



FACTORS ASSOCIATED WITH 30-DAY MORTALITY AND VASOPRESSOR USE IN A COHORT OF ELDERLY PATIENTS WITH SEPSIS: A RETROSPECTIVE ANALYSIS AT THE MULTIDISCIPLINARY INTERNAL MEDICINE UNIT OF CORREGGIO HOSPITAL

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Introduction. Sepsis is a major cause of morbidity and mortality in the elderly. Immunosenescence increases susceptibility to infection and risk of severe disease. Diagnosis is difficult due to atypical presentations, requiring an integrated approach considering severity, frailty and function.

Objectives. To describe clinical and laboratory features of elderly patients with sepsis and assess associations between baseline variables and 30-day mortality and vasopressor use.

Materials and Methods. This retrospective single-center study included 41 elderly patients with sepsis admitted between March and August 2025 to a geriatric internal medicine unit. Clinical data, functional status, and geriatric assessment (cognition, nutrition, comorbidities, frailty, Multidimensional Prognostic Index) were collected. At admission, clinical and laboratory data and severity scores (quick Sequential Organ Failure Assessment, Sequential Organ Failure Assessment, National Early Warning Score 2) were re-

corded. Outcomes were 30-day mortality and vasopressor use, reflecting decision-making in a geriatric context.

Results. Malnutrition ($p=0.020$), frailty ($p=0.012$), anemia ($p=0.027$), hypoalbuminemia ($p=0.037$), and hypotension ($p=0.048$) were associated with mortality. Vasopressor use was associated with comorbidity burden ($p=0.022$), chronic kidney disease ($p=0.031$), chronic obstructive pulmonary disease ($p=0.048$), lower leukocytes ($p < 0.001$), lower C-reactive protein ($p=0.023$), lower procalcitonin at day 1 and 3 ($p=0.007$), and higher Sequential Organ Failure Assessment scores ($p=0.007$). Dementia was associated with lower vasopressor use, reflecting a conservative approach. Mortality related to frailty and nutrition; vasopressor use to severity.

Conclusions. In elderly sepsis, prognosis depends on infection severity and patient vulnerability. Vasopressor use reflects clinical decision-making. Geriatric assessment may improve prognostic stratification and support personalized care.