

**A Report Summarizing Measures Formulated to Prevent Aspiration Pneumonia**

The Editor,

Sir,

Pneumonia is the fourth leading cause of death in Japan and over 90% of those deaths are of individuals age 65 years or over (1). Pneumonia in the elderly is characterized by repeated bouts caused by aspiration pneumonia resulting from diminished swallowing. Under current conditions, taking preventive steps and ascertaining the risk of aspiration are vital components of more effective measures to prevent pneumonia in the elderly. These measures have been summarized here.

One study performed lung scintigraphy in elderly patients with pneumonia and noted aspiration in 71% of those patients (2).

Angiotensin Converting Enzyme (ACE) inhibitors inhibit the breakdown of substance P and improve the swallowing reflex, thus reducing the onset of aspiration pneumonia. One study administered ACE inhibitors to patients over the age of 65 years with cerebral infarcts; these patients were found to have a significantly lower rate of pneumonia incidence (3). A report found that amantadine, a dopamine agonist, effectively prevented pneumonia in elderly patients with a history of cerebral infarction (4). Another report concluded that cilostazol, an antiplatelet drug, can prevent both cerebral infarcts and pneumonia (5). In addition, a report indicated that cleaning the inside of the oral cavity as part of oral care decreased the incidence of pneumonia (6).

In the elderly, attention must be paid to the reflux of gastric juices. A report stated that having elderly patients remain in a seated position for two hours after meals may prevent aspiration (7).

The incidence rate of aspiration pneumonia, which may contribute to pneumonia in the elderly, must be reduced through preventive steps and measures to deal with the condition in various quarters, including clinical medicine and preventive medicine.

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