Aortic Stenosis and the Elderly

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Dear Editor,

Valle et al[1] focus on a topic that has started to arouse interest in Brazil, not only due to the increase in the population of elderly people among us[2], but also because, according to the Euro Heart Survey, medical services have denied valvular surgery to a significant percentage of elderly patients on the basis of age[3]. The mortality rate of patients aged 75 years or more in 230 consecutive surgical procedures to correct aortic stenosis, in a period of 6 years, was 13.9% (9.4% of which occurred in isolated procedures and 20.9% in associations). Non-fatal complications appeared in 30% of the cases (25.2% of which occurred in patients with isolated aortic stenosis and 37.4% in associations)[1]. These data are similar to those of the literature. The authors concluded that the morbidity-mortality after the surgical procedure to correct aortic stenosis is "slightly higher" among the elderly than among "younger people". The matter deserves further consideration, since there is some dissociation between the methods and the conclusion: 1) The authors concluded that the morbidity-mortality of the elderly is "slightly higher" than that of younger people, but they did not analyze a group of "young people" for comparison purposes and they did not refer to literature data, either; 2) There are semantics and interpretation issues that put the reader in doubt, as, for example, the vagueness of the expression "slightly higher" for morbidity and mortality; 3) The term "elderly" does not seem appropriate, since "the elderly" are defined as those individuals aged 60 years or more; It would be more appropriate to refer specifically to those above 75 years of age. As there is not enough time to go over the avalanche of scientific information, the Conclusion is used for screening purposes and as memory reference. That is why it is an important factor in the communication between author and reader and, as such, it has to be in perfect harmony with the purpose and method. The results obtained by Valle et al[1] are useful for the daily work of clinics, to be applied to patients with aortic stenosis. However, most readers that rely on abstracts to learn run the risk of memorizing incorrect information.

Keywords

Aortic valve stenosis; aged.

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References

1. Valle FH, Costa AR, Pereira EMC, Santos EZ, Pivatto Junior F, Bender LP et al. Morbimortalidade em pacientes acima de 75 anos submetidos à cirurgia por estenose valvar aórtica. Arq Bras Cardiol. 2010;94(6):720-5.
2. Grinberg M, Accorsi TAD. Estenose aórtica no idoso: perspectiva brasileira. Arq Bras Cardiol. 2009;92(2):e36-9.
3. Iung B, Baron G, Tornos P, Gohlke-Bärwolf C, Butchart EG, Vahanian A. Valvular heart disease in the community: a European experience. Curr Probl Cardiol. 2007;32(11):609-61.

Response letter

Initially, we thank you for your interest in our publication and the comments made. With respect to the remarks made, we would like to give the following explanations:

Due to its descriptive character, our study does not provide results that allow measuring the precise role of "age" in aortic valve surgery. Our goal was to describe the results of a consecutive series of 230 patients with aortic stenosis, aged 75 years or older, who were treated with aortic valve surgery. To analyze the magnitude of the "age" variable as a factor of increased morbidity and mortality for patients that underwent aortic valve surgery, it would be advisable to carry out a study that uses an analytical methodology, preferably a "Prospective Cohort Study", which was not our case. However, the information obtained is specifically relevant. We did not draw a comparison with a series of "younger people," but these data are abundant in the literature and may be consulted.

According to the World Health Organization (WHO), the definition of "elderly" varies, because, in developing countries, elderly people are those over 60 years of age and,

in developed countries, elderly people are those over 65 years of age. Among the 230 patients evaluated in our series, the text clearly states that they are all elderly people over 75 years of age.

The exponential addition of scientific papers to the literature, together with the everyday routine of long working hours, may make it difficult to read relevant publications. However, we suggest that memorization and learning be achieved through the full analysis of studies. Thus, the abstracts should be viewed as an instrument for selecting the papers to be analyzed. In this context, we hope that our publication will be relevant to the management of the frequent association between aortic stenosis and old age.

Sincerely,

Felipe H. Valle and Renato A. Kalil