



Preface  
Respiratory disease in the elderly



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*Guest Editors*

Older patients frequently present to health care workers with respiratory symptoms. Common pulmonary and non-pulmonary diseases are often the cause, although physiologic changes due to normal aging can contribute. Normative aging of the respiratory system also affects how the lungs respond to treatment. Unfortunately, morbidity and mortality due to lung disease tend to increase with age. Recognition and understanding of respiratory diseases as they specifically affect the elderly can improve patient outcome.

In this edition of *The Clinics of Geriatric Medicine* we provide a broad overview of respiratory diseases and normative changes of the respiratory system in the elderly. Detailed discussions of the normal changes in physiology and sleep architecture are reviewed. An approach to the evaluation of the older patient with dyspnea and assessment of operative risk are presented with some of these changes in mind. Conditions primarily affecting the lung, such as asthma, pneumonia, and pulmonary embolism are discussed with specific attention paid to how the elderly present and respond to treatment. Conditions resulting from environmental and occupational exposure to inhaled irritants that do not usually become clinical evident until later in life are reviewed, with specific attention paid to asbestos and tobacco smoke. Tuberculosis in the elderly, which is often due to reactivation of an earlier infection, is discussed in terms of PPD interpretation and treatment specifically in older patients.

Equally as important as the recognition and treatment of respiratory diseases in the elderly is their prevention. Much attention is devoted to smoking cessation in terms of a practical approach. The merits of rehabilitation therapy are reviewed, addressing neuromuscular diseases. Lastly, recognition of diseases

that can lead to respiratory failure allows for advanced planning and preparedness for end-of-life decision-making.

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