



## Increased intensity of treatment and decreased mortality in elderly patients in an intensive care unit over a decade

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Objectives: Data collected from two cohorts of patients aged  $\geq 80$  yrs and admitted to an intensive care unit in France were compared to determine whether intensive care unit care and survival had evolved from the 1990s to the 2000s. Design: Retrospective cohort study on patient data attained during intensive care unit stays. Setting: 18-bed intensive care unit in an academic medical center. Patients: Two cohorts of patients aged  $\geq 80$  yrs, admitted to an intensive care unit at a 10-yr interval. Interventions: None. Measurements and Main Results: The first cohort comprised 348 patients admitted between January 1992 and December 1995, and the second cohort, 373 patients admitted between January 2001 and December 2004. There was no difference in age between the two cohorts, but patients in the second had significantly less history of functional limitation and significantly more acute illness (Simplified Acute Physiology Score II  $43 \pm 18$  vs.  $57 \pm 25$ , respectively,  $p < .0001$ ). Patients in the second cohort had a significantly higher Omega Score, had a higher occurrence of renal replacement therapy, and received vasopressors more frequently than the patients in the first cohort, even when adjusted for age, sex, Knaus classification, Simplified Acute Physiology Score II, and intensive care unit admission cause. Intensive care unit mortality was 65% and 64% for the first and second cohorts, respectively. In multivariate analysis (including age, Knaus classification, Simplified Acute Physiology Score II and first vs. second period) for association with intensive care unit survival, the 2001-2004 period was associated with a near tripling of chances of survival (odds ratio 2.9; 95% confidence interval, 1.92-4.47,  $p < .0001$ ). Conclusions: The characteristics and intensity of treatment for elderly people admitted to the intensive care unit changed significantly over a decade. The intensity of treatments has increased over time and survival has improved over time as well. A potential link between increased treatment and improved survival in the elderly may be evoked.

Résumé en anglais

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