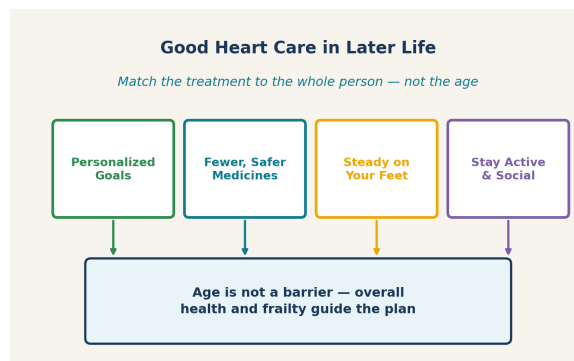


Understanding Heart Health in Older Adults

Personalized Heart Care for Your 70s, 80s, and Beyond

The goals shift with age. Good heart care matches the treatment to the whole person.



Online: <https://go.riasalimd.com/older-adults-heart-guide>

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Names & Terms You Will Hear

Term	Meaning
Geriatric cardiology	Heart care focused on older adults, where age-related changes and overall health shape the plan.
Frailty	A state of low reserve — being more easily worn down by illness, surgery, or stress. It matters more than age alone.
Polypharmacy	Taking many medicines at once (often 5 or more). More drugs means more chances for side effects and interactions.
Deprescribing	Carefully reviewing your medicine list and stopping or lowering drugs that are no longer helping.
Orthostatic hypotension	A drop in blood pressure when you stand up. It can cause dizziness and falls.
HFpEF	Heart failure with a normal squeeze but a stiff heart that fills poorly. It is very common in older adults.
Aortic stenosis (AS)	A narrowed, stiff aortic valve. It becomes common with age and can be treated even at advanced age.
TAVR	Transcatheter aortic valve replacement — a new valve placed through a small tube, often without open surgery.
Goals of care	What matters most to you — such as comfort, independence, or living longer. Your care plan is built around these.



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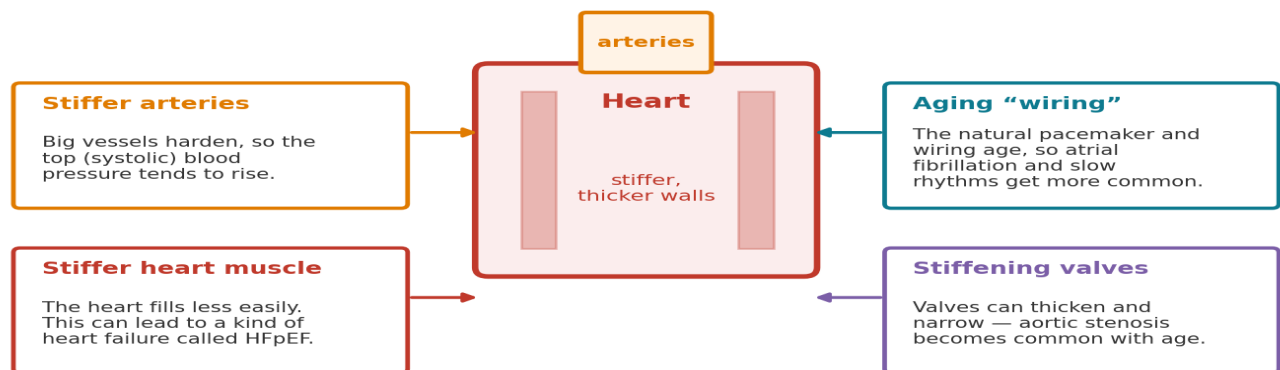


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What Is Heart Health in Older Adults?

- As we age, the heart and blood vessels change in normal ways. The big arteries get **stiffer**, so the top (systolic) blood pressure often rises. The heart muscle gets stiffer too, so it fills less easily.
- The heart's natural **wiring** ages. This is why **atrial fibrillation** (an irregular heartbeat) and slow rhythms become more common with age.
- Heart **valves** can thicken and narrow. **Aortic stenosis** — a tight aortic valve — is one of the most common valve problems in older adults.
- Heart care in later life is not just "the same care, but for older people." The **goals and trade-offs shift**. The aim is the best quality of life for **you**, balanced against frailty, fall risk, and what matters most to you.
- **Age alone is not a barrier to treatment**. Many older adults do very well with procedures and medicines. The right question is not "How old are you?" but "How is your overall health, and what are your goals?"

