



Implications of Cardiovascular Disorders in Older Adults

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DESCRIPTION

The elderly and the aged are especially vulnerable to cardiovascular disease. In adults, age is an independent risk factor for Cardiovascular Disease (CVD), but these risks are exacerbated by other factors such as frailty, obesity, and diabetes. These factors are known to exacerbate and complicate the cardiac risk factors associated with the onset of advanced age. Another potential risk factor in ageing adults is gender, with older females being at a higher risk for CVD than age-matched males. However, the risks of CVD increase with age in both men and women, and this corresponds to a general decline in sex hormones, primarily estrogen and testosterone. Despite this, studies have shown that hormone replacement therapy does not improve outcomes in older patients and may even increase the risk of cardiac events in older adults. Normal ageing causes stiffening of the heart and blood vessels, which can lead to these conditions later in life. High blood pressure is the most common heart condition in people over the age of 75. Following that are coronary artery disease and heart failure. With age, systolic blood pressure rises. Over the course of their lives, 9 out of 10 people will develop high blood pressure, also known as hypertension. Your peak heart rate decreases as you age due to changes in your heart's ability to pace it.

Additionally, as your muscles weaken, your function and mobility suffer. Being physically active is the best way to slow muscle loss and maintain aerobic capacity. While many older adults maintain their independence, your ability to engage in moderate-to-strenuous activity deteriorates unless you take steps to preserve it. To provide appropriate medical care for the elderly, special knowledge is required. Several changes occur in the body during the ageing process, and several chronic diseases develop. The function of parenchymal organs is impaired, the healing process is slowed, clinical manifestations of diseases are

less prominent, and diagnosis is frequently difficult. Furthermore, treatment options differ because drug pharmacokinetics and pharmacodynamics differ from those of young patients. High blood pressure, which is very common in older adults, is a risk factor for coronary heart disease, myocardial infarction, and stroke. It is also a leading cause of preventable illness and death. High blood pressure control has been shown to reduce the risk of fatal myocardial infarctions and strokes.

CONCLUSION

Lowering blood pressure safely requires an established, monitored medication regimen, physical activity, and reduced sodium and salt intake. Treating high blood pressure in older adults is difficult due to other comorbid conditions, frailty, cognitive impairment, and multiple medication use. When the heart fails to perform its normal pumping function, the most common symptoms are fatigue, shortness of breath, and swollen legs. Heart failure becomes more common with age as the heart becomes more vulnerable to various injuries or simply begins to deteriorate as a pump as part of the ageing process. The underlying causes of heart failure include impaired heart pumping function (contractility) caused by heart damage from decreased blood supply or a previous heart attack (systolic dysfunction), an increase in pressure load, or impaired relaxation (diastolic dysfunction, the ability of the heart to relax and fill passively with blood). Indeed, as people get older, the proportion of people with heart failure but normal systolic function approaches 50% or higher. Age-related changes in the cardiovascular system are caused by intrinsic cardiac aspects of human ageing, primary cardiac disease, and the impact of comorbid conditions on the heart. Age has a negative impact on the natural history of heart disease.

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