infections due to multiple factors.

"The immune system declines with increasing age and older individuals have more age-related diseases such as diabetes, hypertension and cardiovascular diseases. This increases their risk of infections. Older people also have low or impaired psychologi-

cal reserves such as decreased cough reflex leading to aspiration pneumonia, impaired blood circulation which compromises wound healing, and bladder changes that predispose a person to urinary tract infections," says Dr Sasheela, adding that the incidence of UTI in the elderly is as high as 50%.

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