

Editorial

Geriatric Cardiac Diseases

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This special issue entitled "Geriatric Cardiac Diseases" aims to cover the latest and outstanding developments in the field of geriatric cardiac disease, focusing on known-unknowns in the diagnosis and therapeutics of this increasingly frequent pathology. The number of older adults is significant, and practicing cardiologists are encountering increasing numbers of consultations for geriatric patients. The demand for modern therapies has rapidly increased expenditures, while the number of practicing cardiologists is also increasing who treat old cardiac patients. Medical progress has made it possible to treat lethal cardiac conditions in extremely old patients. Geriatric patients are often frail and exhibit several comorbidities.

This issue compiles specific characteristics of the elderly cardiac patients, including prevention and the therapy of arterial hypertension, arrhythmias (especially atrial fibrillation), coronary artery syndromes, valve heart diseases, and heart failure.

Data regarding the extremely old patients are limited, and it is irrational to directly extrapolate the experience obtained with the young patients to the old.

Very old patients with arterial hypertension benefit from antihypertensive treatment, although the therapeutic strategy of one-size-fits-all cannot be applied.

Elderly patients often require a cardiac pacemaker. However, with patients with atrioventricular block, the importance of synchronization is debatable. Implantable cardioverter defibrillators are used in extremely old patients, but limited data are available on their benefit.



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In extremely old patients, oral anticoagulation is needed, but the HAS-BED score is inadequate to assess the real bleeding.

Patients who are ≥ 80 years old and exhibit acute coronary syndromes would benefit more from myocardial revascularization compared to medical therapy, while in those who are ≥ 90 years old, revascularization and medical therapy will give similar outcomes.

In extremely old patients with severe aortic stenosis, transcatheter valve replacement is safe and effective, while the antithrombotic therapy is problematic. The pathology and treatment of mitral regurgitation are different in the old and young patients. There is no consensus on the best therapy, and a surgical intervention results in high mortality. The pathology of tricuspid regurgitation is different in the old and young patients, and the best therapeutic approach to this increasingly frequent condition has not been discovered so far.

Elderly patients are the largest population with heart failure. They differ substantially from younger patients. However, information regarding the extremely old patients with heart failure is inadequate due to the lack of valid data, because clinical trials typically enroll younger patients. The limited available data indicate that proven therapies that reduce mortality and morbidity in younger patients are also beneficial in the elderly. However, geriatric patients elicit different responses toward a pharmacologic intervention and are more susceptible to adverse events. The interaction between medical treatment and comorbidities is also more complex. Close monitoring of elderly patients treated for heart failure is essential to ensure optimal outcomes.

Owing to the comorbidities, of that, many are critical in nature, it is required to train a higher number of geriatric cardiologists for treatment of the elderly. These cardiologists, first of all, must be master internists at all times. Old patients with their peculiar pharmacokinetics and comorbidities are oversensitive to drugs. Several aspects of geriatric cardiology are still unknown. There is a necessity to understand the effects exerted by the aging process on the cardiovascular system. Studies in this direction must consider financial as well as other forms of support.

The editor hopes that readers of this issue on the "Geriatric Cardiac Diseases" will find it of great interest.

Author Contributions

Giuseppe Cocco was the sole author.

Competing Interests

The author has declared that no competing interests exist.



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