

TB & Your Client: Elders

A Resource for Healthcare Providers in Primary Care Setting



What I Need to Know

Elders over age 65:

- Are higher risk for progression to active TB if they have Latent TB Infection (LTBI).
- Are more likely to be diagnosed late and die from tuberculosis
- May have other health conditions that further increase their risk



“ I was in hospital for pneumonia and they found out I had TB. ”

What My Client Needs to Know

Latent TB Infection status



*Tuberculin skin testing is not recommended for screening in this population

Age increases risk



Other health problems may also increase their risk



Signs and symptoms of TB



Importance of seeing health care provider early



Consider screening your Client for active TB if:

- You are an RN (AAP), NP or Physician
- You are in a community with a high incidence of TB



1

Inquire re : symptoms

2

Collect Sputum

3

CXR and Refer



NITHA TB Program



306-953-5034

Who should use this resource:

Any health care provider who works with elder populations including, home care nurses, community health representatives/ developers, TB program workers, community/public health nurses, primary care nurses , nurse practitioners and physicians.

What I should know about Elders and TB:

Elder populations have the highest rate of TB in comparison to other age groups. They are at higher risk to progression from Latent TB Infection (LTBI) to Active TB disease. This is mainly because as people age their immune systems weaken.

Many elders in First Nation communities have been exposed to TB in their distant past and have Latent TB infection. Others may have had active TB when they were younger and many were treated in the sanatoriums. This may contribute to fears they have about coming forward when they have symptoms. Reassurance that TB is now treated in the home and can be cured is important.

Elders are more likely to be diagnosed late and therefore die from tuberculosis than other age group. This is due to Elders having other health conditions that make healthcare providers focus on those conditions and not THINK TB early enough.

Elders risk for progression to Active TB may be increased if they have diabetes, renal failure, are on dialysis, have cancer or are taking cancer treatments, have fibrotic scarring on chest x-ray, take medications that suppresses their immune system such as steroids, smoke tobacco or use alcohol or marijuana heavily.

What I need to teach my Elder TB Client about TB:

Elders need to know whether they have had a positive TB skin test (TST)in the past. If they have positive TST that means they have latent TB infection and are at risk for Active TB disease.

People's risk for Active disease increases as they age and may be increased by other health conditions they have. Review other health conditions from list above as appropriate.

It is important for them to know the signs and symptoms of TB:

Cough that lasts more than 3 weeks, coughing blood, unexplained fever, night sweats, weight loss and loss of appetite, feeling tired or lazy.

They need to understand that they should see their health care providers as soon as they have symptoms and also to remind the health care provider if they have a history of TB or a past positive TB skin test. They can ask the health care provider to check them for TB.

Consider Screening for Active TB:

If you are in a primary care setting and you are concerned your client is at risk for TB consider screening for Active TB. Ask your Elder client about symptoms and collect sputum if coughing (3 specimens 8 hrs apart, one in early a.m.). Refer to Nurse Practitioner or Physician if you are an RN (AAP)for further testing such as Chest x-ray and consultation with TB Prevention and Control as indicated. Consider extra-pulmonary TB in non pulmonary presentations.

Routine screening with TST for Latent TB infection is not recommended in Elder populations.

ADDITIONAL INFORMATION



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