

GERIATRIC EMERGENCY MEDICINE

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Pattern of Emergency Department visits in elderly patients with somatic pain

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Background: Proportion of elderly people in the worldwide population is increasing. An increased use of public health services has been noticed, particularly referring to access and hospitalization among elderly in the Emergency Department (ED). Primary care-related ED utilization is associated with decreased efficiency and increased costs to the health system. Aim of this study is to describe the pattern of ED use by older patients with pain.

Methods: We retrospectively collected data of patients aged 65 years or more attending to the ED of Cuneo (Northern Italy) from January, 2013 to December, 2013. For all patients the following information were recorded: demographic information, triage category, reason for visit, clinical presentation, ED length of stay, day and time of presentation and their disposition.

Results: In a sample of 77299 ED accesses, we found 20.024 old subjects (25.9%) attending to ED; pain was the main reason for visit in 5224 patients (26.4%) and these patients showed a higher risk of hospitalization [OR = 1.19 (1.12 - 1.27)].

Of 1699 elderly patients reporting somatic pain, almost 60% (1045 patients) reported acute somatic pain; compared to elderly patients admitted in ED for exacerbation of chronic somatic pain (654 patients), they were more frequently hospitalized [OR =6.58 (4.44-9.75)].

The main reason for hospital admission in patients with acute somatic pain was hip fracture (137 patients), whereas in patients with exacerbation of chronic somatic pain was low back pain (480 patients).

77299 ED accesses (1\2013-12\2013)

20.024 old subjects

5224 patients with pain

1699 patients with somatic pain

1045 patients with acute somatic pain

137 hip fractures

480 low back pain

Conclusion: Elderly account for a high proportion of admissions to ED and consecutive hospitalizations. Pain (both acute and exacerbation of chronic pain) represents a risk factor for hospital admission associated with high costs of health care in older people.

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