

The Assessment of Medical Comorbidity in the Elderly Patients

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ABSTRACT

Introduction: Valid measures of comorbidity are used both to describe the health status of groups and to evaluate the performance of health systems in delivering high quality care for chronic disease at manageable cost. In this study, we characterize comorbidity in a community sample of older persons.

Results: We studied 62 subjects older than 65 years of age. Mean age 76 ± 7.7 years. Comorbidity is assessed based on the CIRS-G score (cumulative illness rating scale- geriatric version). The average score of the CIRS-G estimating the burden of comorbidity is 9.9 ± 4.6 . Comorbidity is more important in the female sex and in case of loss of autonomy. The average severity index is 1.8 ± 0.5 and the number of average system affected is 5.4 ± 2 . The neurological, psychiatric, osteoarticular ENT and ophthalmological pathologies have the highest level of severity, indeed the severity level 3 and 4 concerns more than 1 out of 4.

Subjects: The level of severity is intermediate in 48% of the subjects in case of cardiovascular pathologies. More than 50% have a zero severity level in case of digestive, genitourinary, respiratory, endocrine and hemopoietic pathology.

Conclusion: In our data, it is insensitive to age effects as well as to the effects of education and cognitive impairment, all of which are known modifiers of health and health economic outcomes. In contrast, the CIRS-G, though labor-intensive, is much more responsive to these important health modifiers, and its most striking advantage is observed in the presence of dementia.