Recovering From Cardiac Events

Daniel E. Forman, M.D.

Professor, Department of Medicine, University of Pittsburgh

Chair, Geriatric Cardiology Section, University of Pittsburgh Medical Center

Associate Director for Clinical Translation and Director of Emerging Therapeutics, Institute of Aging

Physician Scientist, Geriatric Research, Education and Clinical Center, VA Pittsburgh Healthcare System

Chair, Committee on CVD in Older Populations, American Heart Association



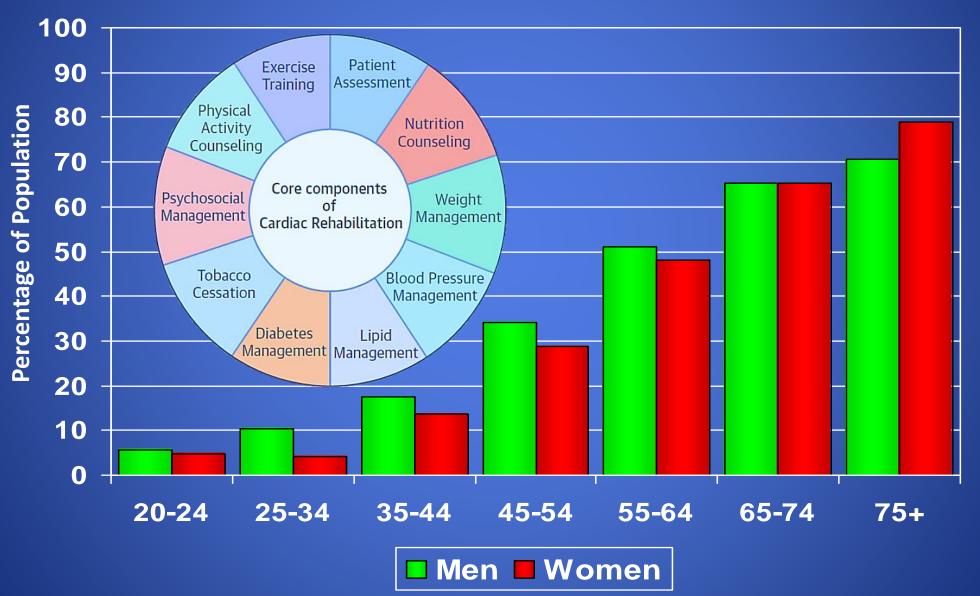


Cardiac Rehabilitation: Class IA AHA/ACC Recommendation

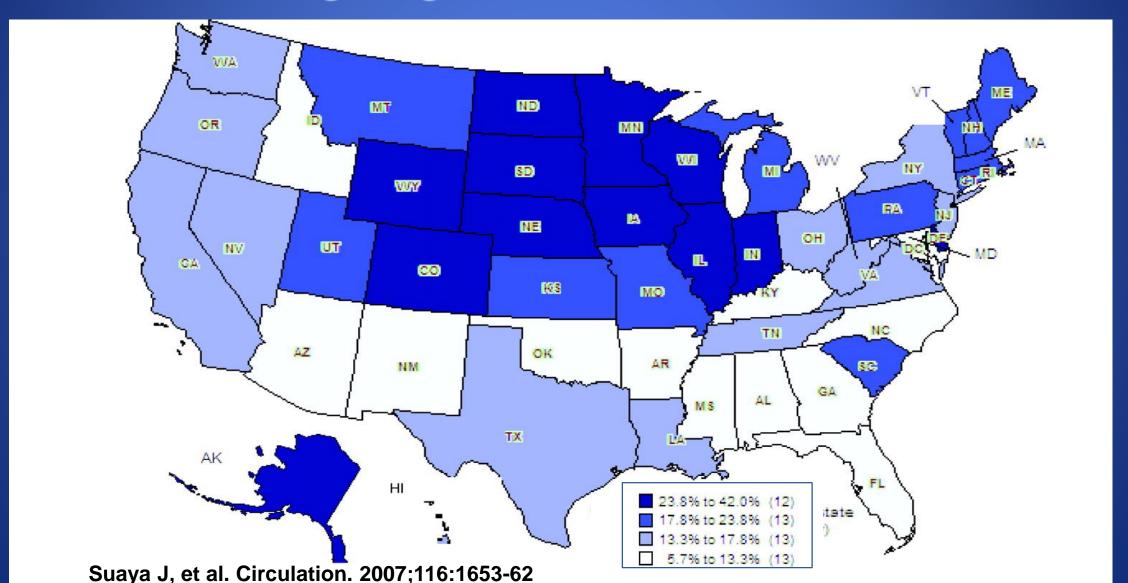
- Coronary Heart Disease
- Bypass Surgery
- Heart Failure with ↓EF
- Valvular Heart Disease
- Transplant
- PAD

