

Quality of care in congestive heart failure in the elderly: epidemiological evidence of a gap between guidelines and clinical practice

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BACKGROUND AND AIMS: This study aimed at evaluating the quality of care in elderly patients hospitalized for heart failure, compared with that received by subjects of younger age.

METHODS: A cross-sectional retrospective study was performed on hospitalized subjects for heart failure in the Veneto Region (4.5 million inhabitants), located in North-East Italy, for the year 2004. Through consultation of clinical charts, performance of echocardiography, and prescription of ACE-inhibitors and beta-blockers were evaluated in each patient. Multivariate statistical analysis was used to test the association between age and the end-points of interest: prescription of ACE-inhibitors or beta-blockers and performance of echocardiography.

RESULTS: The percentage of patients with prescriptions for ACE-inhibitors decreased with age, from 75% for patients under 65 years, to 62% for subjects over 84 years ($p=0.02$). A similar, but more marked, finding was observed for prescriptions of beta-blockers (56% in subjects aged <65 yrs vs 16% in those aged >84 yrs) ($p<0.001$). Evaluation of echocardiography was performed in 61% of subjects under 65 and in 22% in those over 84 ($p<0.001$). After statistical adjustment, age remained a significant predictor of prescription for beta-blockers and performance of echocardiography, but no longer for prescription of ACE-inhibitors.

CONCLUSIONS: Among the elderly, age was a negative predictor of beta-blocker prescription and echocardiographic evaluation, but did not affect prescriptions for ACE-inhibitors.

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