ALLYMD HEALTH

ALEXANDRA GROSSMAN, MD
Board-Certified Emergency Physician

The Atypical Is Typical

RECOGNIZING MEDICAL EMERGENCIES IN OLDER ADULTS

Emergencies in older adults rarely announce themselves. A "little confusion," a skipped meal, or a minor fall may be the only warning sign of something serious — and the person who notices is usually a family member or caregiver, not a monitor.

WHAT TO WATCH FOR — FOUR DOMAINS OF CHANGE

COGNITIVE

- New confusion
- Change in alertness
- New speech difficulty
- Dizziness
- Passing out

BEHAVIORAL

- Not eating
- Not drinking
- Withdrawn or agitated
- "Just seems off"

FUNCTIONAL

- Decline in daily function
- New trouble walking
- A fall — any fall

PHYSICAL

- New incontinence
- Weakness or fatigue
- Shortness of breath

Any new change in one of these domains can be the first — and only — sign of critical illness.

1 in 5
ED patients age 75+ present with nonspecific symptoms

44%
of adults 75+ with heart attack report no chest pain

20–30%
of severe infections in older adults occur without fever

~60%
of hospital delirium goes unrecognized

WHY — THE PHYSIOLOGY OF AGING

BRAIN & NERVES

Blunted pain sensing and poor localization of internal pain — serious disease can be nearly painless. Delirium is often the presenting sign.

IMMUNE SYSTEM

"Immunosenescence" — a weaker inflammatory response means more infections, with fewer classic signs like fever.

LUNGS

Weaker chest muscles and a reduced cough reflex — pneumonia often arrives without the cough.

HEART

Blunted response to stress hormones — the pulse may not race even in critical illness.

BLOOD VESSELS

Stiff arteries run high — a "normal" blood pressure can be a late warning sign in the right patient.

BONES & MUSCLE

Lower bone density and muscle mass — fractures happen even with minor injury.

AND MEDICATIONS: drug effects can mimic disease — or mask its typical symptoms.

THE COMMON EMERGENCIES — AND HOW THEY HIDE

Sepsis & infection	Often no fever — and oral temperatures are unreliable. Look instead for new confusion, falls, incontinence, or not eating and drinking. One in three older adults with sepsis never meets standard screening criteria.
Heart attack	Shortness of breath, fatigue, fainting, confusion, or stomach pain — instead of chest pain. Nearly half of patients 75+ report no chest pain, even with a major heart attack.
Heart failure	Fatigue, poor appetite, confusion, or a decline in day-to-day function may appear well before the classic swelling and breathlessness.
Falls & fractures	The single largest ED diagnosis group. About 30% of "falls" are actually fainting — there is no such thing as a mechanical ground-level fall until proven otherwise. Fragile bone can break with minor injury; hip fracture is the most consequential.
Stroke	May present as a fall, new confusion, or dizziness rather than obvious one-sided weakness or slurred speech.
Acute abdomen	The most common chief complaint over 65 — yet older patients are half as likely to show classic exam findings, present days later, and have far more complications. Watch for appetite change, mild discomfort, or constipation.
Delirium	Affects roughly 1 in 4 hospitalized older adults and is missed most of the time. Delirium is always a symptom of something else — infection, medication, heart attack — and demands a search for the cause.

WHY THE STORY GETS LOST

Hearing loss and cognitive impairment make histories harder to take. Long problem lists bury the key detail. There may be no one present who knows the person's baseline. And older adults often underreport symptoms deliberately — out of fear of hospitalization and loss of independence. "She never complains" is not reassurance.

THE BOTTOM LINE

- **In an older adult, a change in function is a vital sign.**
- Use a lower fever threshold: 100.0°F (37.8°C) — or 2°F above the person's baseline.
- New confusion, not eating or drinking, new incontinence, or a fall deserve medical evaluation — even when everything "looks fine."
- Trust the person who knows the patient: "not quite right" is data.

Sources: Daltrey et al., 2025 (clinical indicators of deterioration); SILVER-AMI study; IDSA guidance on fever in older adults; Ingielewicz et al., 2025 (triage sensitivity); Italian nationwide ED cohort, patients ≥75.