Symposium: Percutaneous Cardiovascular Intervention in the Elderly

Introduction

Since the population worldwide is becoming increasingly older and heart disease, at least in much of the world, remains a leading cause of death, it is not surprising that there is growing interest in innovative methods of treatment. Although there has been a rapid growth in experience and technology with percutaneous intervention, little attention has been focused specifically on its use in the elderly. The elderly are generally excluded from clinical trials and, despite becoming an increasing proportion of patients having percutaneous coronary intervention, have to date mostly been studied in small numbers. It is therefore very appropriate that the Journal of Geriatric Cardiology should address a Symposium issue to this subject.

With heart disease, predominantly coronary artery disease, becoming a progressively greater worldwide problem, the editors felt that this issue should include a variety of international papers addressing various aspects of percutaneous intervention in the elderly with the opportunity for sharing of ideas and experiences from the West and the East. The papers included in this Symposium were chosen to represent a broad spectrum of issues involved in interventional treatment of the elderly.

I have reviewed where I believe we stand at present with percutaneous coronary intervention (PCI). The review from the Northern New England Group provides information concerning patient characteristics and inhospital outcomes from a very large database in the United States, including a substantial number of elderly patients. Drs. Skelding and Rihal have reviewed in depth the use of PCI in the setting of acute myocardial infarction (AMI) in the elderly. The study from Dr. Han, et al from the Shenyang General Hospital in China reports excellent data comparing interventional with medical treatment for elderly patients with AMI indicating at least a short-term benefit of PCI. The data from the TIMI Study Group provides information suggesting a mechanism for the worse outcomes of PCI performed after use of thrombolysis for AMI in elderly patients. A subset of elderly patients with long coronary lesions and stenting is reported by Dr. Huang, et al from China and Japan indicating outcomes comparable to those seen in younger patients. As another part of the spectrum of heart disease, Drs. Dokainish, et al from the Baylor College of Medicine in the US report on hypertrophic obstructive cardiomyopathy, which is not uncommon in the elderly with little information available in this subset, and the benefits resulting from alcohol septal ablation. Finally, as described by Drs. Rigatelli, coronary artery disease in elderly patients is frequently accompanied by peripheral vascular disease, a co-morbidity known to be associated with poorer outcomes of PCI and which itself may benefit from interventional treatment.

We are most pleased with the manuscripts that have been submitted. We also believe the editorial comments included offer a chance for further sharing of ideas from different geographic and cultural viewpoints and hope these will lead to greater international understanding.

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