

# We need a comprehensive intensive care unit management strategy for older patients

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According to the United Nations, there were 703 million persons aged 65 years or over in 2019. The number of older persons is projected to reach 1.5 billion in 2050. Globally, the proportion of the population aged 65 years or over increased from 6% in 1990 to 9% in 2019. This share is projected to rise further to 16% by 2050. Population aging has been fastest in Eastern and South-Eastern Asia [1]. The Republic of Korea is rapidly becoming an aging society. In Korea, the proportion of older adults (65 or over) increased from 11.5% in 2012 to 16.5% in 2021 [2]. Considering the course of natural tendency in demographic shift, it is very likely that Korea will become a super-aging country by 2029 [3]. Older age is related to a higher prevalence of chronic diseases, which may cause increased incidence rate of acute critical illnesses and admission to the intensive care unit (ICU) [4].

In this issue of *Acute and Critical Care*, Lee et al. [5] studied the change in the characteristics and prognostic factors of very old patients (85 or over) admitted to the ICU over 11 years from 2007 to 2017. They retrospectively investigated the data of patients admitted to the ICU, comparing the first and second halves of the research period; the share of very old adults increased from 1.3% to 1.8%. They report that the in-hospital mortality of very old ICU patients decreased, but that abnormal creatinine, vasopressor use, and ventilator weaning failure were associated with mortality [5].

Despite the limitations of a single-center retrospective cohort study, this study by Lee et al. [5] is very challenging and revealed the importance of ICU treatment for older patients. This study showed that the mortality of very old ICU patients decreased and suggested meaningful prognostic factors related to in-hospital mortality. To be sure, this study used limited data, which some might characterize as insufficiently reliable. Therefore, for generalization, prospective multicenter-based clinical trials are needed. As the number of older patients is continuing to increase dramatically, their socioeconomic burden will increase. As healthcare resources are limited, a comprehensive ICU management strategy for this population is becoming important for critical care physicians. I hope this article is able to provide an impetus for strengthening these strategies.

## CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

## Editorial

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