Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Clinical characteristics of older patients: The experience of a geriatric short-stay unit dedicated to patients with COVID-19 in France

Dear Editor,

We read with great interest the article by Liu et al.[1] published recently in The Journal of Infection. We would like to share our experience as a geriatric short-stay unit exclusively for aged patients infected with coronavirus SARS-CoV-2 (COVID-19). COVID-19 infection was documented for the first time in January 2020 in France. From that date onwards, the infection spread rapidly throughout the country, mainly in the east and north.

Our hospital is located in the north of France, in an area with a population of 400,000 inhabitants. In March 2020, we decided to open a short-stay geriatric unit for elderly polymorbid patients suspected of COVID-19 infection. In the first week, we received 22 patients, 17 of whom were infected with SARS-CoV-2 (confirmed by RT-PCR). Nine were female and median age was 86.5 years (range: 68.6–97.1). The main clinical and biological characteristics are detailed in Table 1, and compared with the results published by Liu et al.[1] In our series, fever was the most common symptom (observed at home or at admission). Cough, delirium, dyspnea, and asthenia were the other most commonly observed signs.

Liu et al.[1] compared the signs of COVID-19 in a population of young ($n = 38$) and older adults aged $\geq$ 60 years ($n = 18$). Fever was less frequent in older people (77.8%); there was no difference for cough, asthenia, or digestive signs. Guan et al.[2] described coronavirus infection in 1099 adults during the outbreak in China (median age 47 years). The most common symptoms in their study were fever (88.7%), cough (67.8%), asthenia/fatigue (38.1%), and sputum (33.7%). Diarrhea was rare (3.8%).

Cough, dyspnea, asthenia, and oxygen therapy were observed more often in our series than in that of Liu et al.[1] Our study population was older (median age: 86.5 versus 68.0 years). More than a quarter of our patients had diarrhea, while delirium was present in more than 60%. A fall was the first sign of the infection for more than a quarter of our patients.

Thrombopenia and lymphopenia have been frequently observed in adult patients with COVID-19.[2] In our series, lymphopenia was more frequent than thrombopenia or leukopenia. Inflammation, renal impairment or liver impairment affected more than half of observed patients. Comorbidities or pre-existing frailty could influence the frequency of these signs in older people with COVID-19 infection.

Elderly people are particularly affected by the coronavirus, both in terms of prevalence of disease and in terms of severity and mortality. [3,4] It is likely that older people may develop uncommon signs of coronavirus infection. Differences in the clinical picture presented by elderly subjects compared to their younger counterparts are common in diseases in general,[5,6] and in infectious diseases in particular.[7,8] This may result in a delayed diagnosis,[9] or even more frequent diagnostic errors,[10] which is detrimental to the future of these elderly patients. Physicians caring for the elderly should consider the risk of atypical presentation of coronavirus infection. Perhaps the future will reveal that atypical signs of COVID-19 infection such as confusion, fall or diarrhea were in reality signs of severity.

Table 1
Main clinical and biological characteristics in elderly patients with COVID-19 infection at admission to a short-stay geriatric medical unit dedicated to COVID-19.

Characteristics	Our study population ($N = 17$) n (%)	Study population by Liu et al. (1) ($N = 18$) n (%)	P[#]
Fever	13 (76.5)	14 (77.8)	1
Cough	12 (70.6)	6 (33.3)	0.03
Dyspnea	11 (64.7)	2 (11.1)	0.001
Sputum	3 (17.6)		
Asthenia/Fatigue	10 (58.8)	2 (11.1)	0.003
Fall	4 (23.5)		
Delirium	9 (52.9)		
Diarrhea during stay	6 (35.3)		
Oxygen therapy	8 (47.1)	17 (94.4)	0.005
Pulmonary infection on auscultation	8 (47.1)		
Biology			
Neutropenia ($< 4.10^3/mm^3$)	4 (23.5)		
Lymphopenia ($< 1500/ mm^3$)	13 (76.5)		
Thrombopenia ($< 15{,}000/ mm^3$)	7 (41.2)		
Inflammation (CRP > 10 mg/liter)	16 (94.1)		
Renal impairment*	10 (58.8)		
Liver impairment (ALAT or ASAT >40 U/liter)	8 (47.1)		

* in comparison to the patient's usual renal function.
\# Chi 2 test or Fisher's exact test when appropriate.

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