

Revascularization in elderly seniors may help survival rates after heart attack

August 3 2010

Revascularization procedures in very elderly patients after heart attacks may be responsible for improved survival rates after one year, found a study published in *CMAJ* (*Canadian Medical Association Journal*).

The use of invasive procedures such as revascularization in the ageing population is increasing, although there is little data on the impact of these trends.

This study, led by a research team from the McGill University Health Centre (MUHC) in collaboration with Hôpital du Sacré-Coeur de Montréal (HSCM), Université de Montréal (UdeM) and the Jewish General Hospital in Montreal, Quebec, set out to understand the trends in use of invasive cardiac procedures and medication prescriptions over a decade. It involved 29 750 people aged 80 years and over and is one of only a few studies reporting long-term mortality trends in people in this age group suffering from acute myocardial infarction.

"We found that the rate of one-year mortality after a heart attack decreased from 48.4% in 1996 to 30% at the end of the study in 2006," says Maude Pagé, first author of the study and a resident at the Centre hospitalier de l'Université de Montréal (CHUM). Rates of all cardiac procedures increased, with a 22.7% increase in percutaneous coronary intervention (angioplasty) performed at 30 days and a 12.9% increase in early angioplasty. The use of recommended medications has increased, and may also contribute to the improved [survival rates](#).

"Our data show that in parallel to the increase in procedure use, the characteristic profile of very elderly patients who suffered acute myocardial infarction has changed over time, with increasing prevalence of female sex, diabetes mellitus, dyslipidemia, malignancy, chronic renal failure and hypertension," writes Dr. Louise Pilote, senior author of the study and director of the Division of General Internal Medicine at the MUHC with coauthors.

"This probably reflects the advances in the management of these conditions which previously used to induce fatal complications at younger ages in patients," adds Dr. Pilote who is also a researcher in epidemiology and professor of Medicine at McGill University. The authors point out that high-risk patients and those in long-term care facilities are reaching hospital sooner which may be affecting the patient profile.

With an ageing population and limited healthcare resources, it is crucial to determine whether these significant changes in practice are cost-effective.

In a related commentary, Dr. Mark Katlic, Geisinger Health System, Wilkes-Barre, Pennsylvania, writes that the data in the study indicates the more frequent use of invasive procedures in patients previously thought to be too old. There is no age in isolation that contraindicates surgery, although ageism exists. "There is great physiologic variability in the older group and the published results of surgery in the elderly do not support prejudice based on age. Many groups have shown that excellent results are attainable with compulsive attention to detail."

More information:

Research www.cmaj.ca/cgi/doi/10.1503/cmaj.092053

Commentary www.cmaj.ca/cgi/doi/10.1503/cmaj.100780

Provided by Canadian Medical Association Journal

Citation: Revascularization in elderly seniors may help survival rates after heart attack (2010, August 3) retrieved 25 April 2024 from <https://medicalxpress.com/news/2010-08-revascularization-elderly-seniors-survival-heart.html>

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