

# Feasibility of Domiciliary Non-Invasive Mechanical Ventilation in Elderly Patients with Chronic Respiratory Failure: Is It without Limits?

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Dear Editor,

We have read the article by Ocaklı et al. [1] with great interest, which proposes that domiciliary non-invasive mechanical ventilation (NIMV) can be of benefit to elderly patients, and age is not an obstacle [1]. Although the literature suggests this method, domiciliary NIMV in this population is not beyond controversy. Although this study by Ocaklı et al. [1] is of great clinical interest which will help physicians to not exclude these patients from the benefit of domiciliary NIMV, we believe that some aspects need to be considered.

This group of patients has a lower life expectancy, a higher risk of neuropsychological impairment, a lower potential for adapting to NIMV, and the level at which arterial carbon dioxide tension is associated with a favorable prognosis a few months after the introduction of long-term non-invasive positive pressure ventilation remains uncertain [2].

We feel that the aspects that need consideration and should be analyzed are (a) mean daily use of NIMV, (b) rate of non-adherence, (c) health-related quality of life, (d) cause of respiratory insufficiency, and (e) measurement of spirometry and overnight oximetry. The study shows that although NIMV was efficient in the elderly, it failed to improve health-related quality of life [3]. Similarly, the NIMV follow-up data, hospital or intensive care admission, and economic data also are critical in this aspect. The cost-effectiveness of domiciliary NIMV is uncertain in patients with end-stage chronic obstructive pulmonary disease [4]. Therefore, while we agree with the authors that age per se should not be a contraindication to start domiciliary NIMV, all elderly patients may not be suitable. Further evidence is required to identify the subgroup of elderly patients who are likely to benefit from this modality after considering all these aspects.

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