Outcomes of critically ill elderly patients

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To the Editor—In 1999, Ip et al[1] published an article in *Critical Care Medicine* about the outcomes for critically ill elderly patients treated at a charity hospital in Hong Kong. In the December 2015 issue of *Hong Kong Medical Journal*, Shum et al[2] reported the mortality and discharge rate of elderly patients who received intensive care in a much larger sample (150 vs 4226 patients). The same significant prognostic factors were identified by both studies, namely, severity-of-illness score, advanced age, history of malignancy, and need for mechanical ventilation. It reflected the reproducibility of scientific research.

Ip et al's study 16 years ago had many limitations.[1] Nonetheless, further information was collected during the treatment course and revealed some other significant prognostic factors including the number of organ failures and whether cardiopulmonary resuscitation was performed. These were not explored by Shum et al's study,[2] so comparison is not possible. Apart from mortality, patient morbidities as well as rehabilitation outcome, such as level of self-care function, were studied by Ip et al.[1] Many patients survived and resumed an acceptable quality of life. Patients were older (≥70 vs ≥60 years) in Ip et al's study and treated in a Geriatric High-Dependency Unit (a scaled-back intensive care unit [ICU] solely for elderly patients) that was organised and run by geriatricians. It serves as a permanent record of history and a reference for future generations.

The cost and benefit of treating critically ill elderly patients were evaluated. Interestingly, similar outcomes were achieved with costs lower than that of traditional ICUs. The editorial of *Critical Care Medicine* commented, "these pioneering investigators (of Hong Kong) are exploring extremely important economic and health policy issues. As a society, we must make rational evidence-based health policy decisions if we are to use our resources wisely. Most importantly, they hinted to the fact that these outcomes may be achieved at a significantly lower cost (as compared to the United States and

traditional settings). Many of the practices we take for granted have little scientific foundation and we must be ever vigilant in challenging these beliefs."[3] The article is encouraging to the Hong Kong medical profession, and shows that our system is highly efficient and effective when compared with international standards. We were one of the early contributors to the literature on medical care dedicated to elderly patients.

Ageing of our population is repeatedly discussed. Large cohorts of elderly patients are readily available for study in Hong Kong. Shum et al's study[2] has strong statistical power. We look forward to future similar hard work from which elderly patients will benefit. We know that age alone is no longer a sufficient criterion to deny intensive treatment.

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