Atypical Presentations in Older Adults

Learning Objectives:

Understand Why Presentations May Be Atypical

- Describe how age-related changes in anatomy and physiology, along with psychosocial factors, polymorbidity, and polypharmacy, contribute to atypical or vague clinical presentations in older adults.
- Understand the importance of obtaining collateral history from multiple sources, including caregivers, family, or care facilities, to help further delineate “vague” presentations
- Identify that non-specific symptoms such as generalized weakness, fatigue, dizziness, falls, confusion or altered mental status, functional decline, often have multifactorial etiologies.

Develop an Approach to the Investigation and Work-Up of Atypical Presentations

- Emphasize keeping differentials broad for older patients presenting with vague or non-specific complaints.
- Distinguish specifically between asymptomatic bacteriuria and urinary tract infection, and apply a rational approach to urine testing and antibiotic use in older ED patients to avoid missing etiologies for presentation.