Medicine
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COVID-19 in Older Adults

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Atypical COVID 19 Presentations in Frail Older Adults

- Typical symptoms of COVID-19 such as fever, cough, and dyspnea may be absent in the elderly despite respiratory disease (1)
- Only 20-30% of geriatric patients with infection present with fever (1)
- Atypical COVID-19 symptoms include delirium, falls, generalized weakness, malaise, functional decline (1), and conjunctivitis, anorexia, increased sputum production, dizziness, headache, rhinorrhea, chest pain, hemoptysis, diarrhea, nausea/vomiting, abdominal pain, nasal congestion, and anosmia (2)
- Tachypnea, delirium, unexplained tachycardia, or decrease in blood pressure may be the presenting clinical presentation in older adults (2)
- Threshold for diagnosing fever should be lower, i.e. 37.5°C or an increase of >1.5°C from usual temperature (3)
- Atypical presentation may be due to several factors, including physiologic changes with age, comorbidities, and inability to provide an accurate history (4)
- Older age, frailty, and increasing number of comorbidities increase the probability of an atypical presentation (1)
- Older adults may present with mild symptoms that are disproportionate to the severity of their illness (1)

Optimized care for older adults with suspected or confirmed COVID-19

- Anticipate atypical presentations in patients over the age of 75 (1)
- Educate older adults and their caregivers regarding mild symptoms that may represent disease (1)
- Be aware that frail older adults with atypical symptoms have more adverse outcomes compared to well elderly with typical presentations (4)
- Be aware that mortality rises rapidly with age – 14.8% for octogenarians (5)
- As symptoms may be unreliable, consider early diagnostic testing
- Other investigations (as in younger adults):
    - Blood work: CBC with differential, lytes, Cr, LEs/LFTs, LDH, CRP, ferritin (6)

    - CT chest: typical findings are focal unilateral ground glass opacities rapidly evolving to bilateral diffuse ground glass opacities (7)
- Co-infections (e.g. influenza, human metapneumovirus) have been reported. Co-infection with influenza has been reported to be 0.5% (4)

Older adults presenting with delirium - Could this be COVID-19?

Consider COVID-19 as the cause of delirium (i.e. perform a COVID-19 swab and initiate isolation precautions) if any of the following are present:

- Symptoms are suggestive – even if only mild ILI (influenza-like illness) symptoms or low-grade temperature are present
- History of COVID exposure or exposure to others with ILI symptoms
- Hypoxia otherwise unexplained, even if mild (SaO2 <90%)
- Rapid clinical deterioration
- No other clear reason for delirium identified (note: be very careful to dismiss delirium as being 2' to UTI in supportive living or long term care populations given the high rates of bacterial colonization/bacteruria)
- CXR consistent with pneumonia (unilateral or bilateral)

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