Fever of unknown origin in the elderly: Clinical approach

Gabor Ternak
University of Pecs, Hungary

An elderly patient over 65 years with fever may pose a real challenge for the physicians. Geriatric patients may present with atypical features of different disorders. Even an unexplained change in functional or mental capacity may be a feature of a disorder. Fever in elderly is generally accepted as a serious disorder, especially that of bacterial infection. According to many authors, the diagnostics of FUO in the elderly often differs from the one in young patients. The manifestation of a disease is often nonspecific in older patients. The physiologic reserves are diminished in the elderly, as well as their immunity. Many other, accompanying diseases, exist (comorbidity) that determine the further diagnostics and treatment, and hence the outcome of the illness. The symptoms and signs of many illnesses are a typical, or less prominent in older patients, which obviously complicate diagnostics. Studies of FUO in the elderly show that unlike in the young, a precise diagnosis can be made 87% to 95% of the time. Often, FUO in the elderly is the result of a typical presentation of common disease. Infection is the cause in 25% to 35% of cases, with tuberculosis occurring much more commonly in elderly than young patients who have FUO. Connective tissue diseases, such as temporal arteritis, rheumatoid arthritis, and polymyalgia rheumatica, account for 25% to 31% of causes in elderly patients, and malignancy accounts for 12% to 23% of all cases. As many of these diseases are treatable, etiology of FUO in the elderly should be investigated further. Medical evaluation of elderly persons requires a different perspective from that needed by younger persons. The range of symptoms is different, the manifestations of distress are less apparent, improvement sometimes is slower and less dramatic, and the implication of maintenance of function is more important. The differential diagnosis varies with age, and presentation of disease frequently is nonspecific and symptoms difficult to interpret. FUO in the elderly is an example of a classic medical syndrome that requires a specific approach.

tega@t-online.hu