**Original Research Paper** 



THE INTERSECTION OF AGING AND ANTIBIOTIC RESISTANCE: IMPLICATIONS FOR TREATMENT AND HEALTHCARE POLICY

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ABSTRACT Antibiotic resistance presents significant challenges in genduit calle, where diging-related factors such as weakened immune systems, polypharmacy, and frequent hospitalizations increase susceptibility to multidrug-resistant infections. This review explores the causes and contributing factors of antibiotic resistance in elderly populations, including inappropriate prescribing practices and frequent exposure to healthcare environments. It also examines the health risks, such as higher morbidity, mortality, and prolonged hospital stays, associated with resistant infections. Current strategies, including antibiotic stewardship programs, education for healthcare providers, and enhanced infection control, are discussed. Additionally, emerging research on alternative therapies, new antibiotics, and personalized medicine approaches is highlighted. Addressing antibiotic resistance in older adults requires a multifaceted approach to ensure more effective treatment and improve overall outcomes for this vulnerable population.

## KEYWORDS : Antibiotics, Antibiotic Resistance, Antibiotic stewardship, Age

### INTRODUCTION:

The development of antibiotic resistance is a major problem for modern medicine because it limits treatment choices, raises healthcare costs, and leads to higher death rates<sup>[2]</sup>. These effects are worse in older people because their immune systems naturally weaken, they are more likely to get infections, and they often have long-term diseases<sup>[12]</sup>. Antibiotics are often used to treat bacterial illnesses in older people. However, because they are more likely to be in healthcare facilities and be susceptible to multidrug-resistant (MDR) organisms, they are more likely to come into contact with antibiotic-resistant pathogens<sup>[7]</sup>.

# Causes And Contributing Factors Of Antibiotic Resistance In The Elderly:

### 1. Polypharmacy and Drug Interactions

Elderly patients are more likely to be on multiple medications for managing chronic conditions. This polypharmacy increases the risk of drug interactions, making antibiotic treatment more challenging. For instance, certain drugs can inhibit the absorption or alter the metabolism of antibiotics, reducing their effectiveness and possibly contributing to antibiotic resistance. Moreover, some drug interactions can weaken the immune response, making it harder for the body to fight infections<sup>[3]</sup>.

### 2. Inappropriate Prescribing Practices

Overprescription and misuse of antibiotics are major contributors to antibiotic resistance. In older adults, nonspecific symptoms can make diagnosis difficult, leading to the empirical or unnecessary use of antibiotics. For example, asymptomatic bacteriuria (bacteria in the urine without symptoms) is common in the elderly and generally does not require antibiotic treatment unless symptoms appear. However, many cases are treated inappropriately, further increasing the risk of resistance<sup>[5,8]</sup>. care facilities, which exposes them to antibiotic-resistant organisms like Methicillin-resistant Staphylococcus aureus (MRSA) and Vancomycin-resistant Enterococci (VRE). These healthcare environments are breeding grounds for resistant organisms, particularly among patients with weakened immune systems. Repeated exposure to antibiotics in these settings increases the chances of developing and spreading resistant bacteria<sup>(10)</sup>.

### 4. Age-related Changes in the Immune System

The gradual decline in immune function with age, known as immunosenescence, makes it more difficult for elderly patients to respond effectively to infections. As a result, infections in older adults are often more severe or prolonged, sometimes requiring more aggressive or longer antibiotic courses. This prolonged exposure to antibiotics raises the risk of resistance both for the individual and the broader population, as resistant strains are more likely to spread<sup>(11)</sup>.

### 5. Comorbidities and Increased Risk of Infections

Chronic conditions such as diabetes, chronic kidney disease, and chronic obstructive pulmonary disease are more common in the elderly and complicate infection treatment. These conditions can lead to more frequent hospital stays, invasive procedures, and catheter use, all of which increase the risk of exposure to resistant pathogens<sup>[3]</sup>.

