



# CLINICAL OUTCOMES IN PATIENTS AGED 80 YEARS AND OLDER RECEIVING NONINVASIVE RESPIRATORY SUPPORT FOR COVID-19 PNEUMONIA

De Vita, N.<sup>1</sup>; Vianello, A.<sup>2</sup>; Scotti, L.<sup>1</sup>; Confalonieri, M.<sup>3</sup>; Bonato, V.<sup>4</sup>; Maestroni, C.<sup>5</sup>; Airoidi, G.<sup>6</sup>; Olivieri, C.<sup>7</sup>; Sainaghi, P.<sup>1</sup>; Della Corte, F.<sup>1</sup>; Navalesi, P.<sup>8</sup>; Vaschetto, R.<sup>1</sup>.

<sup>1</sup> Università del Piemonte Orientale, Dipartimento di Medicina Traslazionale, Via Solaroli, 17 - 28100 Novara, Italy. <sup>2</sup> Department of Cardiac Thoracic Vascular Sciences and Public Health, University of Padova, Via Gallucci, 13, 35121 Padova, Italy. <sup>3</sup> Pneumologia, Azienda Sanitaria Universitaria Giuliano Isontina, Via Giacomo Puccini, 50, 34148 Trieste, Italy. <sup>4</sup> Department of Anesthesia and Intensive Care, Azienda Ospedaliera SS. Antonio e Biagio e Cesare Arrigo, Via Venezia, 16, 15121 Alessandria, Italy. <sup>5</sup> Anestesia Rianimazione ASL VCO, Dipartimento Chirurgico, Presidio Ospedaliero Domodossola e Verbania, Largo Caduti Lager Nazisti, 1, 28845 Domodossola, Italy. <sup>6</sup> Medicina Interna, Ospedale Ss. Trinità, Viale Zappis, 10, 28021 Borgomanero, Italy. <sup>7</sup> Department of Anesthesia and Critical Care, Azienda Ospedaliera Sant'Andrea, Corso M. Abbiate, 21, 13100 Vercelli, Italy. <sup>8</sup> Istituto di Anestesia e Rianimazione, Dipartimento di Medicina-DIMED-Università di Padova, Azienda Ospedale-Università di Padova, Via Gallucci, 13, 35121 Padova, Italy

## Background

Clinical outcomes of **octogenarian patients** hospitalized for **COVID-19** are very poor. Purpose of this study is to describe the **characteristics and the outcomes** of patients aged 80 year or older hospitalized for acute respiratory failure (ARF) consequent to COVID-19, receiving **noninvasive respiratory support (NIRS)** in intermediate respiratory care unit (IRC).

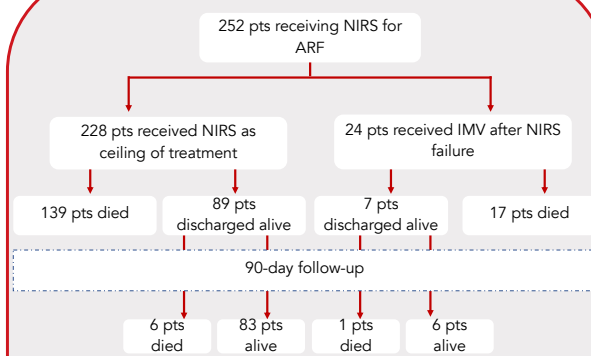
## Methods

- **Multicenter, retrospective, observational study**
- **Seven hospitals in Northern Italy**

### Inclusion criteria

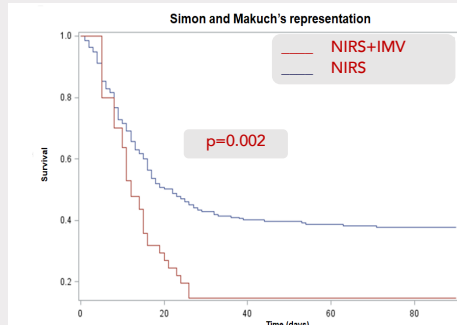
- Patients  $\geq 80$  years with COVID-19 ARF
- Noninvasive respiratory support
- From February 24<sup>th</sup>, 2020, to March 31<sup>st</sup>, 2021

## Results



## Patients' characteristics

	Overall (n=252)	NIRS (n=228)	NIRS+IMV (n=24)	p-value
Age, years	84 (82-87)	84 (82-87)	82(81-84)	<b>0.0183</b>
Female, n (%)	92 (37)	86 (38)	6 (25)	0.2183
Body mass index, kg/m <sup>2</sup>	26 (23-29)	26 (23-29)	24 (22-29)	0.1536
Level of dependence, n (%)				
Low	74 (42)	68 (42)	6 (35)	0.3167
Moderate	27 (15)	26 (16)	1 (6)	
High	77 (43)	67 (42)	10 (59)	
PaO <sub>2</sub> mmHg	56 (45-69)	56 (46-69)	53 (41-73)	0.4886
PaCO <sub>2</sub> mmHg	34 (30-38)	34 (31-38)	32 (28-37)	<b>0.0449</b>
Serum C-reactive protein, mg/dL	11 (6-16)	11 (6-15)	15 (10-25)	<b>0.0280</b>
SOFA score	4 (3-5)	3 (3-4)	5 (3-6)	<b>0.0003</b>



## Hazard Ratio respiratory support vs. 90-day mortality

	Univariable model HR (95%CI)	Multivariable model HR (95%CI)
NIRS+IMV vs. NIRS	<b>2.174 (1.326-3.563)</b>	1.757 (0.857-3.600)
Age		1.106 (1.050-1.165)
CCI		1.105 (1.032-1.183)
C-reactive protein		1.045 (1.018-1.072)
SOFA score		1.156 (1.063-1.257)
SaO <sub>2</sub>		0.973 (0.954-0.992)

## Conclusions

The clinical outcomes of patients aged 80 years and older with COVID-19-ARF is very poor. Given the extremely poor prognosis of intubated patients failing NIRS, caution should be used in considering transition from NIRS to IMV.