

Weakness in the Elderly: Pearls and Pitfalls

Nida F. Degesys, MD, FACEP

Medical Director

UCSF Age Friendly Emergency Department

COI

age friendly research

Ray & Dagmar Dolby Family Fund



Case

- 96M PMHx HTN, DM2, HL, CAD s/p stents 10+ years ago, BIBF for generalized weakness. Per family patient wanting to be in bed all day. No specific complaints from the patient
- PE: axo baseline, normal vitals, benign exam
- WHAT DO YOU DO?!

Agenda

- Why this topic?
- Do NOT miss cases



WHY?!

- Non-specific complaints
- COMMON CC
 - 25% (1)
- Atypical sx for “badness”
 - 60% NSCC had serious condition 30d and 6% mortality (2)



Case

93M PMHx Alzheimers dementia, HTN, HL, BIB family for generalized weakness, sleeping more than usual/more withdrawn.

- PE: 120/57, 79, 38.0, 16, 97%,
- Axo to baseline, flat affect
- +crackles on lung exam



Infections

- 60% dx of NSCC (2)
- 1/3 of all mortalities in older adults
- 90% of death from PNA are in older adults (3)
- Atypical sx
 - Less fever
 - Less leukocytosis

Poll: 30-day Mortality for
community-acquired
pneumonia in older adults

- A. 1%
- B. 5%
- C. 10%
- D. 25%

Death & Mortality

An Image Archive for Artists & Designers



Pneumonia

- 1.5million ED visits (CDC)
- Incidence/prevalence is 4x higher
- Older adults frequently require hospital or ICU admission



File TM, Jr., Marrie TJ. Burden of community-acquired pneumonia in North American adults. *Postgraduate medicine* 2010;122:130-41.

Janssens JP, Krause KH. Pneumonia in the very old. *Lancet Infect Dis.* 2004 Feb;4(2):112-24. doi: 10.1016/S1473-3099(04)00931-4. PMID: 14871636.

Ruhnke GW, Coca-Perrillon M, Kitch BT, Cutler DM. Marked reduction in 30-day mortality among elderly patients with community-acquired pneumonia. *American journal of medicine.* 2011;124:171-8 e1.

Marrie TJ, Huang JQ. Epidemiology of community-acquired pneumonia in Edmonton, Alberta: an emergency department-based study. *Canadian respiratory journal.* 2005;12:139-42.

Nagarathnam N, Nagarathnam K, Cheuk D. (2017). Pneumonia in Geriatric Patients. In: *Geriatric Diseases*. Springer, Cham. https://doi.org/10.1007/978-3-319-32700-6_10

Pneumonia & Older adults

Tessalon Pearls



- Less robust immune response
 - Less cilia
- Fever response may be blunted
 - VA study <35% w PNA had fever+cough
- Tachycardia may be blunted by beta blockers
- BP normal is NOT normal
- 20% don't have cough as a sx!
- AMS/Delirium may be initial presentation
 - Acute onset
 - Inattention
 - Disorganized thinking
 - Altered level of consciousness
- Procalcitonin? CRP?



Case

- 83F PMHx HTN, DM2, p/w weakness. No CP/SOB, no fevers, no n/v.
- PE: normal vitals
- Abd: soft nttp

AMI and CP

1/3 of all ACS and 60% of deaths is from over 75yo (2)

- Risk of death Inc by 70% with each decade! (1)

<50% of patients 65 years old to 75 years old have CP!!!

<40% over 85 have chest pain!!!! (1)

Sx (1,3):

- shortness of breath (49%),
- diaphoresis (26%),
- nausea and vomiting (24%),
- syncope (19%),
- delirium (5%).
- WEAKNESS (4%) (Gupta, Tabas)

EKG and trop non diagnostic





Case

- 77M PMHx HTN, HL, OSA, p/w weakness for weeks. Also w/ weight gain, feels cold all the time,
- PE: 118/79, 48, 37.4, 100%
- Labs: Na125, Glucose 65

Endocrine

- Adrenal Insufficiency
 - If on chronic steroids (Rheum diseases)
 - Get cortisol level
 - Give IV dex (won't mess up labs)
- Hypothyroid
 - Check TSH





Case

- 83F PMHx dementia, CVA, bedbound, BIBA from SNF for weakness and fatigue.
- PE: 37.5, 120/70, 100, 100%
- Dry mm, >2s cap refill

Dehydration!

- One of top 5 dx in 6.7% all medicare pts (4)
- 38% pts in SNFs (5)
- Check why dehydrated
 - Illness
 - Neglect



Case

- 79M lives at home by himself, BIBS and daughter (caregiver visiting from other state), for weakness. Per pt, no medical complaints.
- PE: 145/87, 68, 98.6, 100%RA
- Thin, axox3, normal neuro exam.
- Social: partner died 3yr ago





Depression

- 2023 EPIDEMIC (Surgeon General V. Murthy)
- Loneliness (6)
 - 37%
- Social Isolation (6)
 - 34%
- Loss of loved ones
- Decreased mobility/cognition
- 29% premature death (7)
- =15 cigarettes/day

Elder Abuse (EA)

- Common
 - 10% of older patients (1)
 - 50% of patients with dementia (5)
 - 44% of SNF/Nursing Home patients (6)
 - COVID Era: 1 in 5 (7)
- Underreported
 - 15% report to it someone (2)
 - 4-7% to authorities (6)
- Disproportionately interact with healthcare (3)
- ED diagnosis(4)
 - 0.013%
 - Comparison: Child abuse estimates 5% and dx is 3%



