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Opportunities for care optimization and hospitalization reduction for older persons with heart failure

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Heart failure (HF) is the leading cause of hospital admissions among older patients and is a growing public health concern contributing to both premature death and disability and to increased health care costs. HF diagnoses and treatment of older people is based on clinical studies of younger men. However, symptoms are age and gender dependent; therefore, treatment protocols need to be updated. Although HF and geriatric syndromes are not directly linked (causality), many older patients suffer from both and require an integrated treatment plan including PCP (planar cell polarity), geriatrician, cardiologist, and multidisciplinary team. Frailty is a key geriatrics indicator. When not diagnosed and managed correctly in conjunction with HF, frailty leads to many unnecessary ER visits and hospitalizations. Consequently, there is a growing field geriatric cardiology. Clinical guidelines for management of HF need updating; clinical research trials need to include a genderbalanced older population; and cardiologists need curriculum updates that include increased collaboration with geriatricians. Creativity is required to develop new approaches that can improve treatment outcomes and reduce treatment costs – and many opportunities exist.

Biography

Nahid Azad is currently working as Professor of Medicine, Dept of Internal & Geriatric Medicine, University of Ottawa, Canada.

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