## Health Risks Associated with Antibiotic Resistance in Older Adults:

### 1. Higher Morbidity and Mortality Rates

Antibiotic-resistant infections are associated with higher morbidity and mortality rates, particularly in older adults. Infections caused by resistant bacteria, such as MRSA, are harder to treat and can lead to prolonged illness, complications, and even death<sup>[2,12]</sup>.

2. Increased Hospital Stays and Healthcare Costs Treatment of antibiotic-resistant infections often requires prolonged hospital stays, which increases healthcare costs<sup>[13]</sup>.

3. Frequent Hospitalizations and Long-term Care Older adults are often hospitalized or placed in long-term

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### 3. Reduced Quality of Life

Chronic infections and prolonged treatment courses due to resistance can significantly impact the quality of life for older  $adults^{(10)}$ .

4. Impact on Caregivers and Healthcare Staff

The increased care demands for elderly patients with antibiotic-resistant infections affect both family caregivers and healthcare workers  $^{\rm [14]}.$ 

# Current Strategies For Managing Antibiotic Resistance In Geriatric Patients:

### 1. Antibiotic Stewardship Programs

Implementing antibiotic stewardship programs (ASPs) in both hospital and community settings has proven effective in reducing unnecessary antibiotic use<sup>[3]</sup>.

2. Education and Training for Healthcare Providers

Educating healthcare providers on appropriate antibiotic use, particularly in geriatric care, is essential<sup>[15]</sup>.

3. Enhanced Infection Control in Long-term Care Facilities Infection control measures are crucial in long-term care facilities, where older adults are at higher risk of acquiring and spreading antibiotic-resistant infections<sup>(6)</sup>.

#### 4. Surveillance and Monitoring

Surveillance of antibiotic use and resistance patterns in older adult populations provides valuable data for tailoring treatments and infection control measures<sup>(7)</sup>.

### 5. Patient and Family Education

Educating patients and their families about the dangers of antibiotic resistance is an effective way to reduce demand for unnecessary antibiotics<sup>[10]</sup>.

### **Emerging Research and Future Directions:**

#### 1.Development of New Antibiotics

The search for new antibiotics with novel mechanisms of action is ongoing<sup>[8]</sup>.

### 2. Alternative Therapies

Non-antibiotic therapies, including bacteriophage therapy, immunotherapy, and probiotics, are gaining interest as potential treatments for resistant infections<sup>[13]</sup>.

### 3. Personalized Medicine Approaches

Advances in genomics and microbiome research have opened avenues for personalized medicine, where antibiotic treatments are tailored to the individual's genetic profile and specific infection<sup>[1]</sup>.

4. Enhancing Immune Response in Elderly Patients

Given that aging weakens immune responses, research on boosting immunity in older adults could help reduce dependency on antibiotics  $^{[4]}$ .

### CONCLUSION:

Addressing antibiotic resistance in older adults requires a multifaceted approach. Implementing antibiotic stewardship programs, enhancing infection control measures, and educating healthcare providers on appropriate antibiotic use are crucial strategies. Additionally, patient and family education on the risks of antibiotic misuse is essential to reduce unnecessary antibiotic consumption. Future research should focus on alternative therapies, such as bacteriophage therapy, and personalized medicine to improve treatment outcomes. By prioritizing these strategies, healthcare systems can better manage antibiotic resistance, ultimately improving the quality of care and outcomes for elderly population.

analysis of antibiotics and the risk of community-associated Clostridium difficile infection. Antimicrobial Agents and Chemotherapy, 57(5), 2326–2332. https://doi.org/10.1128/AAC.02176-12

