J Palliat Care Med 2018, Volume 8
DOI: 10.4172/2165-7386-C2-018

Heart failure in the elderly: What is different?

Manuel Oliveira Carrageta
Portugese Society of Geriatrics and Gerontology, Portugal

Chronic heart failure (HF) is a major and growing public health problem with high morbidity and mortality. HF is the leading cause of hospitalization in older adults. Hypertension is the most common risk factor in heart failure and coronary heart disease (CHD) the most common etiology. Older patients with HF are more likely to be women and more likely to have preserved LV systolic function. (HFpFE). These patients should be approached with a clear understanding of some unique clinical, laboratory, imaging, and pharmacokinetic differences that can alter their management and outcomes. Elderly patients have more atypical presentations of HF, especially in more frail or cognitively impaired individuals, with comorbid diseases. They are more likely to present with symptoms of decreased cardiac output, such as fatigue (most common), weakness, dizziness, and altered mentation. Exertional dyspnea may not be an early symptom. Echocardiogram is an essential diagnostic modality and B-type natriuretic peptide (BNP) and N-terminal pro-BNP (NT-proBNP) are valuable in establishing the diagnosis of volume overload due to HF and, in particular, in distinguishing shortness of breath due to HF from non-cardiac causes. Extreme low-sodium diets have been linked to worse outcomes in several clinical trials. Contrary to HFrEF, no trials have demonstrated a clear reduction in mortality with any pharmacologic intervention in patients with HFpEF. Palliative care should be instituted in elderly HF patients when they have a very advanced disease and aggressive treatment is deemed ineffective. Optimal management of these patients usually involves a multidisciplinary approach. In the last moments of life, treatment should be focused on maximizing patient comfort. The choice of the best treatment should be personalized, considering more aspects beyond HF such as comorbidities, frailty, social and economic background.

mfcarra@gmail.com