Top Ten Things To Know
The Influence of Age on the Management of HF

1. The prevalence of HF increases with age, accounting for 20% of all hospitalizations for patients over the age of 65.

2. Research has shown a decline in evidence-based therapies used to treat aging patients with HF.

3. This study utilizes 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.

4. Study results reflect that there was a modest decrease in the number of prescriptions with advancing age, but a high use of evidence-based therapies overall even in HF patients >85 years old.

5. The age-stratified analysis specifically demonstrated that 79% of HF patients >85 years old with LVSD were prescribed an ACEI/ARB and 82.7% were prescribed a beta blocker.

6. Although in-hospital mortality for the elderly with ACS remains high, the results, which were likely attributed to higher utilization of evidence-based therapy, showed that the HF hospitalizations were less likely to culminate in death.

7. There were no age-related declines in older patients receiving evidence-based therapies as compared to eligible younger patients. Compliance rates were 85% in those between the ages of 66-75, and 82.7% in those >85 years of age.

8. Less than 10% of patients 66 years of age and older, had procedures of any type in the course of the HF hospitalization, including <2% among patients >85 years old.

9. These data from the GWTG-HF quality improvement program demonstrate that there was a relatively high use of evidence-based therapies used to treat elderly patients with HF, even in those over the age of 85.

10. GWTG-HF program appears to play an important role in assuring treatment compliance regardless of chronological age.