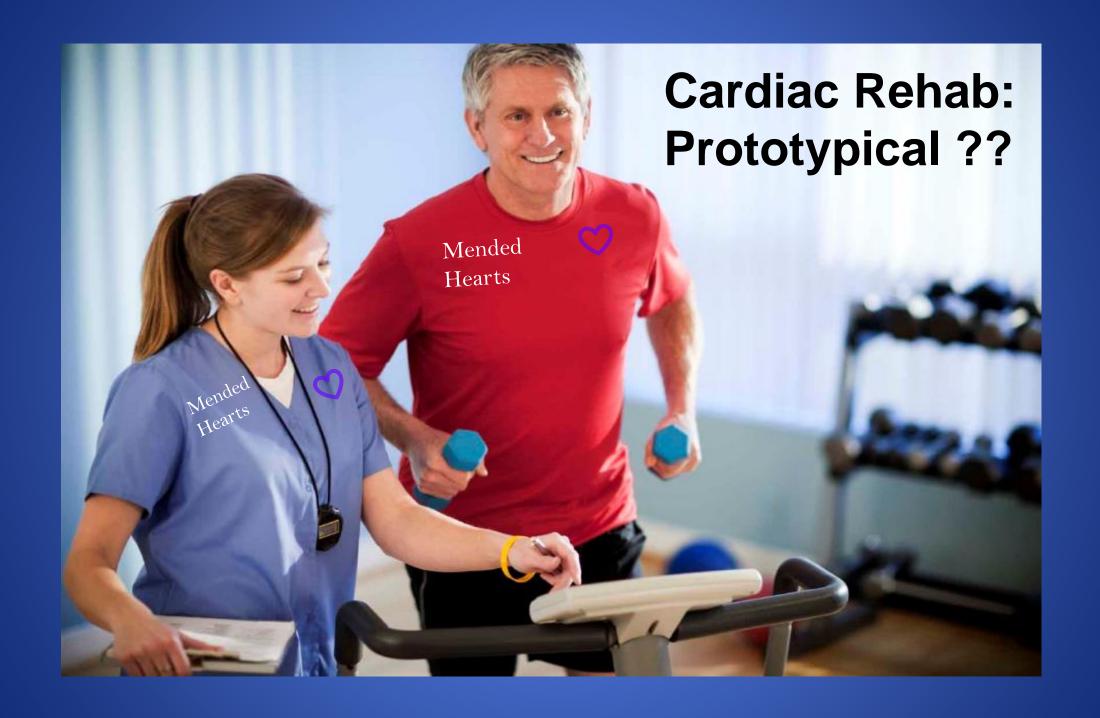


个 Cardiovascular Disease with Age



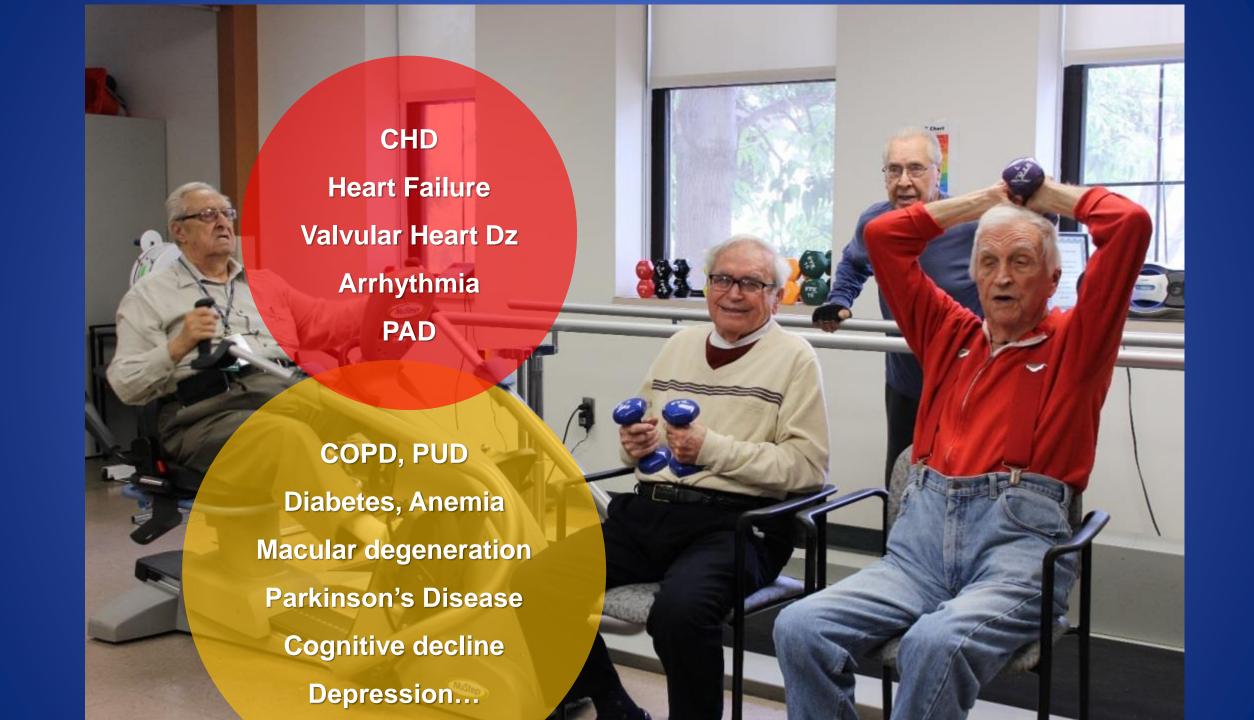
Low Utilization of Cardiac Rehabilitation Among Eligible Medicare Patients













