For clinicians, navigating the myriad options for management of multiple chronic conditions requires individualized assessment of risks, benefits, and specific goals of various therapies. Estimates of life expectancy, integrating the impact of age, comorbid illness, and function, have been generated to assist in medical decision making. These estimates assist providers in predicting median survival and thus can help in estimating the potential life remaining in which one might benefit from a given procedure or therapy (Fig. 124-5). For example, the options offered to a frail 85-year-old man with less than 3 years left to live may be quite different from those presented to his healthy counterpart of the same age with a median life expectancy of 5 to 7 years. In addition, any decision should take into account the individual patient's goals and preferences. A variety of prognostic tools exist to assist clinicians with estimating survival in different populations and care circumstances. These tools can be accessed online in an interactive fashion for clinicians at http://eprognosis.ucsf.edu/.

PRESENTATION OF DISEASE IN THE OLDER ADULT

Competent care of the frail older adult starts with recognition of disease, even in the absence of typical signs and symptoms. Presentation of disease among older adults may differ dramatically from that expected in younger patients; manifestations of distress may be subtle or nonspecific, and improvement is less obvious and slower. These phenomena occur for a number of reasons. As noted previously, older adults experience high rates of comorbid illness, which may confound the clinician's ability to diagnose a problem accurately. For example, a patient with heart disease and chronic obstructive pulmonary disease who visits the office because of dyspnea may be experiencing a flare of his or her pulmonary disease or an atypical presentation of ischemic heart disease or both. Reporting of symptoms may also be affected by psychosocial factors, including limited access to the health care system, cognitive problems, or minimization of symptoms as "normal aging." Likewise, health care providers may minimize complaints by older adults with complex medical illness or frail health.

The alert clinician may anticipate "geriatric" presentations for certain conditions (Table 124-2). Hyperthyroidism can manifest with apathy, malaise, depression, and fatigue, while lacking classic symptoms of tremor, tachycardia, or sweating. It can also manifest with heart failure and is highly prevalent among older adults with new-onset atrial fibrillation. Likewise, older patients with hypothyroidism may atypically demonstrate

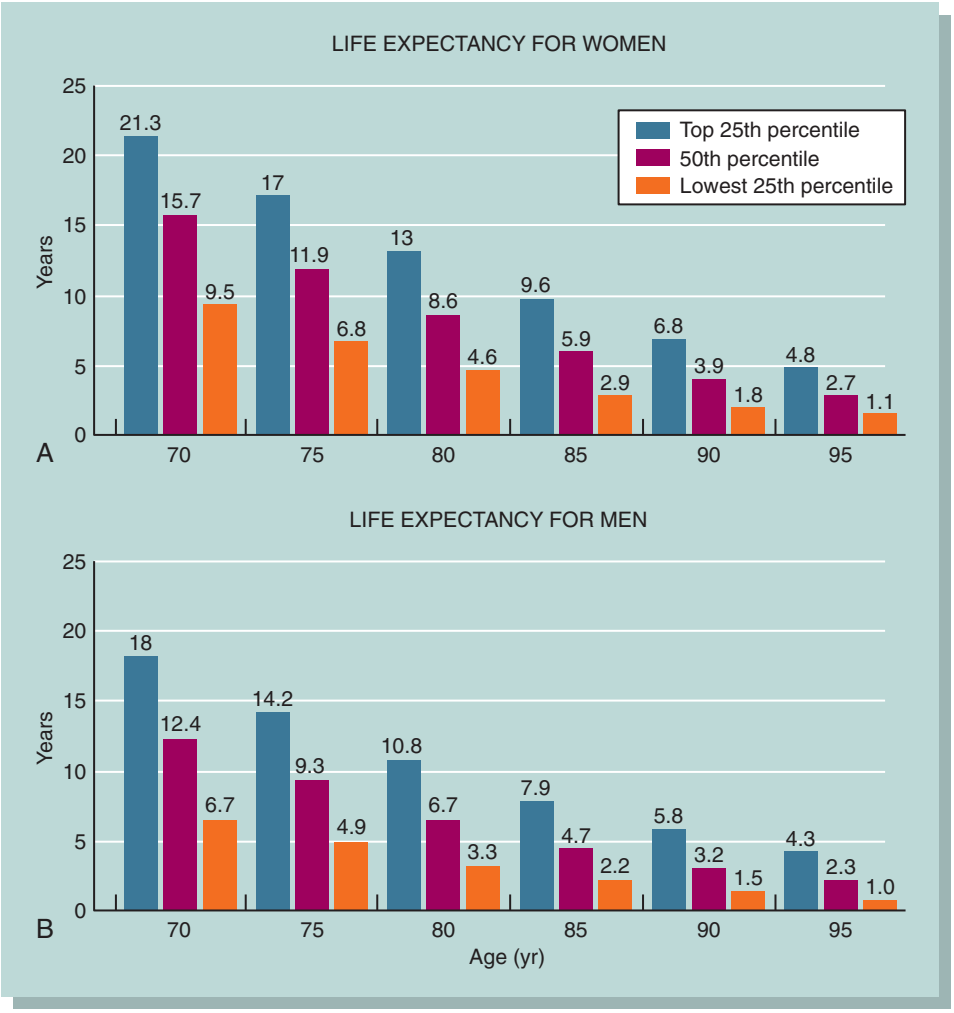

FIGURE 124-5 Upper, middle, and lower quartiles of life expectancy for women and men at selected ages. (From Walter LC, Covinsky KE: Cancer screening in elderly patients: a framework for individualized decision making, JAMA 285:2750–2756, 2001.)