

Geriatric Cardiology and its Relationship of Coronary Heart Disease

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Abstract

Geriatric cardiology is a relatively new field aimed at transforming cardiovascular protection to an aging population by incorporating fundamentals of geriatric medicine into the systemic care of older adults with cardiovascular disease.

The clinical demonstration of Coronary heart disease in older patients shows the effect of the disease superimposed on the physiological effects of age. At autopsy, 40% of elderly women and 85% of elderly men have blockage of blood vessels and it cause coronary heart disease. Octogenarians incorporate 10% of the US population but 15% of the hospitalizations for myocardial infraction. Coronary arteriography older substances have substandard disease than the younger.

Keywords: Cardiology; Myocardial infraction; Coronary artery bypass surgery; Antiarrhythmic effect; Atherosclerosis

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Introduction

Cardiovascular diseases in developed countries are now older and more complex than even 10 years ago. This direction is look forward to keep up into the predictable future; accordingly cardiologists in implementations are experiencing patients with a maximum number of comorbid illnesses as well as “geriatric conditions” such as consequent impairment and impairment which complicate management and influence consequences. At the same time technological developments have increases the therapeutic chances available for patients including those with the most advanced cardiovascular disease. In the setting of these changes the geriatric cardiology has recently come out as a discipline that aims to modify principles from geriatric medicine into everyday cardiology practice. Accordingly the assignments of a “geriatric cardiologist” may include conventional confirmation based cardio vascular management plus comprehensive geriatric evaluation, medication reduction, team based collaboration of care, and definite incorporation of patient goals into management. Given that the field is still in its

relative infancy the training pathways and arrangement of clinical programs in geriatric cardiology are still being characterized. In this review, highlight the rationale behind geriatric cardiology as a regulation several current prospective by geriatric cardiology programs and future directions for the field.

Other geriatric impairments important in cardiovascular disease include functional dysfunction falls, eliminating waste individuals and depression. The cardiology section historically embraces advances in technology, changes in enumerations and national demands for quality reform all of which restoratives changes and growth in the field.

With the development and refinement of cardiac transplantation and advanced cardiac device therapy the subspecialty, advanced heart failure and transplant cardiology was established to supplements the distribution of care for patients in this comprehensive domain. Geriatric principles

must be described and then consolidated as a practice excellence as key elements of patient centred care. The advancements of a geriatric subspecialties are within the aggressive condition and sought after field of cardiology has the potential to help fill this critical clinical gap and allow provision of specialty care to the increase of senior population if and when specific training tools and programs are developed and helped to initiate the field.

Conclusion

Geriatric cardiology is still a young field with comparably

few clinical programs but people believe there is tremendous opportunity for growth in coming years as demographics continue to shift towards older more complicated patients with cardiovascular disease. It is likely that a group of cardiovascular subspecialists will develop specific expertise in aging related issues in order to become geriatric cardiologists although the exact training pathway for this has yet to be determined. Efforts at the level of individual academic institutions and national subspecialty societies underscore the momentum behind the need for improved cardiovascular care for older adults that can potentially be filled by geriatric cardiology programs.