“Influence of age on the management of heart failure: Findings from Get With the Guidelines–Heart Failure (GWTG-HF)”

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Background

Optimal management of heart failure (HF) in older adults is a growing health care priority. Increased age automatically predisposes this population to an increased incidence of HF as well as to increased HF morbidity and mortality. While HF is already the leading cause of hospitalization in persons ≥65 years old, cumulative morbidity, mortality, and associated costs will undoubtedly escalate as the elderly population increases.

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Introduction

- Prior studies focusing on management of senior cardiovascular patients have highlighted the decreased use of evidence-based medicine in relation to advancing age, focusing predominantly on patients with coronary artery disease (CAD).

- However, it is often unclear whether these patterns stem from sound clinical judgment, such as concerns regarding frailty, or if they constitute inappropriate omissions.

- The American Heart Association's Get With The Guidelines-Heart Failure (GWTG-HF) program is a performance improvement initiative to enhance guideline adherence in patients hospitalized with HF.

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Objectives

To utilize data gathered from hospitals participating in the GWTG-HF program where physicians have access to guideline based treatment guidelines for HF to assess treatment patterns that exist in aging patients with HF.

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Methods

• Data analyzed from hospitals participating in GWTG and utilizing the web-based patient management tool for data collection (Outcome Sciences Inc, Cambridge, MA)

• Patient cohort: Patients hospitalized with new or worsening HF as the primary reason for admission or with significant HF symptoms that developed during a hospitalization in which HF became the primary discharge diagnosis. Patients were stratified by age groups ≤65, 66-75, 76-85, and >85 years.

• 257 hospitals participating in GWTG-HF program. GWTG-HF participating hospitals include teaching and nonteaching, rural and urban, and large and small hospitals.
Results

• Data were analyzed from 57,937 patients treated for HF from January 2005 through April 2007 in 257 GWTG hospitals using the Patient Management Tool.

• The mean patient age was 73 ± 14 years; 18.7% were >85 years of age. Prescriptions of most HF therapies were relatively reduced with age but still remained high overall.

• Although 88.6% of patients ≤65 years of age with LVSD were prescribed ACE-I or ARB and 90.9% were prescribed β-blockers, among those >85 years of age with left ventricular systolic dysfunction, 79% were prescribed ACE-I or ARB and 82.7% were prescribed β-blockers.

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Conclusions

• Get With The Guidelines–Heart Failure data demonstrate that guidelines recommended therapies are frequently utilized for older patients with HF, including patients >85 years old.

• These patterns differ from prior studies showing critical reductions in evidence-based therapy in relation to age among ACS and HF patients.

• This GWTG-HF study demonstrates modest age-related declines in respect to some but not all evidence-based HF therapies but also demonstrates high overall use of evidence-based HF therapies even in the oldest HF patients.

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Clinical Implications

Widespread application of GWTG-HF could reinforce compliance of providers to treatment standards relating to age related HF. Findings suggest that clinicians may have become relatively more compliant with guidelines-based therapeutic recommendations for their older patients, particularly in the framework of a guidelines-assessment program.

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