Neglect –

- Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder

Exploitation –

- Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder

Physical Abuse –

- Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need

Emotional Abuse –

- Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, including threats, intimidation, and harassment

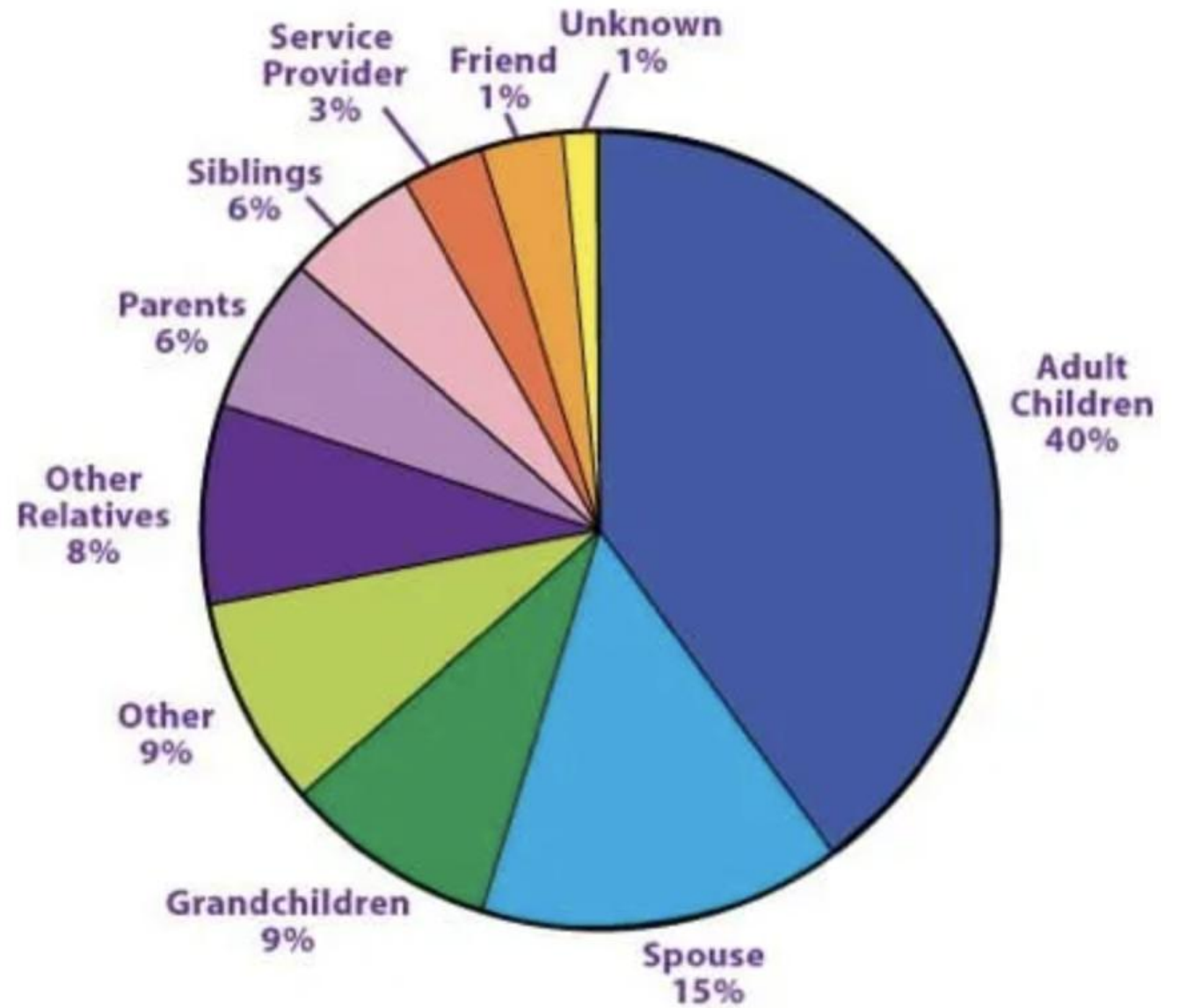
Sexual Abuse –

- Non-consensual sexual contact of any kind, coercing an elder to witness sexual behaviors

Abandonment –

- Desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person

EA: Who does it?



National Association of Adult Protective Services Administrators



Unintentional neglect

- High caregiver burden
- Own illness
- Lack of education on how to care for illness
- Cost of medicines

Ageism?

- Public tolerance
 - UK 2021 poll (the Lancet)
 - 1/3 DV abuse, 49% neglect not abuse
- Funding/staffing APS vs CPS
 - Federal Child Abuse and Prevention Act (CAPTA) 1974. \$852m/yr
 - Elder Justice Act 2010
 - No \$ appropriated...
 - 2021-> 1 time \$188m and \$15m/yr
 - 6:1 vs 26:1





Case

- 69M PMHx HTN, HL, OSA, COPD, DM2, MM, seasonal allergies BIBA for generalized weakness.
- PE: 110/68, 45, 98.5, 100%RA
- Normal neuro, normal gait
- Meds: LOTS

Polypharm

- ≥ 5 meds
- 1/3 of all meds, 17% population
- BEERS 2023 of PIMs
 - app



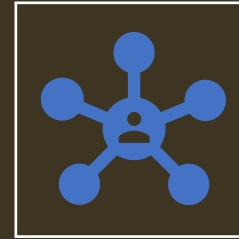
Summary



NSC can be BAD



Head to Toe Exam



Broaden your Ddx

Not just "medical"

Remember Social and Meds