How the Heart and Blood Vessels Change With Age



As we age, the big arteries and the heart muscle get stiffer, the valves can narrow, and the heart's wiring ages. These normal changes explain why high systolic blood pressure, HFpEF, atrial fibrillation, and aortic stenosis become more common with age.



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How the Heart Changes With Age

- **Stiffer arteries.** The big blood vessels harden over the years. The heart must push against stiffer pipes, so the top (systolic) blood pressure tends to rise. This is why high systolic pressure is so common in older adults.
- **A stiffer heart muscle.** The heart wall thickens and stiffens. It still squeezes normally, but it fills less easily. This can cause a type of heart failure called HFpEF, which is very common with age.
- **Aging “wiring.”** The heart's natural pacemaker and electrical paths age. That is why atrial fibrillation (an irregular beat) and slow rhythms become more common, sometimes needing a pacemaker.
- **Stiffening valves.** Heart valves can thicken and narrow. Aortic stenosis — a tight aortic valve — is one of the most common valve problems in older adults, and it is treatable.
- **These are normal changes — not a dead end.** Knowing how the heart ages helps your care team pick the right, personalized plan for you.



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Why It Matters

- Heart disease is the leading cause of death in older adults — but much of it can be prevented, slowed, or treated. Later life is not too late to help.
- **Personalized targets matter.** A blood-pressure or cholesterol goal that is right for a fit 60-year-old may be too aggressive for a frail 88-year-old. Pushing too hard can cause dizziness and falls.
- **Falls are a major risk.** A serious fall can change a person's whole life. Some blood-pressure and rhythm medicines can cause lightheadedness, so we check for this on purpose.
- **More medicines mean more side effects.** Reviewing the list and stopping what is no longer helping (deprescribing) can make you feel better and safer.
- **Staying active and social protects the heart and the mind.** Movement, connection, and purpose are some of the best medicines in later life.
- **Procedures still help older adults.** TAVR brought valve treatment to people once called "too old for surgery." Today, the decision is about overall health and goals — not a birthday.



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Common Later-Life Heart Conditions — What They Are and What Helps

Condition	In plain words	What helps
High systolic blood pressure	The top number rises as arteries stiffen.	A personalized BP goal, lifestyle steps, and the right medicines at the right dose.
HFpEF (stiff-heart failure)	A stiff heart that fills poorly, even with a normal squeeze.	Fluid and BP control, activity, and treating other conditions. See our HFpEF guide.
Atrial fibrillation (AFib)	An irregular heartbeat from aging "wiring."	Rate or rhythm control and, often, a blood thinner to prevent stroke. See our AFib guide.
Aortic stenosis (AS)	A tight, stiff aortic valve.	Monitoring, then valve replacement (often TAVR) when symptoms appear. See our AS and TAVR guides.
Slow heart rhythm	The natural pacemaker slows with age.	A medicine review first; a pacemaker if the heart is too slow and causing symptoms.

Age is not a barrier. TAVR (transcatheter aortic valve replacement) brought valve treatment to many people once told they were “too old for surgery.” The new valve goes in through a small tube, often without opening the chest. Today the decision rests on your overall health and frailty — not your age. Learn more in our [Aortic Stenosis](#) and [TAVR](#) guides.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Older age itself	Stiffer arteries, a stiffer heart, aging valves, and aging "wiring" all raise the risk of heart problems over time.
High blood pressure	Very common with age and a leading cause of stroke, heart failure, and kidney problems. It is treatable.
Frailty and low muscle	Low reserve makes illness, surgery, and stress harder to recover from. It shapes how aggressively we treat.
Many medicines (polypharmacy)	Each added drug raises the chance of side effects, interactions, dizziness, and falls.
Inactivity and isolation	Sitting too much and being alone are linked to worse heart and brain health. Both can be improved at any age.
Diabetes and kidney disease	Common with age and they raise heart risk. They also change which medicines are safe and at what dose.



