

Currently, in our institutions of higher education in the area of healthcare, there is no scientific society that ratifies FELSOCHEM. Therefore it is recommended to work on this and take the initiative to create a partnership for academic-scientific purposes, encouraging postgraduate students from different areas to focus on research from the beginning of their postgraduate course, while not forgetting that it cannot be an obligation but by personal motivation.

As a conclusion, universities that have health science faculties are responsible for the education of the health professional, and in turn, health care institutions play an important role, as they allow for training and clinical skills. Scientific societies collaborate and reinforce continuous and investigative learning, and finally, unions and groups protect the professionals of the legislature and supervise for the adherence to moral and ethical integrity.

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Infectious diseases in patients over 65 years attended in Leticia, The Amazonas, Colombia



Dear Editor,

Infectious diseases (ID) continue to be a major cause of morbidity-mortality in patients over 65 years of age, and its early detection is a challenge in today's medical clinical practice. Although there are numerous studies of elderly patients with specific infectious diseases, such as urinary tract infections, pneumonia, gastroenteritis, bacteremia, tuberculosis and bacterial meningitis, less is known about IDs in patients over 65 in general, and in Latin America, studies analyzing infectious profiles among this group are scarce.¹

We were unable to find studies on infectious diseases in the elderly in Colombia among the literature. Therefore, an observational, descriptive, transversal study was designed, using a non-probabilistic sample of consecutive cases, with the general objective of determining the prevalence

of infectious diseases in the elderly ≥ 65 years old who were attended at the "Clínica de Leticia" Foundation, a level II-1 private hospital, with a total of 27 beds (20 adults and 7 pediatric) located in Leticia, the capital of the Department of the Amazonas in Colombia, during the years 2010 through 2014. An electronic form was designed for data gathering, using Microsoft Office Excel 2013©, which contained the variables of interest.

Total patient registration was 10,405 patients, who were ≥ 65 years of age and were treated at this institution over a period of five years (2010–2014). The registered data, after quality control, were exported and analyzed using the statistical package Stata v.14.0, where measures of central tendency, dispersion and proportions were expressed. For group comparison, a $p < 0.05$ was considered to be significant.

During the study period, 2083 (20.01%) patients were diagnosed with infectious diseases, with an age range between 65 and 99 years of age, with a median age of 72 years, and between 68 and 78 years of age. Eleven thousand one hundred and thirty four (54.4%) of the patients were female; similar numbers to those reported in a study conducted in Norway by Steens et al.²

Diarrhea and infectious gastroenteritis were the most frequent conditions with 450 (21.6%), followed by urinary tract infections with 308 (14.7%) and community-acquired pneumonia with 306 (14.6%), following a different pattern from that reported in Turkey, where infections of the respiratory system were the most common with 41%, followed by urinary tract infections with 27% and infections of the gastrointestinal system with 12%.³ The association between urinary tract infections, diarrhea, infectious gastroenteritis and females showed statistically significant results ($p < 0.001$). Worldwide, viral acute respiratory infections cause generalized morbidity, and there is a high risk of complications in patients over 65 years of age.⁵ In this study, 1 in every 20 patients was admitted due to a viral respiratory infection, making it the most frequent ID.

Other diseases were: cellulitis with 108 cases (5.1%), cutaneous abscesses with 83 cases (3.9%), acute exacerbation of COPD with 82 cases (3.9%), acute conjunctivitis with 68 cases (3.2%) and acute otitis media with 60 cases (2.8%). It is important to point out that most studies conducted in the Department of the Amazons have focused on tropical diseases such as malaria, leishmaniasis and yellow fever. However, with this study we are able to see that other IDs remain relevant in this region.

The high number of cases of diarrhea and gastroenteritis may be related to multiple socioeconomic and demographic factors in the Department of the Amazons, such as the high proportion of a rural population (62%), a low human development index (HDI), and an overall 44% of households with insufficient basic needs (IBN), which reaches up to 60% in rural areas, well above the national average of 27%. In addition to overcrowding, that reaches up to 30%, poor access to drinking water and inadequate sanitation, making it one of the least-developed areas of Colombia overall.⁴

In conclusion, infectious diseases are a frequent reason for admission in elderly patients, particularly infectious diarrhea, representing a serious public health problem in the Department of the Amazons. In order to limit the burden of these diseases, in more than just this age group, it is imperative to implement health strategies and policies that encourage cooperation between public and private institutions for the education of patients and their families, thus increasing the participation of the community in the installation

of measures for hygiene and care, and identification of risk factors, for the promotion of health and primary prevention.

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