

## Preface



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*Guest Editors*

Despite the marked decline in age-adjusted cardiovascular mortality rates over the past 50 years, cardiovascular disease (CVD) remains the leading cause of death in the United States and in other developed countries. Moreover, the burden of CVD is most pronounced in the older adult population. Data from the National Health and Nutrition Examination Survey indicate that the prevalence of CVD exceeds 70% in men and women over 60 years of age, and that it tops 80% among persons 80 years of age or older. In addition, more than 80% of deaths attributable to CVD occur in persons 65 years of age or older and over 50% occur in people age 75 or older. In light of these statistics and the progressive aging of the population, it is evident that the potential benefits of primary and secondary prevention of CVD are perhaps greatest in older adults. The objective of this issue of the *Clinics* is to provide a concise overview of current strategies for CVD prevention in our burgeoning elderly population. Articles in this issue were derived in part from a symposium on preventive cardiology in the elderly held on November 8, 2008, in New Orleans, Louisiana, cosponsored by the Society of Geriatric Cardiology and the Society for Preventive Cardiology, and supported by a grant from the National Institute on Aging.

Drs Yazdanyar and Newman provide an overview of the burden of CVD in older adults, highlighting the imperative to focus on prevention in this population. The next three articles address traditional risk factors for CVD in older individuals, including reviews of hypertension by Dr Aronow, hyperlipidemia by Drs Aslam, Haque, Lee, and Foody, and diabetes mellitus by Drs Cigolle, Blaum, and Halter. Dr Oreopoulos and colleagues then discuss the somewhat controversial issue of obesity and weight management in the elderly. The next three articles address the potential role of exercise in CVD prevention. Drs Sattelmair, Pertman, and Forman provide an overview of currently available evidence in support of regular aerobic exercise as a means for reducing CVD risk in older patients, while Dr Buchner's article provides a concise discussion of guidelines for physical activity in older adults and the impact of exercise in the context of specific cardiovascular conditions. Drs Williams and Stewart then review the evolving role of resistance training and the impact of this exercise modality on cardiovascular risk factors and outcomes. The next two articles examine the

potential utility of calorie restriction for reducing CVD. Dr Marzetti and colleagues discuss the scientific basis for calorie restriction and the effects of calorie restriction in small laboratory animals. This is followed by a review of currently available data on calorie restriction in nonhuman primates and humans by Drs Cruzen and Colman. Finally, Drs Kriekard, Gharacholou, and Peterson provide a broad overview of current strategies for reducing CVD risk in older adults.

It is hoped that the information provided in this volume will be helpful to clinicians in managing their older patients with cardiovascular risk factors or prevalent CVD. It is also hoped that the issue will serve to stimulate new research initiatives designed to provide novel insights into the potential role of preventive measures for reducing the burden of CVD in older adults. It has been a pleasure working with all of the authors of this issue, as well as with the editorial staff of the *Clinics*. We welcome any comments or feedback that you, the readers, may have.

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