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Treatment Options

- **Personalized goals first.** Your care team sets blood-pressure, cholesterol, and rhythm goals to fit your health, your frailty, and what matters to you — not a one-size-fits-all number.
- **A medicine review.** We go through every pill, including over-the-counter ones. We keep what helps and carefully stop or lower what does not (deprescribing). Never stop a heart medicine on your own — do it with your doctor.
- **Fall and dizziness checks.** We measure your blood pressure lying and standing (an orthostatic check) and ask about lightheadedness, so we can adjust medicines that may be causing it.
- **Treating common later-life conditions.** HFpEF, atrial fibrillation, and aortic stenosis all have good treatments. Many can be managed without major surgery.
- **Procedures when they fit your goals.** TAVR (a valve through a small tube), pacemakers, and ablation can all help older adults. Age alone does not rule them out — overall health and frailty guide the decision.
- **The Heart Team and shared decisions.** For bigger decisions, a team of doctors weighs the options with you. You and your family are part of that conversation.



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Weighing Each Treatment Decision

The goal is the best quality of life for THIS person



*Every treatment decision weighs the likely benefit against the risks and burdens — frailty, fall risk, side effects, and recovery.
The goal is the best quality of life for this person, guided by their own goals of care.*



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Medicines in Older Adults: Polypharmacy, Falls, and Deprescribing

- **More drugs, more risk.** Taking many medicines at once (polypharmacy) raises the chance of side effects, interactions, and dizziness. The risk climbs with each added pill.
- **Some heart medicines can cause falls.** Certain blood-pressure and rhythm drugs can drop your pressure too far when you stand, leading to lightheadedness and falls. Tell us if this happens.
- **Orthostatic checks matter.** We can measure your blood pressure lying down and again standing up. If it drops, we look for the medicine causing it and adjust the dose.
- **Deprescribing is good care.** Reviewing the list and carefully stopping or lowering drugs that no longer help can make you feel better, steadier, and safer — with fewer pills and lower cost.
- **Never stop a heart medicine on your own.** Some need to be lowered slowly. Always change medicines together with your doctor, and bring your full list to every visit.



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Matching Treatment to Your Goals: Frailty, TAVR, and Quality of Life

- **Frailty over age.** Two people can be the same age but very different. A fit 85-year-old and a frail 85-year-old need different plans. Frailty — your reserve and resilience — guides decisions more than your birthday.
- **TAVR changed the game.** It brought valve treatment to many people once called “too old for surgery.” A new valve goes in through a small tube, often with a short recovery, even at advanced age.
- **The Heart Team decides with you.** For bigger choices, a group of doctors weighs the benefits and risks alongside what matters most to you and your family. You are part of the team.
- **Quality of life leads.** The goal is not a perfect lab number — it is the best life for you: staying independent, comfortable, and doing what you love.
- **Goals of care guide everything.** Whether you want every option to live longer, or care focused on comfort, your plan is built around your stated goals. Tell us what matters to you.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Move most days. Even a daily walk protects your heart, muscles, and balance. Cardiac rehab is a safe, supervised way to start — it helps older adults too.
- Stay social and engaged. Friends, family, faith, and hobbies are linked to better heart and brain health. Loneliness is a real health risk.
- Stand up slowly. Sit on the edge of the bed for a moment before rising. This helps prevent the dizzy drop in blood pressure that leads to falls.
- Make your home fall-safe. Good lighting, grab bars, no loose rugs, and a clear path to the bathroom at night all lower fall risk.
- Eat well and stay hydrated. A heart-healthy plate and enough fluids help your blood pressure stay steady through the day.
- Bring your full medicine list to every visit. Include vitamins and over-the-counter drugs. This is how we catch interactions and trim what you no longer need.



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Your Medicine-Review Checklist — Questions to Ask at Every Visit

