Abdominal Pain in the Geriatric Patient

Amy Leuthauser, MD, MS[a,*], Benjamin McVane, MD[b]

KEYWORDS

- Abdominal pain in the elderly
- Atypical presentations of common abnormalities in the elderly • Approach • Geriatric

KEY POINTS

- Evaluation of the elderly patient with abdominal pain can be difficult, time-consuming, and fraught with potential missteps.
- Abdominal pain is the most common emergency department complaint and the fourth most common complaint among elderly patients.
- The physiologic, pharmacologic, and psychosocial aspects of elderly patients make evaluation of their abdominal pain different than in the general population.
- Having a lower index of suspicion for abnormality and ordering tests will help make diagnoses, and getting ancillary services like pharmacy involved in the patients' care, can be of innumerable benefit.

INTRODUCTION

Evaluation of the elderly patient with abdominal pain can be difficult, time-consuming, and fraught with potential missteps. Still, it will be an increasingly common task of the emergency physician as the population ages. The US population over the age of 65 continues to grow, and patients of this age group are the fastest growing group of emergency department (ED) users. Accordingly, the past few years have seen a dramatic increase in research and focus on the emergency care of elderly patients.[1]

Abdominal pain is the most common ED complaint and the fourth most common complaint among elderly patients. The physiologic, pharmacologic, and psychosocial aspects of elderly patients make evaluation of their abdominal pain different than in the general population. Consequently, this population is prone to worse outcomes, higher rates of admission and surgical interventions, and prolonged ED and hospital stays

Disclosures: Neither author has any disclosures to report.

[a] Department of Emergency Medicine, Bay of Plenty District Health Board, Tauranga Hospital, Cameron Road, Private bag 12024, Tauranga 3142, New Zealand; [b] Department of Emergency Medicine, Icahn School of Medicine, Mount Sinai Hospital, 1 gustav levy place, New York, NY 10028, USA

* Corresponding author.

E-mail address: amyleuthauser@gmail.com

Emerg Med Clin N Am 34 (2016) 363–375
http://dx.doi.org/10.1016/j.emc.2015.12.009 emed.theclinics.com
0733-8627/16/$ – see front matter © 2016 Elsevier Inc. All rights reserved.

compared with younger patients.[2] Alarmingly, mortality in patients greater than age 80 with abdominal pain nearly doubles if initial diagnosis is delayed.[3] This article aims to address general aspects of approaching abdominal pain in elderly patients as well as specific commonly encountered abnormalities in this population.

GENERAL APPROACH

Limitations to History-Taking

Within the initial step of gathering a history of the presenting illness, a clinician should be aware of potential complexities unique to an elderly patient. Elderly patients often present later in their disease course with vaguer and broader symptoms than their younger counterparts.[4] Normal age-related decline in hearing and vision may impede the patient's ability to communicate effectively with a physician. Cognitive impairments may further limit communication or diminish a patient's effective recollection of their illness progression. Patients themselves may underreport symptoms because of assumptions that symptoms are a part of the normal aging process or for fear of loss of independence with increased health care needs.[5] Alternatively, a provider may need to rely on family members or home health assistants to supplement the clinical history.

Limitations to Physical Examination

Physiologic changes inherent in the aging process can diminish the usefulness of the physical examination for elderly patients. Changes in the gastrointestinal (GI) as well as neurologic, musculoskeletal, and immunologic system lead to much higher rates of atypical presentations of common disease. Only 17% of elderly patients with perforated appendicitis presented with "classic" complaints.[6] Atrophy of abdominal wall musculature diminishes rebound and guarding.[7] Changes in peripheral nerve functioning lead to later and subtler presentation of pain.[8] Medications commonly taken by elderly patients, including β-blockers, steroids, nonsteroidal anti-inflammatory drugs (NSAIDs), and opiates, may blunt or alter their response to disease. They may also impair their ability to demonstrate a fever or the expected tachycardic response seen in younger patients. Similarly, changes to T-cell functioning in the elderly patient lead to a higher susceptibility to infection and decreased rate of leukocytosis on laboratory results. One study showed that 30% of patients over the age of 80 with intra-abdominal abnormality requiring surgery developed neither fever nor leukocytosis.[9]

Imaging

The high pretest probability of surgical abnormality and the decreased reliability of physical examination should lead the ED physician to a low threshold for using advanced imaging in elderly patients with abdominal pain. In this population, disposition and management decision may be significantly altered by results of computed tomographic (CT) imaging, which should be the imaging test of choice in most cases of elderly abdominal pain. In one study, the diagnostic certainty of emergency physicians assessing elderly patients with abdominal pain was increased from 36% to 77% after obtaining a CT scan.[10]

Plain films are generally of limited diagnostic use, although they may be helpful for identifying features such as sigmoid or cecal volvulus, bowel obstruction, or the presence of free intraperitoneal air. Ultrasound is the imaging of choice for biliary and pelvic diseases as well as for early identification of abdominal aneurysms, although it may be limited by body habitus, bowel gas, and operator competence.

Download English Version:

https://daneshyari.com/en/article/3236607

Download Persian Version:

https://daneshyari.com/article/3236607

Daneshyari.com