

care that went into the National Institutes of Health study and the stated lack of care that went into many of the studies in this meta-analysis, this study will not change my practice or my skeptical view of antibiotics or alpha-blockers. A meta-analysis of carefully controlled and reported randomized controlled trials will trump a single trial—but only if all the trials are of high quality.

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Geriatrics

Re: The Causes of Acute Fever Requiring Hospitalization in Geriatric Patients: Comparison of Infectious and Noninfectious Etiology

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Introduction: Infectious diseases may present with atypical presentations in the geriatric patients. While fever is an important finding of infections, it may also be a sign of noninfectious etiology. **Methods:** Geriatric patients who were hospitalized for acute fever in our infectious diseases unit were included. Acute fever was defined as presentation within the first week of fever above 37.3°C. **Results:** 185 patients were included (82 males and 103 females). Mean age was 69.7 ± 7.5 years. The cause of fever was an infectious disease in 135 and noninfectious disease in 32 and unknown in 18 of the patients. The most common infectious etiologies were respiratory tract infections (n = 46), urinary tract infections (n = 26), and skin and soft tissue infections (n = 23). Noninfectious causes of fever were rheumatic diseases (n = 8), solid tumors (n = 7), hematological diseases (n = 10), and vasculitis (n = 7). A noninfectious cause of fever was present in one patient with no underlying diseases and in 31 of 130 patients with underlying diseases. **Conclusion:** Geriatric patients with no underlying diseases generally had infectious causes of fever while noninfectious causes were responsible from fever in an important proportion of patients with underlying diseases.

Editorial Comment: Acute fever is a common but nonspecific clinical finding in all age groups, including the elderly. A sizable number of patients in this study had noninfectious disorders despite initial presentation with fever. Normal physiological changes in the immune system with aging may actually prevent development of fever or other common clinical signs and symptoms in older adults with an infectious process.

This study highlights the fact that common clinical conditions may present with atypical symptoms in elderly patients. Asymptomatic bacteriuria is highly prevalent in older adults and generally does not require therapy. However, some older adults with clinically significant urinary tract infections may not complain of fever, dysuria or urinary changes. Instead, other symptoms such as confusion, lethargy and anorexia may occur in older adults with urinary tract infection. These findings should be considered symptomatic and prompt appropriate therapy. Clinicians caring for older adults need to be alert to this issue to provide appropriate evaluation and management.

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