

Multimorbidity in Older Adults with Atrial Fibrillation



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KEYWORDS

- Older adults • Multimorbidity • Atrial fibrillation • Rate control • Rhythm control
- Shared decision-making • Polypharmacy • Geriatric syndromes

KEY POINTS

- Older adults with atrial fibrillation often have multiple comorbid conditions, including geriatric syndromes.
- Although management issues, such as rate versus rhythm control and anticoagulation, are similar for young and older adults, patients with multiple chronic conditions require special attention.
- Shared decision-making is necessary, but may be challenging, in order to properly balance the risks and benefits of interventions (medical and procedural) in the management of atrial fibrillation in older adults with multimorbidity.

INTRODUCTION

The increase in the aging population and advances in treatment of acute medical problems have resulted in a growing number of older adults with multiple chronic conditions. Specifically, “multimorbidity” is defined as being present when a patient has at least 2 chronic medical or psychiatric conditions that may or may not interact. “Comorbidity” is defined as one or more conditions that coexist in the context of a primary disease. Older adults are also at risk for having common “geriatric syndromes,” such as cognitive impairment, polypharmacy, incontinence, and falls. All of these entities add to the complexity of caring for older adults. This article addresses how these conditions impact the care of patients with atrial fibrillation.

Multimorbidity is present in more than two-thirds of Medicare beneficiaries over the age of 65, with about one-third having 4 or more conditions. Approximately 83% of those 85 years and older have 2 or more chronic conditions.¹ The associated burden to patients and to the health care system is high. For example, in 2010 there were 1.9

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million Medicare hospital readmissions, and beneficiaries with 2 or more chronic conditions accounted for 98% of those readmissions.

EPIDEMIOLOGY OF ATRIAL FIBRILLATION AND MULTIMORBIDITY

The incidence and prevalence of atrial fibrillation increase markedly with increasing age (Figs. 1 and 2). Risk factors for atrial fibrillation include multiple conditions that are also increasingly common with age (Table 1). In Medicare patients with atrial fibrillation, the vast majority have multiple conditions (Fig. 3). In one study using a national sample of 1297 respondents with atrial fibrillation, 98% reported at least one other comorbid condition with 90% reporting cardiovascular conditions (hypertension [66%], hyperlipidemia [57%], arrhythmia [other than atrial fibrillation] [37%], diabetes [29%], prior myocardial infarction [21%], congestive heart failure [19%], stroke [13%], and transient ischemic attack [TIA] [9%]).² Overall, 45% had Charlson Comorbidity Index (CCI) scores of 1 to 2, and 21% had scores of at least 3 (Fig. 4). Apart from cardiovascular conditions, the most common comorbidities in that study were urologic (62%), pain-related (61%), respiratory (42%), and gastrointestinal conditions (41%) (Table 2). Another analysis of Medicare beneficiaries noted the 10 most common chronic comorbid conditions stratified by age greater than or less than 65 years (Table 3). The lists are quite similar, although arthritis appears 2 places higher in the older age group and diabetes 2 places higher in the younger age group.

The impact of age on hospitalizations for atrial fibrillation was examined in a recent study of 192,846 such admissions from 1051 hospitals in the 2009 to 2010 Nationwide

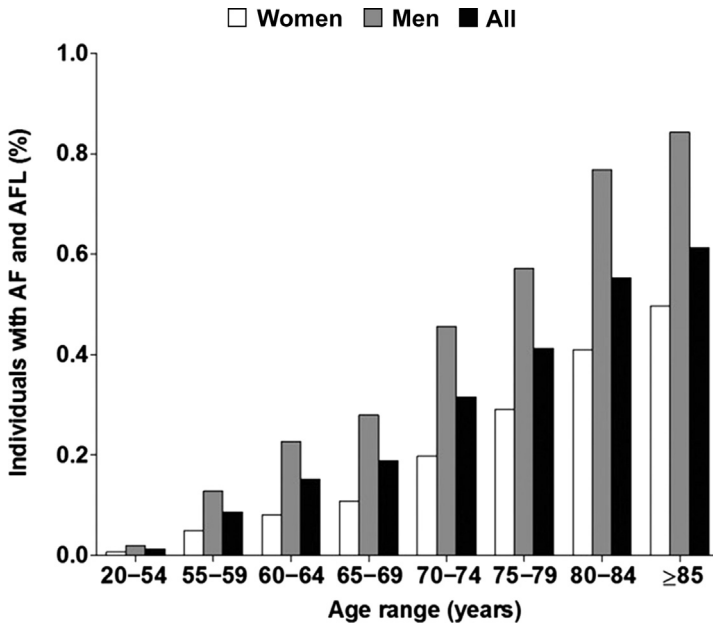


Fig. 1. Prevalence of atrial fibrillation and atrial flutter stratified by age and gender. Data were abstracted from the MarketScan Commercial Claims and Encounters database and Medicare Supplemental database from Thomson Reuters (Cambridge, MA), July 1, 2004–December 31, 2005. AF, atrial fibrillation; AFL, atrial flutter. (From Naccarelli GV, Varker H, Lin J, et al. Increasing prevalence of atrial fibrillation and flutter in the United States. *Am J Cardiol* 2009;104:1537; with permission.)

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