

Impact of COVID-19 on Admissions Patterns in Cardiology Department

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Description

Geriatric cardiology is the practice of providing aging adults with cardiovascular care. Despite the fact that cardiovascular diseases are the most prevalent conditions affecting older adults, they frequently co-occur with a number of aging-related issues, such as multimorbidity, frailty, polypharmacy, falls, and functional and cognitive impairment, making it difficult to implement standard treatment strategies based on the disease. By employing shared decision-making to align treatment with goals, utilizing stated goals to navigate situations of treatment uncertainty, and proactively mitigating aging-related risks, patient-centered care in geriatric cardiology strives to direct all management toward the achievement of an individual's prioritized health and life goals. For the elderly population to achieve wellness, independence, and positive quality of life outcomes, cardiovascular medicine must fundamentally shift from disease-centered management to patient-centered goal-directed care. More than 80 million Americans will be 65 or older by 2050, according to the United States Census Bureau. Despite the fact that cardiovascular diseases are the most prevalent chronic conditions among older adults, they rarely occur in isolation. The presence of two or more chronic medical conditions or multimorbidity, or the presence of six or more chronic medical conditions at the same time, accounts for the majority of older adults' multimorbidity. In the past, disease-specific guidelines have offered treatment recommendations for specific diseases without taking into account how those recommendations affect the severity or treatment of other co-occurring conditions. Additionally, older adults with multimorbidity were frequently left out of the clinical trials that underpin these disease-specific recommendations, making it unclear whether these treatment protocols would be beneficial in this complicated population. Application of disease-specific guidelines in this population is frequently difficult, if not impossible, due to a variety of complex aging-related issues like polypharmacy, frailty, cognitive decline, functional impairment, social isolation, mood disorders, and frequent falls.

Complexities of Multimorbidity and Aging

There is a growing awareness of the need to provide cardiovascular care in relation to aging. This is because of the common complexities of aging and the rapidly expanding older adult population with cardiovascular disease. Patient-centered

care, in contrast to disease-specific management strategies, focuses on achieving an individual's health and life goals through all aspects of disease management. The complexities of multimorbidity and aging-related physical, social, financial, cultural, and emotional challenges are intentionally incorporated into this holistic approach to care in order to construct individualized care plans that are designed to fulfill a person's expressed health wishes. A multi-pronged approach to patient-centered care includes defining a patient's health objectives, identifying age-related issues that affect prognosis and risk, and aligning treatment options with stated objectives. The American College of Cardiology (ACC) called for improved clinician-patient communication, shared decision-making, and collaborative care planning and goal setting in cardiovascular medicine in its 2012 Health Policy Statement. However, little instruction has been given on how to incorporate this patient-centered approach into the day-to-day care of cardiovascular disease patients. This review article will provide practical guidance for incorporating goal-directed care into clinical cardiovascular practice and suggest future directions for research supporting this approach using a suggested framework for successful patient-centered care cardiovascular care.

ACC Guidelines for Managing Cardiovascular Disease

The European Society of Cardiology (ESC), American Heart Association (AHA), and ACC guidelines for managing cardiovascular disease all recommend incorporating patient preferences and values into management decisions. However, the guidelines do not provide any information regarding the most effective means of implementing this mandate, and patients and physicians do not always solicit goals. Morbidity and mortality from aging-related conditions frequently exceed those from cardiovascular disease. In order to ensure that care is consistent with goals and expectations are aligned with anticipated outcomes, it is helpful to have a context for goal elicitation and shared decision-making that takes into account the impact of aging-related conditions on prognosis. The presence of geriatric syndromes reveals opportunities for intervention that may improve goal achievement and facilitates prognosis assessments. Aging-related conditions can be reduced, quality of life can be improved, and outcomes can be improved by actively mitigating them. These kinds of interventions include the following: ensuring that cognitively

impaired patients who may have difficulty adhering to their medications have adequate social support. In older adults with cardiovascular disease, polypharmacy is extremely common. More than half of patients with atrial fibrillation are given five or more medications and more than seventy-five percent of patients with any kind of heart failure are given ten or more medications. Multiple adverse events, including falls, clinically significant bleeding, hospitalization, and mortality, are linked to polypharmacy in these populations. Shared decision-making is an approach where patients and their families are educated about their treatment options and supported in the process of

generating informed preferences. This is in contrast to shared decision-making, where clinicians are the sole decision-makers when it comes to management plans. An accurate description of the advantages, disadvantages, and burdens of diagnostic or therapeutic approaches to care must be communicated to patients and their families in order to provide appropriate foundations for decision-making. A multifaceted interdisciplinary approach that begins with eliciting a patient's goals and directing all care toward achieving those goals through shared decision making is necessary for providing patient-centered care to older adults with cardiovascular disease.