Letter to the Editor



Older Brazilian Patient with Valvulopathy

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In the Outpatient Clinic of InCor's Clinical Valvulopathy Unit, most patients are women (871/1,435 = 60.7%). This occurs at a ratio of 1.1 in the isolated aortic stenosis (AoS) and 1.6 in the other types of valvulopathy (non-AoS).

In Europe, most patients with AoS are male¹ and, in the United States, especially among patients above the age of 60, the ratio is equal². The elderly (over 60 years-old) account for 40.9% (587/1,435) of our patients, with 26.7% (157/587) of them with AoS. It is important to note that the average life expectancy of Brazilians peaked at 71.9 years - 75.8 years for women and 68.2 years for men.

Among the patients that underwent surgery, 62.0% (31/50) with AoS and 33.9% (57/168) with other valve diseases are elderly. It is important to highlight the relationship between coronary artery disease and valve diseases, reported by Kruczan et al³ as the most prevalent one among over-55-

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year-old male patients with nonrheumatic valvular disease, and Sampaio et al⁴, showing that 95.7% of patients were over 50 years-old and 63.3% had aortic valve disease. The data indicate the impact of the elderly on care of patients with valvular heart disease, not only in relation to AoS, but also in non-AoS valve diseases.

The finding becomes more relevant when data from the Euro Heart Survey¹ show that surgery has been denied for 30-50% of patients with aortic stenosis or mitral regurgitation, more because of age (usually in those older than 75 years) than due to the severity of the disease, suggesting lack of medical qualification to deal with this kind of situation. This is something that we should consider a warning due to the above-mentioned data.

Considering that Brazil will not be able to eradicate the rheumatic valvular heart disease in the short term, the coming decades will present a new Brazilian reality that will become increasingly similar to what happens in first world countries - a progressive increase in the average age of patients and in the degenerative etiopathogenesis^{1,2} -, while in our historical rheumatic reality there will continue to be trend towards greater postoperative survival in the long term.

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