Pneumonia

Older Men More Susceptible to Death by Pneumonia Than WomenAccording to a new study, old men are far more likely to die after being hospitalized with community-acquired pneumonia (CAP) than their female counterparts. The reason for this may be attributable to the differing biological response to infection between males and females. The findings may have important implications for understanding sex differences in life expectancy." Our study found that men with CAP were less likely to survive after an infection compared to women and this was not explained by differences in demographics, health behaviour, chronic health conditions or quality of care," said Sachin Yende, M. D., assistant professor in the Department of Critical Care Medicine at the University of Pittsburgh School of Medicine and corresponding author of the study.

The researchers measured blood levels of inflammatory indicators, including tumour necrosis factor (TNF) and interleukins 6 and 10, coagulation indicators including Factor IX, and fibrinolysis indicators including D-dimer concentrations. They found patterns in these biomarkers that suggest men generate a stronger inflammatory and coagulation response and, perhaps, break up blood clots more quickly than women in response to infection." These differences in inflammatory, coagulation and fibrinolysis biomarkers among men may explain the reduced short-term and long-term survival," said Dr. Yende. Data were gathered from the multicenter Genetic and Inflammatory Markers of Sepsis (GenIMS) study. Participants were enrolled upon emergency department admission at 28 academic and community hospitals in Pennsylvania, Connecticut, Michigan and Tennessee from 2001 to 2003. The study[pic] included 2, 320 subjects, with a mean age of 64.

9 years, 1, 136 of whom were men. The men were sicker on admission, more likely to be smokers, and had at least one chronic health condition, such as cardiac disease or cancer. Severe sepsis occurred in 588 (31 percent) subjects. Of these, about half had severe sepsis on their first day of hospitalization. The researchers found that men had a higher risk than women of death at 30 days (7 percent vs.

4. 5 percent), 90 days (11. 4 percent vs. 8. 6 percent) and one year (21 percent vs. 16 percent).” Even compared to women with an equivalent illness severity, men were more likely to die.

Survival differences persist up to one year after the initial hospitalization, when most patients had recovered from the pneumonia and left the hospital,” Dr. Yende said. Nursing InterventionsInterventions: Elevate head of the bed, change position frequently. Rationale: Lowers diaphragm, promoting chest expansion and expectoration of secretions. Interventions: Assist patient with deep breathing exercises.

Rationale: Deep breathing facilitates maximum expansion of the lungs and smaller airways. Interventions: Demonstrate or help patient learn to perform activity like splinting chest and effective coughing while in upright position. Rationale: Coughing is a natural self cleaning mechanism. Splinting reduces chest discomfort, and an upright position favors deeper, more forceful cough effort.

Interventions: Force fluids to at least 3000 ml per day and offer warm, rather than cold fluids. Rationale: Fluids especially warm liquids aid in mobilization and expectoration of secretions. Interventions: Administer medications as

prescribe: mucolytics or expectorants. Rationale: Aids in reduction of bronchospasm and mobilization of secretions. Interventions: Provide supplemental fluids. Rationale: Fluids are required to replace losses and aid in mobilization of secretions.

Medical ManagementDepending on the organism treatment for Pneumonia is undertaken. For Pneumonia caused by bacteria Pneumococcus, Streptococcus Pneumonia, Hemophilus Influenza, Penicillin or Erythromicin group of derived antibiotics like ampicillin (augmentin) can be used.