

## Geriatric approach in the treatment of elderly people with the most common cardiometabolic diseases

### Gerijatrijski pristup u liječenju starijih osoba sa najčešćim kardiometaboličkim bolestima

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**Introduction and objective:** The term ‘cardiometabolic disease’ (CMD) refers to a combination of metabolic abnormalities (increased insulin resistance, hyperglycaemia, visceral obesity, nonalcoholic fatty liver, dyslipidaemia and hypertension). CMD increase the risk of cardiovascular disease (CVD) and type 2 diabetes mellitus (T2DM) which are highly prevalent in the elderly and represent a major geriatric health-care concern. The aim of this paper, with regard to the results of the most important recent clinical research and clinical guidelines, is to point out the geriatric specificities of diagnosis and treatment of hypertension and T2DM as the most prevalent CMDs in this population.

**Methods:** The scientific literature available on PubMed in English for recent 10 years related to CMD and the geriatric population was reviewed.

**Results:** With increasing age, there is a decline in the impact of the traditional cardiovascular risk factors on the risk of CVD. Frailty and sarcopenia are emerging new factors that promote a state of cardiometabolic abnormalities that increases the risk of CVD. Other age-related unhealthy behaviours such as inactivity, malnutrition and poor sleeping pattern are also factors linked to CVD. Specific risks and threats in treating hypertension in the elderly are blood pressure cut-offs for diagnosis and treatment targets, multimorbidity, polytherapy, adverse effects, influence on cognition, orthostatic hypotension, frailty, reduced compliance and adherence to treatment. Elderly patients with T2DM are at increased risk of hypoglycemia, their treatment should be simplified and glycemic goals individualized, less stringent and their overtreatment should be avoided.

**Conclusion:** A geriatric, patient-centered approach with a reasonably optimized treatment, customized to the individual’s frailty level and functional status, should be used to maintain the functionality, independence, quality of life, and dignity of elderly with CMD.

#### LITERATURE

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