Mobility, Independence

- Multimorbidity
- Frailty
- Polypharmacy
- Cognitive Limits





Mobility, Independence

- Multimorbidity
- Frailty
- Polypharmacy
- Cognitive Limits

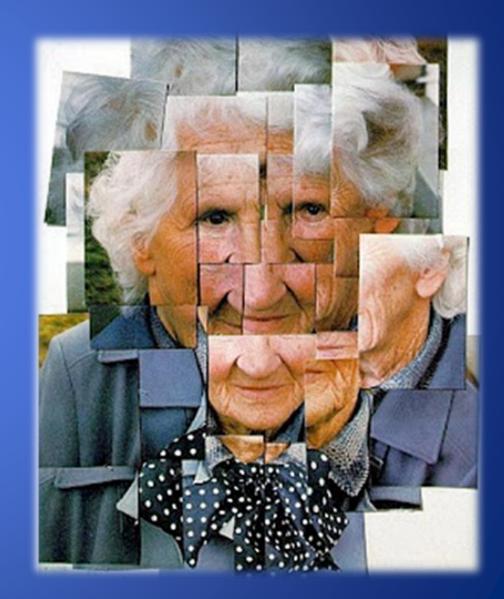


Post-Hospitalization Syndrome

- Acute Morbidities, Procedures
- Deconditioning, Delirium
- Medications, Sedation
- ↓Nutrition, Dehydration
- ↓Sleep, ↑Pain

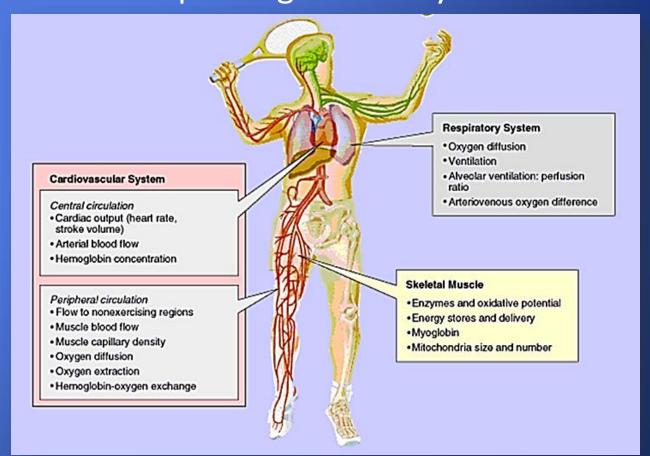
Aligning CR With Needs of Older Adults with CVD

- 个 Multimorbidity/Medications
- ↑ Sarcopenia, Gait disturbance, Imbalance
- 个 Falls, exhaustion
- ↓ Cognition (executive declines, ↑confusion)
- ↓ Self-confidence
- ↑ Depression
- ↓ Vision, hearing
- ↓ Nutrition



Cardiorespiratory Fitness

- The ability of the lungs, heart, and blood vessels to deliver adequate oxygen to the cells to meet the demands of prolonged activity
- Widely regarded as the most important component of physical fitness and indicator of overall health.
- Application less meaningful amidst functional deterioration of aging.



MACRO

Modified Application of Cardiac Rehabilitation in Older Adults

- National Institute on Aging RFA
- Enhanced transitions from hospitalization to independence and self-efficacy.

Aligning CR with Contemporary Patient Priorities

- Expanding the concept of <u>risk</u>:
 - Cardiac, comorbidity, function, psychosocial
- Expanded models of <u>implementation</u>:
 - In-patient and out-patient (site-, home-, and hybrid-based)
- Expanded concept of <u>medication therapeutics</u>:
 - Rationale for aggressive regimens coupled with deprescribing
- Expanded concept of <u>behavior</u> reinforcement:
 - Enhanced Medical Rehabilitation

Summary

- Recovery is integrally affected by geriatric domains.
- MACRO:
 - Focus on Risk, Implementation, Medications, and Motivation to enhance transitions back to home and independence.

Some Research Questions

- How to integrate broader stratification and treatment of geriatric risks as part of acute cardiovascular care?
 - Patient priorities extend beyond disease-based priorities.
- How to initiate cardiac rehabilitation as an inherent part of acute care and without prolonged delays?
- How to overcome logistic limitations to cardiac recovery (e.g., access, safety)?