

Rate of aortic valve replacement for elderly patients has increased; outcomes improved

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Jose Augusto Barreto-Filho, M.D., Ph.D., of the Federal University of Sergipe and the Clinica e Hospital Sao Lucas, Sergipe, Brazil, and colleagues assessed procedure rates and outcomes of surgical aortic valve replacement (AVR) among 82,755,924 Medicare fee-for-service beneficiaries between 1999 and 2011.

for outcomes of [aortic valve](#) replacement surgery for older patients eligible for [surgery](#) considering newer transcatheter treatments," the authors write.

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"Aortic valve disease in the United States is a major cardiovascular problem that is likely to grow as the population ages. Aortic [valve replacement](#) is the standard treatment even for very elderly patients despite its risks in this age group. With transcatheter [aortic valve replacement](#) emerging as a less invasive option, contemporary data from real-world practice are needed to provide a perspective on the outcomes that are being achieved with surgery," according to background information in the article.

The primary measured outcomes for the study were procedure rates for surgical AVR alone and with coronary artery bypass graft (CABG) surgery, 30-day and 1-year mortality, and 30-day readmission rates.

The researchers found that rates of AVR increased between 1999 and 2011, including AVR without CABG surgery, while the rate of AVR with CABG surgery decreased during this time period. Procedure rates increased in all age, sex, and race strata, most notably in patients 75 years or older.

Mortality decreased at 30 days (absolute decrease, 3.4 percent; adjusted annual decrease, 4.1 percent) per year and at 1 year (absolute decrease, 2.6 percent; adjusted annual decrease, 2.5 percent). Thirty-day all-cause readmission also decreased by 1.1 percent per year. In addition, AVR with CABG surgery decreased and women and black patients had lower procedure and higher mortality rates.

"These findings may provide a useful benchmark

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