

Ischemic Heart Disease *in older adults*

Ischemic heart disease disproportionately affects the elderly. It is the number one cause of death in elderly patients.¹ Among individuals 65 years of age and older, 16 percent have ischemic heart disease.² Of the more than 1.5 million cases of myocardial infarction and unstable angina each year in the United States, nearly 60 percent occur in patients older than 65 years, and 80 percent of the deaths attributable to myocardial infarctions occur in this age group.³ The most consistent finding among studies of cardiovascular mortality is that age represents the strongest predictor of survival. There is a tenfold increase in mortality post-MI from the youngest cohort (< 40 years) to the oldest one (> 80 years).³⁻⁵

Given the high prevalence of ischemic heart disease among older individuals, clinical interventions with proven efficacy have the potential to greatly reduce morbidity and mortality in this age group. The recent literature includes some promising results:

The benefit of cholesterol-lowering medication in elderly patients (to at least age 80) with known coronary artery disease and elevated cholesterol has been demonstrated in three large randomized, placebo-controlled, clinical trials.⁶⁻⁸

Aspirin therapy for elderly patients presenting with acute MI and unstable angina has been shown to dramatically reduce in-hospital mortality.⁹⁻¹¹ Similarly, reduced mortality from chronic aspirin therapy in the elderly with established coronary artery disease has also been demonstrated.¹²⁻¹⁵

A reduction in mortality has been shown with beta-blocker therapy after an acute MI in patients to at least age 75.¹⁶⁻²¹

Thrombolytic therapy for acute MIs has been shown to improve mortality and clinical outcomes in patients up to age 75.^{5, 22-24} Primary PTCA with or without stenting has been shown to be as effective as thrombolytic therapy in improving clinical outcomes in patients over 70 years of age.²⁵

Utilization of many therapies for ischemic heart disease is low among elders, despite well-documented benefits. Multiple studies have demonstrated that patients older than 65 were less likely than younger patients to receive therapies known to improve outcomes for ischemic heart disease,²⁶ suggesting that increased utilization of these therapies could significantly improve outcomes among elders.²⁷ This is particularly important given that the elderly population is expected to increase by 50 percent in the next 30 years.²⁸

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