



## Treatment-limiting decisions, comorbidities, and mortality in the emergency departments: a cross-sectional elderly population-based study

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**BACKGROUND:** Older adults experience a higher risk of death in the emergency departments (EDs), in part, as a result of their comorbidities. A treatment-limiting decision is often reported for older adults who die in the EDs. The Charlson Comorbidity Index (CCI) is a validated method for the scoring of comorbidities. Whether an association between the CCI and treatment-limiting decisions exists remains unknown. **OBJECTIVE:** To determine whether the CCI was associated with the treatment-limiting decisions made for older patients who die in the EDs. **METHODS:** A total of 2,095 patients  $\geq 65$  years old who died in the EDs in France and Belgium were prospectively included between 2004 and 2005. The recorded data included: 1) the CCI score; 2) patient age; 3) gender; 4) living in senior housing facilities; 5) hospitalizations occurring in the previous year; 6) presence of functional limitations (according to the Knaus classification); 7) chronic diseases; and 8) presence of organ failure(s). A treatment-limiting decision was defined as a predetermined choice not to implement therapies that would otherwise be required to sustain life. **RESULTS:** A treatment-limiting decision was identified in 993 (47%) patients. Fully-adjusted logistic regression model showed that a CCI  $\geq 5$  (OR=25.56 with  $P=0.037$ ), age  $\geq 85$  years (OR=20.33 with  $P<0.001$ ), living in an institution (OR=0.15 with  $P=0.017$ ), hematologic (OR=6.92 with  $P=0.020$ ) and respiratory disease (OR=0.17 with  $P=0.046$ ), and neurologic causes (OR=0.20 with  $P=0.010$ ) of organ failure were significantly associated with treatment-limiting decisions. **CONCLUSION:** An elevated CCI score ( $\geq 5$ ) was associated with a treatment-limiting decision in elderly patients evaluated in the EDs. Further research is needed to corroborate this finding.

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