

ELDERLY CARDIOVASCULAR PATIENTS IN CROATIA

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Background

In elderly patients, cardiovascular disease (CVD) is the leading cause of death. During aging, hypertension, the main cause of atherosclerosis, in combination with other risk factors (reduced physical activity, unhealthy lifestyle, smoking and diabetes mellitus); will contribute to deterioration in health and social activities. The prevalence of hypertension over the age of 60 years is about 60% and over the age 75 years is about 75%. World's elderly population grows and adopt sedentary lifestyles; thus experts expect an increase in number of people with hypertension by 2025, with more than 1.5 billion people suffering from this disease. Increased longevity, the burden of severe health conditions such CVDs

are, may result in social and public health effects which no system is capable to support and the „affected“ individuals will get the sense of helplessness. Maintaining the independence and reducing symptoms in elderly patients should be the preferred goal.

Material & Methods

Search for information relevant for specific clinical approach and/or public health actions/interventions was performed using key words: Elderly cardiovascular patients and Public health and elderly CVD patients. Search included scientific and professional papers in Croatian language and official governmental, county and public health websites, in period of last 5 years.

Results

Search revealed numerous documents related to cardiovascular care of elderly patient. Governmental documents define health and social care of elderly. County documents include specific actions directed toward elderly population and those with cardiovascular condition as well. Clinical approach incorporate in their guidelines, estimation of total cardiovascular risk by age. In old patients ≥ 65 years, antihypertensive treatment reduces CV morbidity and mortality. The age alone must never be a barrier to treatment. The decision to treat hypertension in older hypertensive patients must contemplate the patient's clinical condition. In old patients ≥ 65 years, the target systolic blood pressure (BP) should be 130 mmHg, but not below 130mmHg. In old patients >80 years, treatment should be initiated if an

office systolic BP is ≥ 160 mmHg. In frail, dependent older patients, individual decision with gentle reductions are advised. In old patients ≥ 80 years it is advised to initiate treatment with monotherapy. The specific condition characteristic for population over 60 years of age is isolated systolic hypertension (ISH) defined by systolic pressure ≥ 140 mmHg and diastolic <90 mmHg and it is included in CVD guidelines as an independent predictor of CV risk especially for stroke. Public health efforts in CVD patients' care incorporate family medicine as a foundation for health care of elderly CVD patients and reducing the number of hospitalizations due to CVD complications. Public health actions include education for CVD patients using targeted posters on CVD in family medicine and professional articles at Public Health Institutions' websites.

Conclusion

Croatian population is ageing rapidly, and elderly population should become specific target when certain diseases are in question. CVDs are well represented by various forms of health and social care for elderly. However, the elderly are not accustomed to using the internet, so education should be targeted for today's generations and made available

through other media. Education not specified by and to age, we found as a sort of omission. The current believe is that elderly CVD patients, while they suffer from hypertension longer, are better educated and more prone to self-care, which is not necessary the case. Thus, we believe, the disease management should be age oriented as well.