



Sepsis and Aging Fact Sheet

Definition: Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.

Who it Hurts: While sepsis is an equal-opportunity killer, impacting the sick, the well, and people of all ages, some groups are more likely to be affected. These include very young children, older adults, those with a weakened immune system, racial and ethnic minorities, and lower income individuals and families.

Prevention: The risk of sepsis can be reduced by preventing or quickly identifying and managing infections. This includes practicing good hygiene and staying current with vaccinations, and seeking treatment when infections are suspected.

Treatment: Sepsis is a medical emergency that requires urgent attention and rapid treatment for survival. Sepsis can be treated, and in many instances, lives are saved by using existing and proven protocols.

Recovery: Many people fully recover from sepsis while others may have long-lasting effects, such as amputations or organ dysfunction, like kidney failure. Other after-effects of sepsis are less obvious, such as memory loss, anxiety, or depression.

Symptoms: When it comes to sepsis, remember **It's About TIME™**.

T – Temperature - higher or lower than normal

I - Infection – may have signs or symptoms of infection

M – Mental Decline - confused, sleepy, difficult to rouse

E – Extremely Ill – “I feel like I might die,” severe pain or discomfort

If you **suspect sepsis** (observe a combination of these symptoms), see your medical professional immediately, **CALL 911**, or go to a hospital with an advocate and say, **“I AM CONCERNED ABOUT SEPSIS.”**

Critical Facts for Seniors:

- More than 70% of adult sepsis patients are 60 years of age or older.¹
- More than 1.3 million adults 45+ are hospitalized with sepsis each year.²
- Adults age 65 and older are 13 times more likely to be hospitalized with sepsis than people younger than 65.³ Although older adults (65+) tend to have more conditions that put them at greater risk of sepsis, the aging process itself is also a risk factor.^{4,5,6}
- In adults, sepsis is 1.96 times more likely to result in readmission to a hospital than non-sepsis hospitalizations.⁷
- More than 40% of adult patients have another hospitalization within three months of the initial sepsis, most commonly due to a repeat episode of sepsis or another infection.^{8,9}
- Adults age 65 and older are less likely to return home following their hospital stay. Only 54% of older adult (65+) sepsis survivors return home, and 37% require nonacute healthcare facilities.¹⁰
- Compared to patients with other diagnoses, adult patients hospitalized with sepsis are one-half as likely to be discharged home, and 3 times as likely to be discharged to a long-term care institution.³
- Nursing home residents are over 6 times more likely to present with sepsis in the emergency room than non-nursing home residents.¹¹

- Research on Medicare beneficiaries provides evidence for malnutrition, dementias, and Alzheimer's as potential risk factors for sepsis. Patients who have previously had sepsis are also at increased risk of another episode of sepsis.¹²
- A majority (59%) of sepsis survivors age 50 and older experience impaired cognitive or physical function, or both.¹³
- Older sepsis survivors (65+) experience on average 1 to 2 new limitations on activities of daily living (e.g., bathing, dressing, managing money) after hospitalization.⁸
- Severe sepsis survivors over the age of 50 are at higher risk for long-term cognitive impairment and physical problems than others their age who were treated for other illnesses.¹³
- Sepsis survivors age 65 and older experience more severe long-term cognitive and physical disability as compared to other adult sepsis survivors.¹⁴
- Sepsis is the leading cause of death in U.S. hospitals for adult patients.¹⁵
- In the United States, three-fourths of all sepsis deaths occur in patients 65 years of age or older.¹⁶
- Sepsis death rates among older adults are highest among non-Hispanic Black adults (377.4 per 100,000; compare to 275.7 per 100,000 for older white adults).¹⁶
- The vast majority of sepsis cases (as many as 87%) originate in the community, prior to hospitalization.¹⁷
- Mortality from sepsis increases by 4-9% every hour that treatment is delayed.^{18, 19, 20} As many as 80% of sepsis deaths could be prevented with rapid diagnosis and treatment.¹⁸

Economic Cost and Awareness in the U.S.:

- Sepsis is the #1 cost of hospitalization in the U.S., with costs for inpatient and skilled nursing care estimated at \$62 billion each year.^{21, 4}
- The average cost for a hospital readmission at 30 days after the initial sepsis hospitalization is \$16,852. This amounts to more than \$3.5 billion in annual costs.²²
- The average cost per initial hospital stay for sepsis is double the average cost per stay across all other conditions.²³
- An estimated 35% of U.S. adults have NEVER heard of sepsis.²⁴

To find out more please visit [Sepsis.org](https://www.sepsis.org)

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<https://www.sepsis.org/education/resources/fact-sheets/>

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Sources:

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