



Takotsubo Syndrome in Octogenarians and Nonagenarians

To the Editor:

We read with interest the article by Nishimura et al regarding the characteristics of takotsubo syndrome (TTS) in octogenarians and nonagenarians.¹ The authors found that emotional triggers were infrequent and symptoms of chest pain and/or dyspnea less common in TTS patients in their 80s and 90s than in those ≤ 79 years old. We have several comments.

Due to the increase in the proportion of elderly individuals, the occurrence of patients with cognitive impairment and dementia has also increased dramatically. We recently reported a case of TTS with severe dementia due to the progression of Alzheimer's disease.² Our patient was unable to complain of any symptoms, but TTS was identified via electrocardiography. Currently, there is no single universally accepted diagnostic definition of TTS. Although the Mayo Clinic diagnostic criteria are widely used in clinical practice and research,³ it is sometimes difficult to prove the absence of obstructive coronary disease in elderly patients because of a patient's condition and/or limitations of hospital equipment. The paper of Nishimura et al and our case imply the possibility of a missed diagnosis and/or underestimating the existence of TTS among elderly patients. TTS has morbidity and mortality rates that are comparable to those of acute coronary syndrome. Physi-

cians should be aware of the possibility of TTS in elderly patients with cognitive impairment and dementia, and undertake clinical investigations to reveal the prevalence of TTS in these patients as needed.

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Disclosures

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