

Letters to the Editor

Perioperative Cardiac Risk Assessment for the Frail Older Adult



To the Editor:

The Canadian Cardiovascular Society guidelines on perioperative cardiac risk assessment and management for patients who undergo noncardiac surgery¹ do not reflect the needs of the frail older adult population compared with their younger counterparts.

The leading cause of death and major disability in adults aged 75 years and older is cardiovascular disease.² We acknowledge that guidelines have challenges in providing high-quality evidence-based recommendations that specifically apply to frail older adults.² However, older adults have been considerably under-represented in most cardiovascular trials.² In particular, those with multimorbidity, frailty, significant physical disabilities, cognitive impairment, and patients residing in nursing homes and assisted living facilities have been excluded.² For these reasons, it cannot be assumed that outcomes from trials with younger populations can be applied to frail older adults.²

“Older age is an independent predictor of perioperative complications and death after cardiac and noncardiac surgery.”² Frailty, defined as “an age-related cumulative decline in multiple physiologic systems,” has been proposed as a better predictor of morbidity and mortality than chronological age.³ There is strong evidence that frailty in older surgical patients predicts postoperative mortality, complications, and prolonged length of hospital stay.³

We propose the perioperative evaluation of older adults involve collaboration with those who have expertise in the care of older frail adults. In a recent systematic review it was reported that comprehensive geriatric assessment (CGA) reduces mortality in emergency surgical patients.⁴ CGA is a “multidimensional assessment designed to define an elderly individual’s medical, psychosocial, and functional capabilities and allow for restoration of their premorbid function.”⁴ Moreover, CGA improves return of function and has been

reported to be the most cost-effective care model for orthogeriatric patients.⁴

To further optimize perioperative care for geriatric patients, we must encourage close collaboration between cardiology and geriatric medicine in the creation of a Canadian best practices guideline.

Let this serve as a call to action for the authors of the Canadian Cardiovascular Society guidelines on perioperative cardiac risk assessment and management for patients who undergo noncardiac surgery¹ to consider the frail older adult’s unique needs to improve perioperative outcomes.

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Disclosures

The authors have no conflicts of interest to disclose.

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