

Guidelines for care of elderly patients ignored

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Guidelines for the treatment of older patients with respiratory conditions are routinely ignored. Research published today in the open access journal *BMC Health Services Research* shows that recommended treatments are given to only a small minority of eligible patients.

Benjamin Craig from the Moffitt Cancer Center, Tampa, USA, led a team who investigated the treatment of nearly 30,000 patients across the US. According to Craig, "Despite the proliferation of numerous guidelines for the management of adults with obstructive respiratory diseases, we found major disparities between the actual care given and that which is recommended".

Chronic Obstructive Pulmonary Disease (COPD) and asthma are leading causes of death in people over the age of 45 in the US. COPD claims the lives of around 30,000 people per year in the UK. Guidelines for treatment of these conditions have been available for a number of years.

They emphasize the importance of lung function tests, access to inhalers, influenza vaccination and smoking cessation. However, as Craig reports, "Slightly less than 22% of older adults with asthma or COPD received bronchodilator inhalers. An even smaller minority received one or more lung function examinations during the year and 18% were not vaccinated against influenza".

A substantial portion (16%) of the patients were smokers and the majority (53%) were former smokers. The researchers found that current smokers were less likely to receive care than those who had never smoked or who had quit. Craig explained that, "The finding that smokers receive less care is both troubling and intriguing. There may be a group of patients with such a strong nicotine addiction that quitting would be very difficult. It might be that some of these patients withdraw from care to avoid uncomfortable encounters with physicians who urge smoking

cessation. Alternatively, of course, some physicians may dismiss smokers because they have failed to change their behaviour."

The researchers conclude that the needs of older adults with obstructive respiratory disease and possible nicotine addiction deserve special attention and that guidelines require further development and much wider implementation.

Source: BioMed Central

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