

PREFACE

The number of older individuals, and the proportion that they represent of the total population, are rapidly increasing. Even more striking is the high proportion the elderly represent of the patient population with cardiovascular disease (CVD). This is due in part to demographic trends, but also to more successful identification, prevention, and management strategies employed in the middle-aged population. As the number of older individuals and the multitude of new treatments for them continue to grow, health care providers are increasingly called on to make decisions as to whether or not to recommend these therapies. It is unclear, however, whether or not diagnostic and therapeutic interventions employed in the younger age groups can be extrapolated to the elderly because of differences in physiology, expected life span, complication rates, and increased co-morbidities.

Cardiovascular Disease in the Elderly is intended for physicians and other health care providers who care for older patients with or at risk for CVD. It reviews physiological changes associated with the normal aging process that increase the likelihood for the development of disease and for adverse consequences once disease develops, and which alter the benefit–risk equation for medical and other interventions designed to diagnose, assess, and treat CVD. This text discusses primary and secondary prevention strategies as well as the treatment of acute and chronic ischemic disease and complications. It focuses on presentations that are particularly common in the elderly as well, including cardiac failure with normal ejection fraction, isolated systolic hypertension, and atrial fibrillation, and has endeavored to take an evidenced-based approach to recommendations that rely heavily on prospective clinical trials. This text emphasizes new risk factors associated with age, including insulin resistance, and the value of lifestyle changes in the aging population. The chapters are written by leading experts in their fields who have studied extensively, and in many cases conducted, the studies on which current recommendations are based.

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