Atypical Presentation of Illness in older patients

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Defining Atypical Presentations

- The definition of an atypical presentation of illness is: *when an older adult presents with a disease state that is missing some of the traditional core features of the illness usually seen in younger patients*.

Risk Factors

- Over age 85 in particular
- Multiple co-morbidities
- Multiple medications
- Cognitive or functional impairment

Consequences (of not identifying)

- Increased morbidity and mortality
- Missed diagnosis
- Unnecessary use of Emergency Rooms

Types of Atypical presentations

- (1) Vague Presentation of Illness;
- (2) Altered Presentation of Illness; and
- (3) Non-presentation (under-reporting) of Illness.

(1)Vague Presentation of Illness

- Changes in behavior or function in an older adult are often a prodrome (symptoms(s) indicative of an approaching disease) of an acute illness, especially for frail older adults.
- Mild confusion, changes in ability to perform activities of daily living (ADL), and decreased appetite.

Non-specific Symptoms that may Represent Specific Illness

Confusion
Self-neglect
Falling
Incontinence
Apathy
Anorexia
Dyspnea
Fatigue

(2)Altered Presentation of Illness

Illness	Atypical Presentation
Infectious diseases	Absence of fever Sepsis without usual leukocytosis and fever Falls, decreased appetite or fluid intake, confusion, change in functional status
"Silent" acute abdomen	Absence of symptoms (silent presentation) Mild discomfort and constipation Some tachypnea and possibly vague respiratory symptoms
Silent" malignancy	Back pain secondary to metastases from slow growing breast masses Silent masses of the bowel

Silent" myocardial infarction	Absence of chest pain Vague symptoms of fatigue, nausea and a decrease in functional status. Shortness of breath more common complaint than chest pain
Non-dyspneic pulmonary edema	May not subjectively experience the classic symptoms such as paroxysmal nocturnal dyspnea or coughing Typical onset is insidious with change in function, food or fluid intake, or confusion
Thyroid disease	Hyperthyroidism presenting as "apathetic thyrotoxicosis," i.e. fatigue and a slowing down Hypothyroidism, presenting with confusion and agitation

Depression	Lack of sadness Somatic complaints, such as appetite changes, vague GI symptoms, constipation, and sleep disturbances Hyper activity Sadness misinterpreted by provider as normal consequence of aging Medical problems that mask depression
Medical illness that presents as depression	Hypo- and hyper- thyroid disease that presents as diminished energy and apathy

(3) “Hidden" Illness in Older Adults

Depression
Incontinence
Musculoskeletal stiffness
Falling
Alcoholism
Osteoporosis
Hearing loss
Dementia
Dental Problems
Poor nutrition
Sexual dysfunction
Osteoarthritis

Factors that contribute to the under-reporting of illnesses

- The insidious nature of the onset of the illnesses and the vague symptoms associated with these problems
- A tendency on the part of patients and families to regard many of these symptoms as a "normal" part of aging
- Reluctance of older people to complain about problems because of concerns as to being ignored or generating burdensome tests
- Communication deficits including hearing impairments, poor vision, and speech problems

Expected Outcomes (1)

- **Healthcare providers will:**

➢ Use of a range of interventions to prevent, alleviate, or ameliorate altered presentation of illness in older adults

➢ Document and communicate each individual's altered presentation of illness on chart and between levels of care

➢ Increased their knowledge about altered presentation in the elderly

Expected Outcomes (2)

- **Institutions will:**

➢ Provide educational material related to atypical presentation of illness

➢ See decreased morbidity and mortality due to atypical presentation of illness

➢ See improved documentation of altered presentation of illness

➢ Staff will receive ongoing education related to identification of altered presentation of illness

References

- Ham, R., Sloane,D. & Warshaw,G. (2002). *Primary Care Geriatrics: A Case Based Approach*. pp 32-33.St Louis, MO:Mosby. Reprinted with permission from Elsevier.

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