

Patient's age as a factor in the use of diagnostic tools and evidence based therapies in patients with heart failure

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Physicians are committed to deliver best quality, evidence based care to their patients. In our daily decision making we try to balance the risks and benefits of tests that we order, and medications that we prescribe. When we are asked, we are not aware of existence of any health care delivery biases in our practice and every time a study demonstrates that there are differences in patient care related to sex, race or age, the studies are met with healthy discussions and attempts to find objective reasons for the differences. The data are hard to dispute. In myocardial infarction literature the rates of reperfusion therapy, coronary angiography, and in-hospital death after myocardial infarction, vary according to race and sex [1]. Similarly, in The EuroHeart Failure Survey program the prescription of recommended medications including ACE inhibitors and beta-blockers in patients with heart failure remains limited and factors like age and gender influence the prescription pattern [2].

Paper by Matusik et al. [3] in this issue of Journal gives us insight into global practice patterns in management of patients with heart failure in Poland. Patients from both academic and nonacademic institutions were included in this study, as well as patients who were under care of cardiologists and internists. Results show that the use of diagnostic tests and medications is different in octogenarians than in younger patients. This difference may represent a thoughtful decision making process on the part of physicians who are reluctant to expose older adults to risks of invasive diagnostic testing like cardiac catheterization or who appreciate the side effects of medications like beta-blockers in this age group. The underutilization of non invasive echo-

cardiography in older adults may represent an opportunity for improvement. Evaluation of left ventricular systolic and diastolic function, valvular function and pulmonary pressures may help guide therapy.

It helps to be aware of the existence of decision making biases and studies like this are designed to eliminate them. In the future, we will all function in the systems where electronic medical records will have detailed patients' data, patient management will be monitored and each physician will receive monthly report card of their performance. The disease specific and guidelines driven reminders will help with decision making processes and with documentation of contraindications for use of diagnostic tests and medications. Until then, it is clear that physicians have to spend more time documenting their thought process not only when they are ordering tests and medications but also when they decide not to do it, so that future studies can capture the documentation of contraindications and have more insight into physician's decision making process.

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References

1. Vaccarino V, Rathore SS, Wenger NK et al.; for the National Registry of Myocardial Infarction Investigators Sex and Racial Differences in the Management of Acute Myocardial Infarction, 1994 through 2002. *N Engl J Med*, 2005; 353: 671-682.
2. Komajda M, Follath F, Swedberg K et al. The Study Group of Diagnosis of the Working Group on Heart Failure of the European Society of Cardiology The EuroHeart Failure Survey programme: A survey on the quality of care among patients with heart failure in Europe. Part 2: Treatment. *Eur Heart J*, 2003; 24: 464-474.
3. Matusik P, Dubiel M, Wizner B et al. Age-related gap in the management of heart failure patients. The National Project of Prevention and Treatment of Cardiovascular Diseases — POLKARD. *Cardiol J*, 2012; 19: 146-152.

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