

Geriatric Cardiology: a Subspeciality or a Need?

Mauricio Wajngarten

Unidade de Cardiogeriatría – InCor – HC/FM-USP - São Paulo, SP - Brazil

Demographic data show that the world's population is aging; in our country, this process is taking place at an accelerated rate.

Epidemiology, on its turn, shows the remarkable impact of cardiovascular diseases on older age groups. These diseases are very common and result in high mortality and morbidity rates. Obviously, the economic impact placed upon the health system is significant. As the population ages, an increasing number of elderly people will develop cardiovascular diseases, and will suffer their consequences, representing a substantial socio-economic burden with health care expenditures in our country.

How can we address this challenge? How can we ensure elderly people the rights they are entitled to by the legislation currently in effect? How can we prevent and solve problems related to aging?

Geriatrics and gerontology aim to comprehensively focus on these aspects, seeking to fully understand the biological, psychological and social factors involved in the aging process. There is no doubt that cardiology contributed significantly to the increasing number of elderly people. Cardiology is a curative specialty for acute conditions, and it has attained outstanding results with the advanced technological resources available today. However, it basically focuses on the disease rather than on the patient.

Therefore, a potential conflict is created: cardiology is a specialty prone to prioritize the disease and not the patient, the acute and not the chronic, and it has had to treat patients of increasingly older age groups with all the peculiarities and complexities involved. These are patients with multiple acute or chronic comorbidities subjected to social and environmental influences, as well as to diseases and iatrogeny. They are, thus, a heterogeneous group of patients that can not be adequately included in the guidelines established to standardize medical procedures. Their characteristics recommend individualized approaches that take into consideration the wishes of the patient and his/her family.

Geriatric cardiology aims to be an intersection between cardiology and geriatrics, in an attempt to solve the above conflict. Its main objective is to improve cardiac care for elderly patients. This objective initially involves research

development, data verification, and clinical experience. The dissemination of the acquired knowledge enables then to provide better-qualified medical care.

The evolution of geriatric cardiology [in Brazil] is illustrative. Introduced by Professor Luis Gastão do Serro Azul in 1982, it underwent several phases focused on understanding cardiovascular disease epidemiology in the elderly. Initially it focused on the details of the normal aging process on the cardiovascular system. This phase was crucial for a better understanding of the greater vulnerability of elderly patients to cardiovascular diseases, as well as to differentiate normal characteristics from pathological findings.

Still in the 1980s, studies were conducted on the peculiarities of prevention, diagnosis, treatment and rehabilitation of cardiovascular diseases. These topics continued to be further analyzed according to the evolution of scientific knowledge, even in basic areas. Thus, the objective was to keep pace with the rapid and continuous evolution of cardiology, and apply it in caring for all aspects of the elderly patient.

Fortunately, in recent years, geriatric cardiology has gradually incorporated the geriatric culture. Multidisciplinary team work, which has been the approach in cardiology for a long time, was intensified.

The study of comorbidities and their consequences in elderly cardiac patients merited greater attention. Moreover, the use of instruments recommended by the "Comprehensive Geriatric Evaluation" has been stimulated and assessed on an ongoing basis. Therefore, it is now possible to evaluate the elderly patient from multiple aspects and to enhance the results provided by current technological advances in cardiology.

Cardiovascular health is essential, but it is only one facet of the patient's well-being. What is the use of anticoagulation therapy in elderly patients with atrial fibrillation without knowing the characteristics of their caregivers and the environmental factors that can influence the results of the treatment? These aspects are not included in the Guidelines.

Strictly speaking, the demographic transition requires that all health care practitioners, cardiologists included, become familiar with the "geriatric culture". The dissemination of this culture within the cardiology community starts to show undeniable repercussions. The number of geriatric cardiology services available and health care professionals interested in the area has been steadily

KEY WORDS

Geriatric cardiology, geriatric, gerontology.

Mailing Address: Mauricio Wajngarten • Av. Dr. Enéas de Carvalho Aguiar, 44 - 05403-000 - Cerqueira César - São Paulo, SP - Brazil
E-mail: wajngart@cardiol.br ou mauriciowa@uol.com.br

Received on 05/17/05 • Accepted on 07/25/05

increasing. As a consequence, there has been a greater participation of geriatric cardiology in major congresses, as well as a significant increase in the number of papers published on the subject. Events and courses on geriatric cardiology are spreading throughout the country. The Brazilian Society of Cardiology acknowledged the growth of geriatric cardiology and has authorized the promotion of Grupo de Estudos GEBRAC (a group dedicated to study geriatric heart diseases) to Departamento DECAGE (department).

Geriatric cardiology should not be restricted to the amalgamation of knowledge from two distinct areas. On the contrary, it proposes the further development of new concepts that improve the original disciplines and suggest new practices. This is a dynamic, multidisciplinary and multiprofessional process.

Perhaps the current development of geriatric cardiology can be attributed to the increasing number of elderly people. There is a need to provide qualified care for these patients, a task much more challenging than the management of younger patients, which calls for a qualification broader than the limits imposed by specialities.

Therefore, geriatric cardiology must be considered more than a subspecialty. In order to improve the care provided to our patients, we have always considered it as a research and teaching field. The reality we face in our out-patient clinics, private practices, and hospitals clearly shows that geriatric cardiology is, undoubtedly, an essential requirement nowadays and will be increasingly more so in the future.

Potential Conflict of Interest

No potential conflict of interest relevant to this article was reported.