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Description:

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Ten Interesting Facts from New Content in *The Merck Manual, 19th Edition*

1. Pneumonia in elderly patients may be indicated by malaise, anorexia, or confusion.
 2. On average, elderly patients have 6 diagnosable disorders, and the primary care physician is often unaware of some of them. A disorder in one organ system can weaken another system, exacerbating the deterioration of both and leading to disability, dependence, and, without intervention, death.
 3. Annually, 30 to 40% of elderly people living in the community fall; 50% of nursing home residents fall.
 4. The color (eg, yellow, green) and thickness of sputum do not help differentiate bacterial causes of cough from other causes.
 5. The severity of dyspnea is not always proportional to the severity of the cause (eg, pulmonary embolism in a fit, healthy person may cause only mild dyspnea).
 6. Although angina can be felt anywhere between the ear and the umbilicus (and often not in the chest), it is typically consistently related to physical or emotional stress, ie, patients do not experience angina from climbing one flight of stairs one day and tolerate 3 flights the next day.
 7. Palpitations are not a reliable indicator of a significant arrhythmia, but palpitations in a patient with structural heart disease or an abnormal ECG may be a sign of a serious problem and warrant investigation.
 8. Syncope precipitated by unpleasant physical or emotional stimuli (eg, pain, fright), occurring in the upright position and often preceded by nausea, weakness, yawning, apprehension, blurred vision, or diaphoresis suggests vasovagal syncope.
 9. A history of oil droplets in stool, particularly if associated with weight loss, suggests malabsorption.
 10. If the difference in pupil size is greater in the dark, the smaller pupil is abnormal; if the difference in pupil size is greater in light, the larger pupil is abnormal.
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