



Letters to the Editor

Geriatric Assessment: A Key Tool in the Initial Management of the Elderly Patient with Community-Acquired Pneumonia[☆]



La valoración geriátrica es una herramienta clave en el manejo inicial del anciano con neumonía comunitaria

To the Editor,

We read with interest the article by Calle et al., documenting the prognostic factors for mortality in very elderly patients with community-acquired pneumonia (CAP). The authors underline preserved functional capacity both before and at the time of hospitalization as factors improving 30-day mortality.¹ This paper is of particular importance since it adds to the currently controversial body of evidence on the influence of functional dependence on the short-term progress of elderly patients admitted with CAP.²

With this in mind, and in view of the great impact of this type of infection on this population,³ geriatric assessment is becoming an accepted tool for assisting in the choice of empirical antibiotic and short-term risk stratification for decision-making, and for designing the care plan for geriatric patients with CAP seen in the emergency department. Indeed, the clinical guidelines recently published by several scientific societies (SEPAR, SEMI, SEMES, SEGG, SEQ and SEHAD) on the management of CAP in the elderly include the need for frailty screening in all patients 65 years of age or more, with the use of scales such as *Identification of Senior at Risk* (ISAR) or the *Triage Risk Screening Tool* (TRST). In patients identified as high-risk (score ≥ 2), a geriatric assessment adapted to the emergency situation is recommended. Elderly patients could be classified using this strategy, and be given a specific care plan tailored to their individual needs.⁴

To sum up, we believe that geriatric assessment for the emergency department is a tool that complements the scales currently in use for predicting outcome on admission to the hospital (PSI or CURB-65) and/or the intensive care unit (SCAP, SMART-COP or

ATS/IDSA). It can provide valuable information for decisions on diagnostic procedures, aggressive treatments, and the need for hospital admission, and for defining the most appropriate level of care. As we see it, this tool may be another instrument to be introduced for improving the quality of care of the elderly CAP patient in the emergency department.⁵

Conflict of interests

The authors declare that they have no conflict of interests.

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Francisco Javier Martín-Sánchez,^{a,b,*} Juan González del Castillo^{a,b}

^a Servicio de Urgencias, Hospital Clínico San Carlos, Madrid, Spain

^b Instituto de Investigación Sanitaria, Hospital Clínico San Carlos, Madrid, Spain

* Corresponding author.

E-mail address: fjjms@hotmail.com (F.J. Martín-Sánchez).

[☆] Please cite this article as: Martín-Sánchez FJ, del Castillo JG. La valoración geriátrica es una herramienta clave en el manejo inicial del anciano con neumonía comunitaria. Arch Bronconeumol. 2015;51:523.