SAFETY AND Efficacy OF Colonoscopy IN THE Elderly: ExPerience IN AN Inner-City Community Hospital SERVING African American AND Hispanic Patients

Data regarding safety and efficacy of colonoscopy in elderly African American and Hispanic patients is scarce. We designed our study to determine the safety and efficacy of colonoscopy in this population. We retrospectively reviewed records of 1530 patients, who underwent colonoscopy over a nine-year period. The population included the elderly group (age > 65 years) comprising 780 patients and control group (aged ≤ 65 years) comprising 750 patients. Data about cancer prevalence, complications and 30 day mortality were abstracted. The median age was 77 years (range 66–101, 61% females) for the elderly group and 57 years (range 18–65, 51% females) for controls. The elderly group required lower doses of medications for conscious sedation (P < .0001). The crude completion rate was lower for the elderly group (79.5% vs 89.7%), however the adjusted completion rate was similar in both groups (90.3% elderly vs 90.9% control). There was no significant difference in outcome between the two ethnic groups. Diagnostic yield was higher in the elderly group (69% vs 49%, P < .0001), with a significantly higher rate of cancer detection (7.9% vs 1.8%, P < .0001). There was no statistical difference in complication rate between the two groups (P = .35). There were 2 deaths within 30 days of colonoscopy: one in the elderly group, and one in the control group. Our results suggest that colonoscopy in our elderly patients was safe and effective and resulted in a high diagnostic yield. Therefore, old age alone should not deter colonoscopic evaluation when indicated. (Ethn Dis. 2011;21(4):412–414)

Key Words: Colonoscopy, Elderly, Cancer, African American, Hispanic

INTRODUCTION

The elderly are one of the most rapidly growing population groups in the United States. Advanced age is a major risk factor for harboring colorectal cancer. Risk of colorectal cancer is 17 times higher in patients aged > 65 years as compared to younger patients. The prevalence of variety of gastrointestinal disorders is higher in the older adults. There is no clear consensus among the gastroenterology societies about the cut-off age after which colonoscopy should not be offered as diagnostic modality. Several authors have reported that advanced age is an independent risk factor for complications related to colonoscopy. But others have disputed this data and have reported that colonoscopy in elderly patients is safe and does detect more significant lesions in the symptomatic patients. Risk of colonoscopy is usually attributed to bowel preparation (dehydration, electrolyte imbalance, aspiration), anesthesia (hypoxia, hypotension, cardiopulmonary complications) and to the procedure itself (perforation, bleeding, and infection). However, there is also lack of enthusiasm and concern about the risk benefit ratio, among clinicians for colonoscopy in the elderly population in general, and in the underserved minority population in particular. It is also well known from clinical experience that colonoscopies are technically difficult in elderly patients (due to diverticulosis, sharp angulations and relative inability to hold the air) and have higher failure rates in comparison to younger patients. Previous studies performed in African American elderly patients had shown lower likelihood of significant findings in average risk elderly patients. On the contrary the recent guidelines have been updated to start colonoscopy in African American population at the age of 45 years; hence elderly African American patients may harbor more malignant lesions. Our hypothesis was that colonoscopy is safe and valuable in our elderly African American and Hispanic patients. To analyze our hypothesis we performed the retrospective study in our inner city population and compared the outcome of colonoscopy in our elderly patients in comparison to their younger counterparts.

METHODS

A retrospective review of medical records of 1530 patients, who underwent colonoscopy over a nine year period, was performed. Patients were stratified in two groups: > 65 years and ≤ 65 years of age. The elderly group (age > 65 years) comprised a total 780 patients (African American 413, and Hispanics 337) and the control group (age ≤ 65 year) comprised a total 750 patients (African American 413, and Hispanics 337). The data abstracted included demographics, indication(s) for colonoscopy, findings (including prevalence of cancer), complications and 30-day mortality. In our inner city hospital common indications for colo-