

Heart failure: management update

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ABSTRACT

As a result of population ageing and improved medical care that contribute to better life expectancy, heart failure occurs more and more commonly in the elderly. In the USA approximately 80% of patients discharged from hospital with newly diagnosed heart failure are over 65 years of age, whereas 50% are over 75. The average 5-year mortality rate is about 50% in subjects with systolic dysfunction and similar in those with preserved left ventricular systolic function. Disorders of the cardiovascular system occurring in the elderly (e.g. increased left ventricular mass, myocardial rigidity, atrial fibrillation, decreased maximum oxygen uptake in cardiopulmonary exercise tests) result from the physiological ageing; they may also be caused by a concomitant cardiac failure syndrome.

In the elderly, heart failure is often accompanied by concomitant conditions that often make diagnosis and treatment of chronic heart disease difficult. Non-specific clinical symptoms in the elderly as well as those associated with age (e.g. easy fatigability, exertional

dyspnea) make a correct diagnosis difficult. The recognized biochemical marker of heart failure--brain natriuretic peptide, N-terminal pro-brain natriuretic peptide--has a limited diagnostic value in the elderly. Echocardiography plays a key role in the diagnosis. Owing to altered metabolism, impairment of hepatic processes to various degrees and decreased renal excretion of drugs, treatment requires attention, individual choice of drugs and doses, as well as periodic modification of both the doses and the intervals between them. Correct treatment improves quality of life and prolongs it. The aim of the present work is to present the differences in the pathophysiology, diagnostic evaluation and management of chronic heart failure in the elderly, in light of the current views and standards.