- Cosgrove, S. E., & Carmeli, Y. (2003). The impact of antimicrobial resistance on health and economic outcomes. *Clinical Infectious Diseases*, 36(11), 1433–1437. https://doi.org/10.1086/375081
- Kim, Y. J., & Lee, J. A. (2019). Impact of polypharmacy and inappropriate medication use on geriatric patients' healthcare outcomes. *Journal of A n t i m i c r o b i a l C h e m o t h e r a p y*, 74(4), 1064-1072. https://doi.org/10.1093/jac/dkz019
- Lim, C. J., Stuart, R. L., & Kong, D. C. (2014). Antibiotic use in residential aged care facilities. Australasian Journal on Ageing, 33(4), 230–237. https://doi.org/10.1111/ajag.12090
- Nicolle, L. E. (2014). Uninary tract infections in long-term-care facilities. Infection Control & Hospital Epidemiology, 25(4), 220–233. https://doi.org/10.1086/502378
  Magiorakos, A. P. & Carmeli, Y. (2012). Multidrug-resistant, extensively drug-
- Magiorakos, A. P., & Carmeli, Y. (2012). Multidrug-resistant, extensively drugresistant, and pandrug-resistant bacteria: An international expert proposal for interim standard definitions. *Clinical Microbiology and Infection*, 18(3), 268–281. https://doi.org/10.1111/j.1469-0691.2011.03570.x
- Zarb, P., Coignard, B., Griskeviciene, J., Muller, A., Vankerckhoven, V., Weist, K., & Goossens, H. (2012). The European Centre for Disease Prevention and Control (ECDC) point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals. *European Journal of Public Health*, 22(6), 800–805. https://doi.org/10.1093/eurpub/ckr244
- Llor, C., & Bjerrum, L. (2014). Antimicrobial resistance: Risk associated with antibiotic overuse and initiatives to reduce the problem. *Therapeutic* A d v a n c e s in D rug S af e ty, 5 (6), 2 2 9 - 2 4 1. https://doi.org/10.1177/2042098614554919
- Barlam, T. F., Cosgrove, S. E., Abbo, L. M., MacDougall, C., Schuetz, A. N., Septimus, E. J., ... & Trivedi, K. K. (2016). Implementing an antibiotic stewardship program. *Clinical Infectious Diseases*, 62(10), e51–e77. https://doi.org/10.1093/cid/ciw118
- Daneman, N., Gruneir, A., Newman, A., Fischer, H. D., Bronskill, S. E., Rochon, P. A., & Anderson, G. M. (2011). Antibiotic use in long-term care facilities. *Journal of the American Geriatrics Society*, 59(6), 1093–1099. https://doi.org/10.1111/j.1532-5415.2011.03455.x
- Falagas, M. E., & Karageorgopoulos, D. E. (2008). Extended-spectrum betalactamase-producing organisms. *International Journal of Antimicrobial* Agents, 31(1), 82–84. https://doi.org/10.1016/j.ijantimicag.2007.08.003
- Garin, N., Goossens, H., Vankerckhoven, V., & MacGowan, A. (2011). Empiric treatment of serious infections in older adults. *Clinical Infectious Diseases*, 53(4), 436–444. https://doi.org/10.1093/cid/cir450
- Gharbi, M., Moore, L., & Castro-Sánchez, E. (2019). Antibiotic resistance and antimicrobial stewardship programs in nursing homes. *Journal of Infection*, 79(1), 28–33. https://doi.org/10.1016/j.jinf.2019.06.003
- Huttner, B., Saam, M., Moja, L., Mah, K., Sprenger, M., Harbarth, S., & Magrini, N. (2013). Antimicrobial stewardship: A systematic review of strategies in hospitals and long-term care settings. *Clinical Microbiology and Infection*, 19(1), 114–121. https://doi.org/10.1111/j.1469-0691.2012.03864.x
- Jeffs, L., McIsaac, W., & Zahradnik, M. (2018). Antibiotic stewardship in longterm care: Perspectives of clinical staff. *Canadian Journal on Aging*, 37(2), 161–174. https://doi.org/10.1017/S0714980818000025

### **REFERENCES:**

1. Brown, K. A., Khanafer, N., Daneman, N., & Fisman, D. N. (2013). Meta-