

EDITOR'S PAGE



An Aging Nation and the Rise of Geriatric Cardiology



Parag Goyal, MD, MSc, *Editorial Consultant, JACC: Advances*;
Candice K. Silversides, MD, MS, *Editor-in-Chief, JACC: Advances*

The aging population presents one of the biggest challenges in cardiovascular medicine. In the United States, there are 23 million people over the age of 75 years, and this group will continue to increase in number.¹ Not only does this aging demographic contribute to a growing burden of cardiovascular diseases in the population overall, but it poses unique challenges for the medical community. Care of the older adult is becoming increasingly complex due, in part, to multiple medical comorbidities. Twenty-five percent of adults over the age of 85 years have more than 6 chronic medical conditions.² Other considerations include concurrent geriatric syndromes that overlap with cardiac disease, including frailty, polypharmacy, or abnormalities in cognition and physical function. When medical treatment is required, there is less data-driven guidance because older adults have often been excluded from large clinical trials. Clinical practice guidelines do not specifically address older adults, even for common conditions such as heart failure,³ arrhythmias,^{4,5} valve disease,^{6,7} and coronary artery disease,⁸ and therefore, management often relies on individual clinician judgment. This is also important because health priorities for older adults frequently differ compared with a younger population: Many older adults may prioritize function and quality of life over longevity. Taken together, these variables contribute to the complexities of care for the older adult with cardiovascular disease.

Although there is a small subset of physicians who would consider themselves to be geriatric cardiologists based on expertise in the intersection of geriatric medicine and cardiovascular medicine, there is an emerging need for all cardiologists to become sensitive to geriatric-centric principles to meet the needs of an aging and increasingly complex population. These

principles are outlined in the state-of-the-art review titled “Geriatric Cardiology: Coming of Age”¹ in this issue of *JACC: Advances*. The review highlights the need to recognize and consider the impact of multi-morbidity, including consideration of competing risks and polypharmacy. It provides examples highlighting the importance of integrating cognition, physical function, and social environmental factors into management and decision making. Moreover, it emphasizes the importance of understanding patient priorities and health goals and ensuring that they align with the care plan. These are critical principles to follow because, as previously stated in a council perspective by the American College of Cardiology Geriatric Cardiology Section, “Although cardiologists, like most physicians, aim to provide ‘patient-centered care,’ the potential for therapeutic misalignment is high in a medical specialty where procedures and interventions constitute a significant component of management.”⁹

In addition to educating the general cardiology community, ensuring that trainees receive exposure to geriatric cardiology is very important. Creating models of care that integrate multidisciplinary care teams and appropriately reimburse their necessary time and effort, and integrating new technologies into patient care are other ways to help ensure that older adults receive optimal cardiovascular care.² The time for embracing geriatric cardiology is now. Accordingly, we at *JACC: Advances* look forward to making geriatric cardiology one of the focuses of our journal and look forward to contributing to the growth of this increasingly critical field of cardiovascular medicine.

ADDRESS FOR CORRESPONDENCE: Dr Candice K. Silversides, Mount Sinai Hospital, 700 University Avenue, Room 9-913, Toronto, Ontario M5G 1Z5, Canada. E-mail: candice.silversides@uhn.ca.

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