Ask your doctor	Why it matters
"Is every medicine on my list still helping me?"	Some drugs are kept long after they are needed. A review trims the list (deprescribing).
"Could any of these be causing my dizziness or falls?"	Some BP and rhythm drugs lower blood pressure too much when you stand. We can adjust them.
"Can we check my blood pressure standing up?"	An orthostatic check finds the dizzy drop that leads to falls — and points to the cause.
"Are any of these risky for older adults?"	Guides like the Beers list flag drugs to use with caution or avoid as we age.
"Can I take fewer pills or simpler doses?"	Simpler routines are easier to follow and lower the chance of a mix-up or interaction.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Personalized care (matched to your health and goals)	Takes time and honest conversation. Your numbers may look "less perfect" on paper.	Fewer side effects and falls. Care that fits your life. Better quality of life.	One-size-fits-all targets (may be too aggressive and cause harm in frail patients).
Deprescribing (reviewing and trimming medicines)	A few conditions can flare if a needed drug is stopped — so it is always done step by step with your doctor.	Fewer side effects, less dizziness, fewer falls, lower cost, and simpler routines.	Keeping every medicine forever (more pills, more risk). Stopping drugs on your own (unsafe).
TAVR / procedures for valve or rhythm problems	Every procedure carries some risk. Frailty raises that risk, so it is weighed carefully.	Can greatly improve symptoms and independence — often without open surgery.	Medicines alone for symptoms. Comfort-focused care if that fits your goals.
Comfort-focused (palliative) approach when chosen	May not lengthen life. Best when aligned with clearly stated goals.	Centers care on comfort, dignity, and quality of life. Avoids burdensome treatment.	Active treatment of the heart condition (when that matches your goals).



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Common Misconceptions

Myth	Reality
I'm too old to do anything about my heart.	Age alone is rarely the deciding factor. Many treatments — from medicines to TAVR — help older adults a great deal. What matters most is your overall health, your frailty, and your goals.
More medicine is always better for my heart.	Not in later life. Too many medicines can cause dizziness, falls, and interactions. Reviewing the list and trimming what no longer helps (deprescribing) can make you feel better and safer.
My blood pressure should be the same low number as a younger person's.	Targets are personal. A goal that is right for a fit, younger adult may be too aggressive for a frail older adult and may cause falls. Your doctor sets a goal that fits you.
Feeling dizzy when I stand is just part of getting old.	Not always — and it is worth checking. A drop in blood pressure on standing (orthostatic hypotension) is often caused by medicines we can adjust. Tell us; it raises fall risk.
I'm too old for a valve procedure or surgery.	TAVR changed this. It brought valve treatment to many people once called "too old for surgery." The decision is based on overall health and frailty, not a birthday. Ask about your options.
If I can't be "cured," there's nothing worth doing.	Even when cure is not the goal, a lot can be done to ease symptoms, prevent falls, keep you independent, and protect quality of life. Care is built around what matters most to you.
Cardiac rehab is only for younger patients.	Older adults benefit from cardiac rehab too. It is supervised, paced to your fitness, and improves strength, balance, and confidence. It is never just for the young.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart (pump and rhythm)	Stiffer arteries and a stiffer heart can lead to high systolic blood pressure and HFpEF. Aging "wiring" raises the risk of atrial fibrillation and slow rhythms that sometimes need a pacemaker.
Valves	Aortic stenosis (a tight valve) can cause chest pressure, fainting, or breathlessness. It is common in older adults and treatable — often with TAVR.
Falls and injury	Dizziness from blood-pressure or rhythm medicines can lead to falls and serious injury. This is why orthostatic checks and a fall-safe home matter so much.
Medicine side effects and interactions	More medicines mean more chances for side effects, bleeding (with blood thinners), kidney strain, and confusion. A regular medicine review lowers this risk.
Whole-person effects	Untreated heart disease, inactivity, and isolation can lead to weakness, memory changes, depression, and loss of independence. Activity and connection help protect against all of these.



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Points to Know

If you remember nothing else, remember these key points.

- Good heart care in later life matches the treatment to the whole person — not to your age.
- Your blood-pressure and other goals are personal. They balance benefit against frailty and fall risk.
- Ask for a medicine review. Fewer, safer medicines often mean feeling better (deprescribing).
- Tell us if you feel dizzy or lightheaded. It often points to a medicine we can adjust.
- Make your home fall-safe and stand up slowly. Preventing falls protects your independence.
- Stay active and social. Movement and connection are some of the best medicines.
- Age alone is not a barrier. TAVR and other procedures help many older adults.
- Bring a full, current medicine list — including vitamins and over-the-counter drugs — to every visit.

