

# Cardiac Management in the Frail Elderly Patient and the Oldest Old

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## Preface

In Western countries, cardiovascular diseases still represent the main cause of death, particularly in older patients. However, primary and secondary prevention has successfully reduced the incidence of cardiovascular events, improving life expectancy and leading to a demographic transition characterized by an increase of older and oldest old patients. Nowadays, cardiovascular diseases occur later in life and progressively increase with advancing age; as a consequence, patients referred to the cardiologist are usually old and frail subjects, presenting with several geriatric comorbidities and disabilities which influence the clinical management. This is why the geriatric expertise is needed in modern cardiology, in order to successfully manage the complexity of cardiac patients according to evidence/guidelines-based clinical practice.

In 1997, William W. Parmley, editor-in-chief of the *Journal of the American College of Cardiology*, called into question the management of old, frail patients affected by cardiovascular disease, focusing on the relationship between different specialties: “[...] Are we currently practicing geriatric cardiology? Yes and no. Yes because we care for this age group, and no because we are less well prepared to fully coordinate the care of the frail elderly [...] We need to learn from the geriatricians those elements of care that will fully qualify us to practice geriatric cardiology”. Twenty years later, geriatric cardiology still has not acquired the central role Parmley hoped for and it still is a matter of debate.

Guidelines-based clinical practice is limited by the absence of evidence referring to complex elderly patients; indeed, the majority of clinical trials do not include frail subjects with a high comorbidity burden and a higher risk of drug interactions and side-effects, and therefore being poorly representative of the real world. In addition, an ageist approach is so common in everyday practice that older patients are frequently excluded by diagnostic workup and treatment options, thus influencing and worsening their prognosis and quality of life. In this context, it is necessary to promote the geriatric culture, which faces the complexity of these patients through a multidimensional assessment, integrating different medical specialties and competences. Geriatric cardiology therefore aims at introducing crucial concepts of geriatric medicine – known to be the specialty of frailty and complexity – into the cardiology care system.

This book does not aim at being a comprehensive textbook of geriatric cardiology, but rather at providing clinicians with the geriatrician’s awareness and point of

view, in order to favor a more appropriate decision-making in the management of the frail elderly and oldest old patients – the present and future protagonists of medicine. To this end, we focus on some crucial aspects of cardiovascular diseases in these patients and illustrate how to apply comprehensive geriatric assessment to the major topics of clinical and scientific relevance, on the basis of the experience of professional geriatricians and cardiologists.

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