Top Ten Things To Know
Secondary Prevention of Atherosclerotic Cardiovascular Disease in Older Adults

1. In 2010, the number of Americans over 75 years of age was estimated at 18.6 million, representing about 6% of the population, and it is expected to double by 2050. The population over 85 years is growing the most rapidly, with numbers expected to reach 19.5 million by 2040.

2. The potential for substantial risk reduction for older patients receiving secondary prevention therapy is counter-balanced by the potential for increased risks from therapy as well.

3. It is incumbent on the clinician to maintain a high index of suspicion for CHD in patients of advanced age, and to implement appropriate diagnostic and therapeutic strategies in accordance with existing guidelines and individual patient circumstances and preferences.

4. Management of traditional CVD risk factors must be carefully considered, taking into account comorbidities, polypharmacy, socioeconomic stresses, and cognitive limitations that frequently confound secondary prevention considerations.

5. Weight loss interventions in older adults should include attention to muscle preservation and specific strategies for long-term weight maintenance, especially when patients are prescribed hypoglycemic drugs, antidepressants, and steroids that can compound tendencies for weight gain and muscle atrophy.

6. Blood pressure control is poorer in older adults, especially after 75 years, therefore medication adherence, use of medications that can raise blood pressure, and dietary changes due to constrained mobility, finances or changes in taste should be considered.

7. Lipid-lowering therapy should be carefully and continuously monitored with respect to treatment goals, medication interactions, life expectancy, and comorbidities, especially in those over 80 years of age who remain at highest risk for incident and recurrent cardiovascular events and experience worst outcomes.

8. Although glycemic control is important, greater cardiovascular risk reduction in older diabetes mellitus patients may be achieved from the control of concurrent risk factors such as hypertension and dyslipidemia.

9. Additional secondary prevention considerations for older patients should be made regarding dietary and physical activity therapy, cardiac rehabilitation, coronary revascularization, and implantable cardioverter defibrillator therapy.