Views of Geriatricians, Cardiologists and General Physicians

Cardioversion for Atrial Fibrillation: 30

Introduction
Despite evidence that Aspirin, B-Blockers and Angiotensin converting enzyme Inhibitors (ACEI), significantly reduce post MI mortality, these therapies still remain under prescribed in the elderly.

Methodology
We studied casenotes of 99 patients aged 75 and above with proved MI to assess post MI management with regard to the use of Aspirin, B-Blockers and ACEI 29 with Acute Inferior MI, 50 Acute Anterior MI and 20 unclassified MI.

Results
86/99 (86.8%) received Aspirin. Of the 13 remaining 10 (77%) had clear contraindications (CI) to Aspirin. 41/49 (83.6%) of those with inferior and unclassified MI did not receive B-Blockers, in 32 (65%) B-Blockers were contraindicated. 41/50 (82%) with Anterior MI were not given ACEI with no apparent CI in 18 patients (36%). 29/99 (29%) died in hospital. Of the survivors 26 (37%) developed acute left ventricular failure (LVF) only 11 (42%) received ACEI.

Conclusion
Aspirin use was satisfactory. The use of B-Blockers was limited by contraindications. ACEI were not given to 36% of anterior MI patients with no apparent contraindications. ACEI were under used in patients with Acute LVF. This study demonstrated the high mortality of the frail, very old with Acute MI (29%).

Cardioversion for Atrial Fibrillation:

Usefulness of the Head Up Tilt Test and Carotid Sinus Massage in a Geriatric Unit Setting

POST MYOCARDIAL INFARCTION (MI) MANAGEMENT IN THE ELDERLY

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Cardioversion for Atrial Fibrillation:

Usefulness of the Head Up Tilt Test and Carotid Sinus Massage in a Geriatric Unit Setting

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Introduction: The causes of falls and syncope, which are major causes of morbidity and mortality in the elderly, often remain unexplained even after careful clinical evaluation and routine investigations. Carotid sinus syndrome (CSS) and neurocardiogenic (vasovagal) syncope (NCS) have recently emerged as significant factors in such patients. However the use of routine carotid sinus massage and prolonged head up tilt tests remain the domain of a few specialised cardiovascular units. This study assessed the usefulness of these tests in a conventional Geriatric Unit setting.

Methods: Elderly patients aged 65 years or above in whom the cause of recurrent syncope or falls (associated with dizziness) remained unexplained after routine clinical assessment (including postural BP measurements) and investigations (including full blood count, serum biochemistry, chest x-ray, ECG and 24 hour Holter monitoring) were studied. Standardised tilt tests were performed using a mechanised table, digital plethysmography and continuous ECG monitoring. Carotid sinus massage (supine and upright positions) was followed by prolonged (40 minutes) head-up tilt. After 40 minutes 400 mcg of nitroglycerin spray was given and monitoring continued for another 10 minutes. CSS was diagnosed if there was ≥ 3 second asystole (cardioinhibitory type) or ≥ 50 mmHg BP drop (or 30 mmHg with symptoms) vasodepressor type after carotid sinus massage. NCS was defined by the occurrence of syncope or "presyncope" associated with hypotension ± bradycardia.

Results: 103 patients (41 male) mean age = 79.2 ± 6.3 yrs, median = 79, range = 65-93) were studied. CSS occurred in 30 (29.1%) patients (vasodepressor type alone in 18, "cardioinhibitory type alone in 5 and "mixed" in 7). NCS occurred in 25 (24.3%) patients. Other conditions diagnosed on tilt testing included previously undiagnosed orthostatic hypotension (n = 8, 7.8%) and "psychogenic" dizziness (n = 3, 2.9%). There was a degree of overlap with 11 subjects having more than 1 of the