

Heart failure in elderly patients

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Prevalence

- HF prevalence doubles with each decade of life, with over 12% of those over 80 experiencing some degree of heart dysfunction

Normal Aging Changes:

- The aging heart and blood vessels can stiffen, leading to diastolic dysfunction, which can contribute to HF

Common Risk Factors:

- Coronary artery disease and hypertension are major contributors, often co-existing in older adults with HF

Atypical Symptoms:

- Elderly patients may present with atypical HF symptoms like confusion, memory problems, sleepiness, or delirium, making diagnosis more challenging

Comorbidities:

- Older adults frequently have multiple chronic conditions (e.g., diabetes, kidney disease, lung disease) that can complicate HF management

Frailty:

- Frailty, a state of increased vulnerability to adverse outcomes, is common in older adults with HF and significantly impacts prognosis

Medication Management:

- Polypharmacy is common in this population, requiring careful consideration of potential drug interactions and adverse effects.

Comprehensive Assessment:

- A holistic assessment, including functional status, cognitive function, and social support, is crucial for effective management.

Multidisciplinary Approach:

- Optimal care often involves a team of specialists, including cardiologists, geriatricians, nurses, and social workers

Treatment Goals:

- **Symptom Management:** Relieving symptoms like shortness of breath and swelling.
- **Improving Quality of Life:** Enhancing functional status and reducing disability.
- **Reducing Hospitalizations:** Preventing or minimizing acute HF exacerbations.
- **Prolonging Survival:** Extending life expectancy while maintaining a good quality of life.

- In essence, HF in the elderly is a complex interplay of age-related changes, comorbidities, and functional limitations. A comprehensive, multidisciplinary approach is essential to optimize outcomes and improve the lives of older adults with this condition

- Thank you!