

## COLONOSCOPY IN THE ELDERLY. DO THEY REALLY NEED IT?

**BACKGROUND:** As demographics shifts towards an aging population, the use of endoscopy in the elderly is increasing every year. Furthermore, most of the elderly presents symptoms such as abdominal pain or constipation due to disorders related to age. However, the clinical benefits of performing colonoscopy in the elderly remain unclear.

**AIM:** To assess whether colonoscopy in the elderly has clinical benefits.

**PATIENTS AND METHODS:** Cross sectional survey of consecutive patients over 75 years of age referred to our endoscopic center to perform colonoscopy in a two-year period. Patients with hematochezia, anemia, positive fecal occult blood test, weight loss and those with personal or family history of colorectal polyps or cancer were considered as high-risk group. Patients with abdominal pain, constipation, diarrhea, change in bowel habits or those who underwent screening colonoscopy were considered as low-risk group. Findings were classified as positive when patients' treatment and prognosis change (colorectal polyps, colorectal cancer, inflammatory bowel disease, ischemic colitis) and as negative when treatment and prognosis do not change (normal colonoscopy, diverticula). Colonic angiodysplasia was considered as a positive finding in the high-risk group and as a negative finding in the low-risk group because no treatment is recommended in the absence of anemia and gastrointestinal bleeding. Variables were analyzed using the chi-square Test.

**RESULTS:** Of a total of 2,400 colonoscopies, 320 (13.3%) were performed in patients over 75 years, of which 186 belonged to the high-risk group and 134 to the low-risk group. Positive findings were evidenced in 82 patients (41 had colorectal polyps, 27 colorectal cancer, 2 inflammatory bowel disease and 12 colonic angiodysplasia) of the high-risk group and in 28 patients (22 had colorectal polyps, 3 colorectal cancer, 1 inflammatory bowel disease and 2 ischemic colitis) of the low-risk group (44% vs 20%,  $p < 0.05$ )

**CONCLUSION:** In this study, colonoscopy has a high diagnostic yield in the elderly patients of the high-risk group. In contrast, the clinical benefits of performing colonoscopy in the elderly patients of the low-risk group seem to be low. As the elderly population continues to grow, further studies evaluating the usefulness of advanced endoscopic procedures will be needed.