

Particular Aspects of Medical Care Provided to Elderly Patients with *Clostridium difficile* Enterocolitis - Considerations

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Editorial

Clostridium difficile colitis currently represents a major public health problem worldwide. Its incidence is increasing, much of patients requiring hospitalization. Hospital costs are increased both in the first episode of the disease and relapses, which may affect up to a quarter of patients. Until present were identified a variety of favorable factors for the occurrence of *Clostridium difficile* colitis and for severe disease. Advanced age, over 65, it is one of them and has an important role.

In hospitals *Clostridium difficile* colitis is a matter of becoming more acute, especially related to elderly patients. Health care for the elderly are complex and multiple, different from those of adult. This care should take into account the particularities linked to old age: presence of a multitude of chronic diseases associated, mobility and mobilization increasingly difficult and low, dependence in different degrees of helping from another person, less capacity to adapt to environmental changes (e.g. hospitalization), mental impairment, incontinence, etc. For example in Infectious Diseases Hospital of Brasov in 2015 were 228 hospitalizations for *Clostridium difficile* colitis. Of these 66.23 % were patients older than 65 years and 21.05% over 80 years of age.

In these circumstances healthcare providing care to elderly (doctors, nurses, and sisters) needs specific clinical and communication skills. Geriatrics specialist doctor should be part of the team of elderly care.

Care and treatment plans must contain a multitude of aspects adapted to elderly patients. A special attention should be given to food and nutrition, especially in very elderly patients, who cannot feed

themselves or can have chronic illnesses that require a certain diet (diabetes, hypertension, heart disease, chronic renal failure) or are bedridden. By inadequate food, added to intestinal losses and lack of intestinal absorption, enterocolitis due, appears the risk of hypoproteinemia, with consequences on health treatment plan.

Another important aspect is related to oral hydration of the elderly patient with acute enterocolitis. Generally elderly patients do not consume enough fluids; even more, due to the existence of a disease, dehydration is a major risk. This risk must be countered through close observation and proper hydration by medical personnel.

Ensure personal hygiene is another very important aspect in the care of the elderly patient. Particular attention should be directed to oral hygiene and to daily care of skin. Patients who go with difficulty and bedridden patients are at risk of developing pressure sores due to frequent diarrheal stools.

Last but not least another important aspect in the care of the elderly patient with *Clostridium difficile* colitis is the correct and supervised administration for associated chronic diseases. Any failure or discontinuation of therapy of these diseases may produce their decompensation and worsening health. Many times death can occur due to associated diseases, not because of enterocolitis with *Clostridium difficile*.

In conclusion *Clostridium difficile* enterocolitis in elderly requires trained medical personnel in the care of the elderly and entirely dedicated to these patients. Is it always possible?