

European Academy for Medicine of Ageing

Advanced Postgraduate Course of the EAMA

Training Session VII / 3

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Reference of the lecture : Specificities of drug treatments in geriatrics

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Guidelines for treatment of Heart failure in elderly

Congestive heart failure is a worldwide growing public health problem. Despite it is the most common reason for hospitalisation over the age of 65 yrs, most clinical trials dealing the problem were realized in subjects with systolic dysfunction excluding the elderly population.

Non-specific symptoms and co-morbidities in the elderly make the diagnosis of heart failure difficult as polypharmacy and physiological changes complicate therapy [1].

Although American and European guidelines of heart failure provide treatment recommendations, medication in the elderly population is largely underused and when prescribed, dosages are often below those recommended.

As European guidelines include little advice concerning treatment in the elderly population, the American Guidelines recommend that "evidence-based therapy for heart failure be used in the elderly patient, with individualised consideration of the elderly patient's altered ability to metabolise or tolerate standard medications"[2,3].

Elderly people seem to profit from the overall improvement in therapy of heart failure as at least in patients with reduced left-ventricular failure prognosis improved significantly over the last decades.

As regarding to an activation of the renin-angiotensin-aldosterone system (RAAS) diuretics should be used at the minimal effective dose. ACE inhibitors are still first-line therapy for patients with heart failure. They have been shown to significantly reduce morbidity and mortality [4]. Angiotensin Receptor Blockers can be used alternatively in case of intolerance of ACE inhibitors or added in case of severe heart failure. In a stabilized condition β -adrenoceptor antagonist therapy should be prescribed irrespective of age following the therapeutic strategy "start low- go slow". Aldosterone receptor antagonists are indicated in NYHA = grade III requiring careful monitoring of serum potassium. Small doses of digoxin may still be given to symptomatic patients, especially those with atrial fibrillation and tachycardia, with a close eye on the serum digoxin concentration.

Drug treatment of chronic heart failure should be identical to that in younger patients, but requires careful monitoring, adjustment to physiological changes and consideration of individual requirements.

References:

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