

Heart Failure *in older adults*

Hear failure affects an estimated 4.6 million individuals in the United States representing an estimated annual direct cost of \$19.6 billion in 1999 alone.¹ The prevalence of heart failure increases with age: it is present among more than 5 percent of persons aged 60 to 69 and 10 percent of persons aged 70 and older.¹ Heart failure is the most common diagnosis among hospitalized patients aged 65 and older.¹ The overall fatality rate from heart failure is high: 20 percent of patients die within the first year after diagnosis, and 50 percent die within five years. Elderly heart failure patients, particularly those hospitalized, face an even higher mortality rate.¹

Elderly patients with heart failure experience significant variations in processes and outcomes of care. Improvements in processes of care have been demonstrated to lead to improvements in patient outcomes.^{2,3} The recent literature includes some important findings about the process of care for heart failure:

*ACE inhibitor therapy has been shown to reduce the incidence of new-onset symptomatic heart failure among both symptomatic and asymptomatic patients with moderate or severely reduced left ventricular systolic dysfunction (LVEF < 0.40), and ACE inhibitors administered at target doses have been shown to reduce mortality in patients with heart failure.*⁴⁻¹¹

*Patients with stable New York Heart Association Class I-III heart failure due to left ventricular systolic dysfunction receiving beta blocker therapy have demonstrated a marked reduction in morbidity and mortality.*¹²⁻¹⁸

*Hypertension treatment has been shown to lower the risk of developing heart failure among elderly patients and observational data indicate that hypertension control is associated with improved ventricular function and decreased symptoms in patients with heart failure.*¹⁹⁻²¹

Multidisciplinary heart failure intervention following hospital discharge can result in improved quality of life, fewer hospitalizations, and a trend for improved survival. Intervention involved monitoring of daily weight, medication management, sodium restriction, exercise training, smoking cessation, and counseling (patient and family).^{3, 22-24}

*Lowering LDL cholesterol with lipid lowering therapy to < 100 mg/dl in patients with heart failure and coronary artery disease decreases the risk of new cardiac injury and demonstrates a reduction in heart failure and heart failure deaths.*²⁵⁻²⁷

These research findings demonstrate that there are lifesaving interventions for patients with systolic dysfunction. All patients with heart failure should have assessment of left ventricular ejection fraction. This is the single most important measurement to obtain and is the primary means of distinguishing patients with systolic dysfunction from those who have other causes of heart failure. At least 30–50 percent of elderly heart failure patients have preserved left ventricular systolic function.²⁸

This information is an interim result of a funded three-year collaboration between Pfizer and RAND to measure and improve the quality of care provided for older Americans.

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