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Safe at Any Age: Octogenarians Do As Well as Younger Patients With Interventional Radiology Arterial Procedures

Treatment Should Not Be Withheld in the Old; Improves Lives

Washington, D.C. (March 18, 2008)—Seniors over the age of 80 can safely undergo diagnostic angiography and arterial interventions—such as vascular stenting and angioplasty—and do just as well as younger patients. A study released today during the Society of Interventional Radiology's 33rd Annual Scientific Meeting indicates that seniors (ages 85–93) tolerated these procedures well, avoided surgery and could be treated as outpatients—irrespective of age. The outcomes of the treatments in the octogenarians were compared to those of 50- to 79-year-old patients who had an equivalent procedure during the same time period by the same doctor. The study included 64 octogenarians who had arterial angioplasty and/or stenting to treat peripheral arterial disease (PAD)—caused by blocked arteries in the legs—or to improve blood flow to the kidneys by opening blocked arteries that deliver blood to that organ. All were treated as outpatients and followed after discharge from the hospital.

“This is important news for seniors and their doctors. In some cases, doctors may be reluctant to send an older person for treatment. There's no reason for seniors with leg pain caused by peripheral arterial disease to put up with pain, limited mobility and diminished quality of life. Likewise, treating blocked renal arteries can improve kidney function and treat high blood pressure if caused by diminished renal blood flow,” said George. G. Hartnell, FRCP, FRCR, chief of cardiovascular and interventional radiology at Baystate Medical Center in Springfield, Mass.

Previously, the risks of angiography, X-ray images of the arteries with contrast and arterial interventions, such as angioplasty and stenting, were thought to increase with age, and older seniors were even excluded from some interventional trials because of the perception that they were too frail to participate. Some physicians, both interventionalists and referring physicians, incorrectly think that octogenarians requiring these procedures should be admitted to hospitals. PAD and narrowed renal arteries develop most commonly as a result of atherosclerosis, the hardening of the arteries, which occurs when cholesterol and scar tissue build up, forming a substance called plaque that narrows and clogs the arteries.

“What is an appropriate treatment at 55 is just as safe and appropriate at 85. Older seniors can be treated as outpatients, and age did not increase the risk. This is very relevant

because the incidence of clogged arteries increases with age, and peripheral arterial disease affects 12–20 percent of Americans age 65 and older,” noted Hartnell.

The risks of interventional radiology procedures are lower than risks of open surgery and are a major advance in medicine for patients. Most procedures can be done on an outpatient basis and the risk, pain and recovery time are substantially less than open surgery. General anesthesia is not required for most interventions.

Abstract 131, “*Outpatient Arteriography and Arterial Intervention in Octogenarians. Is It Safe?*” can be found at www.SIRmeeting.org.

About the Society of Interventional Radiology

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, usually in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine.

Today many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Visit www.SIRweb.org.

Local interviews, medical illustrations and broadcast-quality video footage are available by contacting SIR’s communications department at mverrillo@SIRweb.org.

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