



Acute Coronary Syndromes in the Octogenarians

Dear Colleagues,

Acute coronary syndromes (ACS) in octogenarians are a clinical challenge. The evidence of pharmacological treatments and of invasive approach is less robust than in patients younger than 80 years. Octogenarians have a high incidence of ACS. Moreover, globally, the population aged 80 and over is growing faster than all other age groups. However, octogenarians are seldom included in clinical trials. Moreover, when included, they are usually a highly-selected sample that does not represent elderly patients, with frequent comorbidity and frailty, seen in every-day practice. Octogenarians often sustain a poor outcome after an ACS due to several reasons including atypical presentation and delay in recognition, under treatment and ageism, and the presence of other conditions. Octogenarians commonly do not receive optimal guideline-directed ACS treatment. They have a high baseline risk both of ischemic complications and bleeding events, and also fare worse even with optimal treatment and are more vulnerable to medical errors and drug side-effect. Also, the elderly frequently have more complex and severe coronary disease and a higher rate of treatment complications. Appropriate management of these patients is only possible with a correct comprehensive geriatric assessment elderly that should include the evaluation of frailty, comorbidity, quality of life, cognitive impairment, goals of care, and individual preferences. As the population continues to age, physicians will be confronted with an increasing number of octogenarian with ACS, it is imperative to prepare to assess the overall health status of these patients, and to predict their life expectancy and the tolerance of treatments.

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Message from the Editor-in-Chief

Reviews in Cardiovascular Medicine was launched in 2000 by MedReviews, LLC, in New York, NY. This journal was conceived to fill a critical gap for clinicians who were struggling with a rapidly expanding knowledge base in cardiovascular medicine with the convergence of basic science, clinical epidemiology, and therapeutic clinical trials. The founding co-editors were David P. Faxon, MD, past president of the American Heart Association, and Norman E. Lepor, MD, who is considered a luminary in interventional cardiology. The contributing editorial board grew over time and Dr. Peter A. McCullough, MD, MPH ascended from contributing, to associate, to co-editor of the Journal. In 2018, the Journal took its next big step under the leadership of Dr. McCullough as editor-in-chief to become a truly international publication. Its offices moved to IMR Press in Hong Kong, and the editorial board was made more inclusive and representative of the world-wide contributors in academic cardiology. Additionally, the journal brought on expertise in translational medicine to help face the future of molecular medicine and its role in cardiovascular disease. Today Reviews in Cardiovascular Medicine is considered a top tier journal in cardiology with timely and comprehensive reviews covering all aspects of cardiovascular medicine including atherosclerosis, myocardial disease, arrhythmias, and valvular heart disease. The scope of papers ranges from population science, applied basic investigation, in-vitro diagnostics, and evidence-based strategy and therapeutic trials involving both pharmacologic intervention and interventional devices. The highly integrative style of the Journal anchored with evidence tables and instructive figures has garnered many citations over the years and many guidelines documents have relied upon works published in Reviews in Cardiovascular Medicine. Supplement and focus issues have been very popular among the readership and often are viewed as the most up-to-date compilations of new knowledge in cardiology and related specialities. The future is bright for academic cardiovascular medicine and Reviews in Cardiovascular Medicine is well positioned alongside the clinician-investigator in the years to come as a trusted source of critical information and analysis.

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