Learn more with our companion guides: [HFpEF \(stiff-heart failure\)](#), [Atrial Fibrillation](#), [Aortic Stenosis](#), [TAVR](#), and [Cardiac Rehabilitation](#). Each one goes deeper on a topic that matters in later life.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain, pressure, or tightness — call 911. This is an emergency at any age.
- Fainting, or a fall with loss of consciousness — call 911. In aortic stenosis, fainting is a red flag.
- Sudden severe shortness of breath, or new trouble breathing when lying flat — call us today.
- Frequent dizziness or lightheadedness, especially when standing up — call us this week so we can check your medicines.
- A new fall, or near-falls that keep happening — call us. We can review the cause and your medicines.
- A new fast or irregular heartbeat that does not stop, or a very slow pulse with weakness — call us today.
- New or worse leg swelling, or weight gain of 3 pounds in 2 days — call us within 24 hours.
- Confusion, unusual sleepiness, or feeling "not yourself" after a medicine change — call us right away.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [National Institute on Aging \(NIH\) — Heart Health and Aging](#) - Trusted NIH overview of how the heart changes with age and what older adults can do to stay healthy.
- [American Heart Association — Older Americans and Cardiovascular Disease](#) - Patient-friendly guidance on heart disease and risk-factor control in older adults.
- [MedlinePlus — Aging Changes in the Heart and Blood Vessels](#) - Clear, plain-language summary of the normal changes in the aging heart, valves, and vessels.
- [Cleveland Clinic — Heart Disease](#) - Background on common later-life conditions like AFib, heart failure, and valve disease.
- [Mayo Clinic — Heart Disease Prevention](#) - Practical lifestyle steps to protect your heart, useful at any age.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [National Institute on Aging \(NIH\) — Heart Health and Aging](#) *[Patient Education]*
Authoritative NIH overview of how the heart and vessels change with age and what older adults can do to protect heart health.
- [American Heart Association — Older Americans and Cardiovascular Disease](#) *[Patient Education]*
Frames the higher prevalence of heart disease with age and the importance of risk-factor control in older patients.
- [Cleveland Clinic — Heart Disease and Aging](#) *[Patient Education]*
Plain-language context on common conditions in older adults (AFib, heart failure, valve disease) and recovery considerations.
- [2023 ACC/AHA Chronic Coronary Disease Guideline — Considerations in Older Adults](#) *[Guideline]*
Authoritative basis for individualized, frailty- and polypharmacy-aware management of heart disease in older patients.
- [AHA Scientific Statement — Knowledge Gaps in Cardiovascular Care of Older Adults \(Geriatric Cardiology\)](#) *[Scientific Statement]*
Foundational AHA statement defining geriatric cardiology and the role of frailty, multimorbidity, and patient goals in care decisions.
- [Deprescribing in Older Adults With Cardiovascular Disease \(JACC State-of-the-Art Review\)](#) *[Review]*
Evidence basis for reviewing and safely stopping cardiovascular medicines that no longer help in older, frail patients.
- [STOPPFall — Fall-Risk-Increasing Drugs Tool for Deprescribing in Older Adults](#) *[Guideline]*
Identifies blood-pressure and rhythm drug classes that raise fall risk, supporting the falls-and-dizziness section.
- [AGS Beers Criteria — Potentially Inappropriate Medication Use in Older Adults](#) *[Guideline]*
American Geriatrics Society standard for medicines to use with caution or avoid in older adults; informs the medicines-review table.
- [TAVR in Older Adults: Toward Comprehensive Geriatric Assessment, Away From Chronological Age \(JACC Family Series\)](#) *[Review]*
Supports the core message that overall health and frailty — not age alone — should guide valve treatment decisions like TAVR.
- [MedlinePlus \(NIH/NLM\) — Aging Changes in the Heart and Blood Vessels](#) *[Patient Education]*
Plain-language reference for the specific structural changes in the aging heart, valves, vessels, and conduction system.
- [Mayo Clinic — Heart Disease Prevention: Strategies to Keep Your Heart Healthy](#) *[Patient Education]*
Patient-friendly framing of lifestyle, activity, and social engagement as protective — useful for the non-medication section.



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Reviewer note: Reviewed against the AHA Geriatric Cardiology statement, the 2023 ACC/AHA Chronic Coronary Disease guideline, NIA, and Cleveland Clinic patient pages. This guide adds an aging-heart schematic, a benefit-vs-frailty balance figure, and a plain-language medicines-review table built for older patients and families.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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