

Older heart patients need personalized preventive care

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Strategies to prevent heart attack, stroke and other major cardiac events should be individualized for older adults who should play a role in choosing their therapies, according to an American Heart Association scientific statement published in its journal *Circulation*.

The statement is a comprehensive review of the benefits and risks of medical and lifestyle interventions for cardiovascular disease patients age 75 and older. It addresses obesity, high blood pressure, cholesterol, diabetes, inadequate nutrition, physical inactivity and tobacco use. It also includes the value of [cardiac rehabilitation](#), revascularization techniques and implantable cardioverter defibrillators.

"Preventive care should not be set aside simply because you're getting older," said Daniel Forman, M.D., co-lead author of the statement and director of Cardiac Rehabilitation at Brigham and Women's Hospital in Boston.

The statement is published at a critical time when about 6 percent of the U.S. population (about 18.6 million) is 75 and older. That percentage is expected to double by 2050. More people are living with cardiovascular disease, but many are not receiving evidence-based therapies.

Statement highlights include:

- While some interventions result in modest survival gains in older people, they provide other benefits. For example, weight loss

may not lower the risk for a cardiovascular event, but it can improve mobility, blood sugar control and arthritic pain.

- Doctors must consider drug interactions, adherence, medication costs and other consequences for [older patients](#) who take multiple medications for heart-related and other conditions.
- Patient preferences should be carefully evaluated. Some older patients may prefer to live with an increased risk of a [cardiovascular event](#) rather than make [lifestyle changes](#) or undergo procedures late in life.
- Healthcare providers should ask patients if they're using "alternative medicine" products, such as herbs, foods or nutrition supplements. Clinical trials have not supported their use, but it's common among older patients and can have negative interactions with prescription drugs. To ensure [older adults](#) with [cardiovascular disease](#) receive the most appropriate care, the statement also advises:
 - More research to clarify which lifestyle changes, medication regimens and revascularization and device strategies provide the greatest benefits and fewest risks.
 - Better risk assessment tools to determine which patients are most likely to benefit from preventive therapy.
 - Improved health literacy among older adults to ensure they understand the advantages, burdens and limitations of care.

"Care for older adults demands equally rigorous thought as for a younger adult," Forman said.

Provided by American Heart Association

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